

CHOOSE A PLAN

What our plans offer
and how they work

IN THIS BROCHURE

- Four types of plans
- Benefit highlights
- Understanding health savings accounts (HSAs)



CHOOSE A PLAN THAT FITS YOU WELL

Get the health coverage you need—at a price you can afford.



With our plans, you get choice—lots of choice.

Everyone has different health and financial needs. That's why we offer a choice of plans—so you can pick one that's healthy for you and your budget.

Your health shapes everything you do. Good health gets you going in the morning. It helps you focus on your day's work. And it keeps you moving until the kids are tucked in at night. That's why it's important to have the right health care—to keep you and your family healthy and going strong.

Our plans are designed to keep you—and your budget—in top shape. Advantages include:

Personalized care

You can choose your own personal doctor (and switch to another for any reason). You'll have a wide selection of physicians from top-ranked medical schools. They're dedicated to providing the care you need—and to listening to you to be sure your needs are met. And we're growing to better serve you. Look for even more doctors and new facilities to be added over the next few years.

Convenience

Enjoy the ease of getting many services all in one place. That means you'll save time by seeing a doctor and getting laboratory, X-ray, and pharmacy services all in one building at most Kaiser Permanente medical facilities. You can also see a doctor in the evening or on weekends at select locations, or receive nurse advice 24 hours a day by phone.

Simplicity

We have our own doctors at our own offices—so you don't have to worry about filling out claim forms when you visit our medical facilities or any of our affiliated hospitals. Your health care providers will also use your secure electronic health records to make sure they have your up-to-date medical information at the moment when it's needed most. You'll experience first-hand the unique value of integrated care—your doctor will coordinate your care with our expert health teams in our medical facilities and pharmacies.

You have the choice to become a healthier you—by choosing a plan and taking advantage of the resources available through Kaiser Permanente.

Our plans are easy to understand and easy to use.

Our services that require a copayment are not subject to the deductible.

We offer four types of plans—all are deductible plans and all offer the same quality coverage at affordable rates. The main differences between the plans are the deductible levels and the way you pay for services.

- **Classic.** Our Classic plans offer our highest benefit level. These plans feature unlimited physician visits for just a copay. Many other services, such as Emergency Room visits, after-hours visits, and generic drugs, are also available for a copay from the first day of coverage.
- **Essential.** Our Essential plans offer copays for primary care office visits, most outpatient services, and generic prescription drugs. Many services, such as specialist office visits and inpatient hospital care, are covered in full after you meet your deductible.
- **Advantage.** Our Advantage plans are a good pick for those who don't usually visit their doctor often. With these plans, you pay a copay for your primary care office visits. Other services, such as Emergency Room visits, after-hours visits, and generic drugs, are also available for a copay from the first day of coverage.
- **HSA.** If you want to build up a tax-advantaged nest egg for medical services, our HSA (health savings account) plan may be a good choice. With this plan, once you meet your deductible, all covered services are available at no charge. Better yet, if you open an HSA, you can meet your deductible with tax-free dollars.¹ Read more about our HSA plan on the back cover.

No matter which plan you choose, you can enjoy most preventive care services at no charge from the first day of coverage, no deductible required.

¹Tax references relate to federal income tax only.

BENEFIT HIGHLIGHTS

Classic plans

| | Classic 1500 | Classic 2500 | Classic 3500 | Classic 5000 |
|---|---|-----------------|-----------------|------------------|
| Features | | | | |
| Annual deductible (individual/family) | \$1,500/\$3,000 | \$2,500/\$5,000 | \$3,500/\$7,000 | \$5,000/\$10,000 |
| Annual out-of-pocket maximum (after deductible) (individual/family) | \$1,500/\$3,000 | \$2,500/\$5,000 | \$3,500/\$7,000 | \$5,000/\$10,000 |
| Benefits Services not subject to deductible unless otherwise indicated | | | | |
| Preventive care | | | | |
| Many preventive care services, such as routine physical exams and mammogram screenings, are no charge from the first day of coverage. | | | | |
| Outpatient services (per visit or procedure) | | | | |
| Primary care office visit (nonpreventive) | \$35 copay | | | |
| Specialist office visit (nonpreventive) | \$60 copay | | | |
| Most X-rays and lab tests | No charge | | | |
| MRI, CT, and PET | 20% coinsurance (after deductible) | | | |
| Outpatient surgery | 20% coinsurance (after deductible) | | | |
| Mental health | 20% coinsurance (after deductible) | | | |
| Inpatient hospital care | | | | |
| Room and board, surgery, anesthesia, X-rays, lab tests, and medication | 20% coinsurance (after deductible) | | | |
| Maternity | | | | |
| Maternity services | Not covered | | | |
| Emergency and urgent care | | | | |
| Emergency Room visit (waived if admitted) | \$250 copay | | | |
| Urgent care (after-hours visit) | \$75 copay | | | |
| Ambulance service | 20% coinsurance (after deductible) | | | |
| Prescription drugs (when filled at Kaiser Permanente pharmacies) | | | | |
| Pharmacy deductible (individual/family) | \$500/\$1,000 (brand drugs only) | | | |
| Preventive generic drugs | \$5 copay | | | |
| Preferred generic drugs | \$15 copay | | | |
| Brand drugs | \$45 copay (after pharmacy deductible) | | | |
| Specialty drugs (\$5,000 out-of-pocket maximum) | 50% coinsurance (after pharmacy deductible) | | | |

This plan summary is intended to highlight only some of the principal provisions of our plans. Please refer to the *Evidence of Coverage*, available upon acceptance, for more details of your plan or for specific limitations and exclusions. Certain underwriting guidelines apply. Applicants are subject to medical review.

