

# GOOD HEALTH STARTS HERE

A quick guide to plans, benefits, and tools to help you enhance your health

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# CHOOSE GOOD HEALTH



Choosing good health is not a single decision, but a lifetime of little decisions.

Today, you're taking a big step toward good health by choosing health care. We can help.

When you choose Kaiser Permanente, you enjoy a world of healthy choices. All you have to do is continue choosing well.

## Choose your own personal physician.

At Kaiser Permanente, your primary care physician works with you and for you. Because our doctors are not burdened with claim forms and other paperwork, they can focus on being doctors. Their most important job is to listen and take care of you.

## Choose to be connected.

You can manage many health care needs from your computer. Plus, your electronic health record—a Kaiser Permanente innovation—helps your doctors coordinate your care effectively in our own medical offices.<sup>1</sup>

## Choose to live well.

With Kaiser Permanente, your health care goes beyond checkups. You can design a fitness program online and share your fitness goals with your Kaiser Permanente doctor using your electronic health record.

## Choose convenience.

Getting the care you need is easy. Most of our Kaiser Permanente medical offices feature doctors' offices, lab, X-ray, and pharmacy in one location so you don't have to visit a separate facility for every need. Evening and Saturday appointments are also available at select locations. You're covered 24/7.

## Choose to take charge.

As a member, you are in charge of your health. You choose your doctor. You choose the medical facility most convenient for you. You choose the plan that's right for you or your family. In fact, our entire health system—doctors, medical facilities, technology—is centered around you and your personal needs.

## Choose to invest in yourself.

Today, more than ever, you want value for your money. You need a choice of affordable plans that provide high-quality care.

That's why we offer a wide range of plans and plan types—all featuring the benefits you need as well as preventive care available for no charge from the first day of coverage.

Take a look at what we offer. Then call us at **1-800-494-5314**. If you call us, a licensed agent will explain your plan choices and will help you decide which plan(s) is best for you.

Or, if you are working with a broker, contact him or her for assistance. Your broker will be happy to lead you through the plan selection and application process.

**We wish you good health.  
Choose to apply now.**

<sup>1</sup>Most features are available only to members receiving care at Kaiser Permanente medical facilities.

# CHOOSE A PLAN THAT FITS YOUR NEEDS



We offer several types of health coverage for individuals and families. All feature quality care—the main difference is how you pay for it.

## Classic plans

- All doctor's office visits available for a copay from the first day of coverage
- Predictable out-of-pocket expenses

Our Classic plans offer unlimited physician visits for just a copay. Many other services, such as Emergency Room visits, after-hours visits, and most prescription drugs, are also available for a copay from the first day of coverage.

## Essential plans

- Copays for many outpatient services
- Most services 100% covered after deductible

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 plans

- Primary care doctor's office visits available for a copay from the first day of coverage
- First two specialist's office visits for a copay before deductible

Our Advantage plans offer moderate copays and lower premiums. Many 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 plan

- Covered services are available at no charge after deductible
- Option to pay medical expenses with tax-deductible dollars<sup>1</sup>

Our HSA-qualified deductible plan offers a tax-free way to build savings to pay for qualified medical expenses when paired with an optional HSA (health savings account). With this plan, you pay full charge for most covered services until you meet your deductible. Then all covered services are available at no charge.

<sup>1</sup>Tax references relate to federal income tax only.

# CHOOSE A LIFETIME OF LIVING WELL



Staying healthy is the ultimate benefit. We believe preventive care is the foundation of good health, and we back that up with our coverage. Our preventive health care services are available for no charge. And you don't have to meet a deductible first.

## Preventive services to help keep you well

Our goal is to help you stay healthy. That's why we provide many preventive care services that monitor you when you're well and can warn you when you're at risk of becoming ill. Here's a sampling of our preventive care services:

- General immunizations
- Well-child exams (under 24 months)
- Preventive lab tests and X-rays
- Mammograms
- Annual exams
- Preventive screenings

See the *Evidence of Coverage*, which you will receive upon acceptance, for a complete list of preventive care services.

## Choose simplicity with online access

From the convenience of your own computer, you can manage many of your health needs. Imagine emailing your doctor's office with a question you forgot to ask, or checking your lab results as soon as they're available. My Health Manager, available to members at [kp.org](http://kp.org), makes managing your health easier. My Health Manager is available 24 hours a day, seven days a week—and registering is quick and easy.<sup>1</sup>

## With My Health Manager, you can:

- Email your doctor's office.
- View most test results as soon as they're available.
- Receive reminders for checkups and immunizations.
- Order prescription refills (most can be mailed to you postage-paid).
- Schedule, cancel, or review routine appointments.
- Review recent office visits, including recommended follow-up steps.

These free, secure features can help you spend less time managing your health and more time enjoying it. With My Health Manager, you're in charge of your own health. For a virtual tour of My Health Manager, visit [kp.org/experience](http://kp.org/experience).

<sup>1</sup>Most features are available only to members receiving care at Kaiser Permanente medical facilities.



# FREQUENTLY ASKED QUESTIONS

Some of the most common questions people have about our plans are included here. If you have questions about a specific type of plan or a particular benefit, please see “Benefit Highlights” in the accompanying brochure. Or you may call us at **1-800-494-5314**. We’ll be happy to answer any questions. If you are working with a broker, please contact him or her for assistance.

## **Is a physical exam required to apply?**

No. All you have to do is complete the medical questionnaire included in your application.

## **Can I apply to enroll my children?**

Yes. You may apply to enroll your children as a part of your family plan.

## **To what age can my children be covered on my plan?**

Children can be covered as dependents until they turn 26.

## **I have children away at school. Are they covered outside the service area?**

Dependents attending school outside our service area are covered only for urgent and emergency out-of-area benefits, just as when you are traveling.

## **Are preventive services covered?**

Yes. Most are available for no charge from the first day of coverage.

## **Are prescription medications covered?**

All our plans offer prescription coverage. You can fill prescriptions at any of our Kaiser Permanente medical facilities. You can also order most prescription refills online at **kp.org/rxrefill** or by phone and have your prescriptions mailed directly to your home at no extra

charge. If you must fill a prescription at a nonaffiliated pharmacy because of an emergency or urgent care event outside our pharmacy hours, you must pay full charge and file a paper claim for reimbursement. However, you may fill your first prescription at any Walgreens or Rite Aid for a higher copayment. All subsequent refills must be filled at a Kaiser Permanente pharmacy.

## **What are preventive generic drugs?**

We offer preventive generic drugs at a discount to help you control the cost of your prescription drugs and maintain your health for ongoing conditions, such as asthma, high cholesterol, and high blood pressure. Additionally, many of these medications are also available through our home delivery service where your mail-order benefit can help you save even more when you order a 90-day supply.

## **Do lower premiums mean fewer benefits?**

No. All our plans include coverage for the big things, such as hospitalization, as well as routine care, such as doctor visits and preventive care. You don’t have to wait for an emergency before you can use your health coverage.

## **How do HSA plans work?**

Our HSA plan is designed to work with a health savings account, or HSA. The advantage of an HSA-qualified plan is that you can deposit tax-deductible dollars into the account that you can later use to pay for qualified medical expenses<sup>1</sup>. Plus, any interest that the HSA might earn is tax free. And any funds you don’t use in one year will