BENEFIT HIGHLIGHTS

Essential plans

| | Essential 1500 | Essential 3000 | Essential 5000 | Essential 7500 |
|---|---|-----------------|------------------|------------------|
| Features | | | | |
| Annual deductible (individual/family) | \$1,500/\$3,000 | \$3,000/\$6,000 | \$5,000/\$10,000 | \$7,500/\$15,000 |
| Annual out-of-pocket maximum (after deductible) (individual/family) | \$0 | | | |
| Benefits | | | | |
| Services not subject to deductible unless otherwise indicated | | | | |
| Preventive care | | | | |
| Many preventive care services, such as routine physical exams and mammogram screenings, are no charge from the first day of coverage. | | | | |
| Outpatient services (per visit or procedure) | | | | |
| Primary care office visit (nonpreventive) | \$75 copay | | | |
| Specialist office visit (nonpreventive) | No charge (after deductible) | | | |
| Most X-rays and lab tests | No charge | | | |
| MRI, CT, and PET | \$250 copay | | | |
| Outpatient surgery | \$500 copay | | | |
| Mental health | \$120 copay | | | |
| Inpatient hospital care | | | | |
| Room and board, surgery, anesthesia, X-rays, lab tests, and medication | No charge (after deductible) | | | |
| Maternity | | | | |
| Maternity services | Not covered | | | |
| Emergency and urgent care | | | | |
| Emergency Room visit (waived if admitted) | \$500 copay | | | |
| Urgent care (after-hours visit) | \$150 copay | | | |
| Ambulance service | No charge (after deductible) | | | |
| Prescription drugs | | | | |
| (when filled at Kaiser Permanente pharmacies) | | | | |
| Pharmacy deductible (individual/family) | \$1,000/\$2,000 (brand drugs only) | | | |
| Preventive generic drugs | \$5 copay | | | |
| Preferred generic drugs | \$15 copay | | | |
| Brand drugs | 50% coinsurance (after pharmacy deductible) | | | |
| Specialty drugs (\$5,000 out-of-pocket maximum) | 50% coinsurance (after pharmacy deductible) | | | |

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BENEFIT HIGHLIGHTS

Advantage plans

| | Advantage 2500 | Advantage 3500 | Advantage 5000 | Advantage 7500 |
|---|--|-----------------|------------------|------------------|
| Features | | | | |
| Annual deductible (individual/family) | \$2,500/\$5,000 | \$3,500/\$7,000 | \$5,000/\$10,000 | \$7,500/\$15,000 |
| Annual out-of-pocket maximum (after deductible) (individual/family) | \$5,000/\$10,000 | | | |
| Benefits | | | | |
| Services not subject to deductible unless otherwise indicated | | | | |
| Preventive care | | | | |
| Many preventive care services, such as routine physical exams and mammogram screenings, are no charge from the first day of coverage. | | | | |
| Outpatient services (per visit or procedure) | | | | |
| Primary care office visit (nonpreventive) | \$45 copay | | | |
| Specialist office visit (nonpreventive) | First 2 office visits: \$75 copay 3+ visits: 30% coinsurance (after deductible) | | | |
| Most X-rays and lab tests | No charge | | | |
| MRI, CT, and PET | 30% coinsurance (after deductible) | | | |
| Outpatient surgery | 30% coinsurance (after deductible) | | | |
| Mental health | 30% coinsurance (after deductible) | | | |
| Inpatient hospital care | | | | |
| Room and board, surgery, anesthesia, X-rays, lab tests, and medication | 30% coinsurance (after deductible) | | | |
| Maternity | | | | |
| Maternity services | Not covered | | | |
| Emergency and urgent care | | | | |
| Emergency Room visit (waived if admitted) | \$500 copay | | | |
| Urgent care (after-hours visit) | \$100 copay | | | |
| Ambulance service | 30% coinsurance (after deductible) | | | |
| Prescription drugs | | | | |
| (when filled at Kaiser Permanente pharmacies) | | | | |
| Pharmacy deductible (individual/family) | \$1,000/\$2,000 (brand drugs only) | | | |
| Preventive generic drugs | \$5 copay | | | |
| Preferred generic drugs | \$15 copay | | | |
| Brand drugs | \$45 copay (after pharmacy deductible) | | | |
| Specialty drugs (\$5,000 out-of-pocket maximum) | 50% coinsurance (after pharmacy deductible) | | | |

This plan summary is intended to highlight only some of the principal provisions of our plans. Please refer to the *Evidence of Coverage*, available upon acceptance, for more details of your plan or for specific limitations and exclusions. Certain underwriting guidelines apply. Applicants are subject to medical review.

BENEFIT HIGHLIGHTS

HSA plan

HSA 5000

Features

| | |
|---|------------------|
| Annual deductible (individual/family) | \$5,000/\$10,000 |
| Annual out-of-pocket maximum (after deductible) (individual/family) | \$0 |

Benefits

Services not subject to deductible unless otherwise indicated

Preventive care

Many preventive care services, such as routine physical exams and mammogram screenings, are no charge from the first day of coverage.

Outpatient services (per visit or procedure)

| | |
|---|------------------------------|
| Primary care office visit (nonpreventive) | No charge (after deductible) |
| Specialist office visit (nonpreventive) | No charge (after deductible) |
| Most X-rays and lab tests | No charge (after deductible) |
| MRI, CT, and PET | No charge (after deductible) |
| Outpatient surgery | No charge (after deductible) |
| Mental health | No charge (after deductible) |

Inpatient hospital care

| | |
|--|------------------------------|
| Room and board, surgery, anesthesia, X-rays, lab tests, and medication | No charge (after deductible) |
|--|------------------------------|

Maternity

| | |
|--------------------|-------------|
| Maternity services | Not covered |
|--------------------|-------------|

Emergency and urgent care

| | |
|---|------------------------------|
| Emergency Room visit (waived if admitted) | No charge (after deductible) |
| Urgent care (after-hours visit) | No charge (after deductible) |
| Ambulance service | No charge (after deductible) |

Prescription drugs

(when filled at Kaiser Permanente pharmacies)

| | |
|---|------------------------------|
| Pharmacy deductible (individual/family) | N/A |
| Preventive generic drugs | No charge (after deductible) |
| Preferred generic drugs | No charge (after deductible) |
| Brand drugs | No charge (after deductible) |
| Specialty drugs (\$5,000 out-of-pocket maximum) | No charge (after deductible) |

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OUR HSA PLAN

Save for future expenses with an HSA-qualified deductible plan

You may be looking for a plan that not only saves you money but also allows you to save for health expenses today and in the future. Our HSA-qualified deductible plan may be right for you. When you enroll in an HSA plan and choose to open a health savings account (HSA), you can use tax-free savings to pay for qualified medical expenses, such as deductibles.¹

How our HSA-qualified plan works

With our HSA-qualified deductible plan, you pay full charge for certain covered services until you meet your deductible. In this plan, your deductible is the same as your out-of-pocket maximum, so once you reach your deductible you do not have to pay anything for these services for the rest of the year. You can also save money with an HSA-qualified plan if you pay for services with tax-deductible dollars from an HSA.

All you have to do is:

- Enroll in an HSA-qualified health care plan.
- If you are eligible, open a health savings account.
- Contribute tax-deductible dollars to this account.²
- Use those tax-free funds to pay for qualified health care expenses.

What you don't use rolls over to the next year and continues earning interest.³

An HSA offers triple tax advantages

- Tax-deductible contributions to your account
- Tax-free investment earnings
- Tax-free withdrawals when funds are used for qualified medical expenses

What are qualified medical expenses?

You can use an HSA to pay for your deductible and many supplies and services not covered by your health plan. Generally, these are expenses that would qualify for the medical and dental expense deduction on your income tax.

For a complete list, see *Publication 502, Medical and Dental Expenses* at www.irs.gov.

Who's eligible for an HSA?

To be eligible for an HSA, you need to meet the following requirements:

- You can't be enrolled in Medicare.
- You can't be eligible to be claimed as a dependent on someone else's tax return.
- You can't have additional health coverage that is not a qualified deductible plan (with certain exceptions).
- You can't have received benefits from the Department of Veterans Affairs in the past three months.

You may set up your HSA through any financial institution that offers these accounts.⁴

¹Tax references relate to federal income tax only. The tax treatment of health savings account contributions and distributions under state income tax laws differs from the federal tax treatment. Consult with your financial or tax adviser for more information.

²For 2012, the federally established maximum contribution for an eligible individual with self-only coverage is \$3,100, and the annual maximum contribution for an eligible individual with family coverage is \$6,250. This annual maximum is indexed annually for inflation. Tax savings refer to federal income tax only. For more information, please consult your financial or tax adviser.

³Earnings vary depending on the type of investment plan you opt for and/or the HSA provider you choose. Amount earned is based on the investment plan and market value, and in some instances, the account may actually lose money.

⁴Kaiser Permanente does not provide or administer financial products, including HSAs, and does not offer financial, tax, or investment advice. Members are responsible for their own investment decisions. If a member uses his or her HSA debit card to pay for something other than a qualified medical expense, the expenditure is subject to tax and, for individuals who are not disabled or over 65, a 20 percent tax penalty.

Kaiser Permanente for Individuals and Families

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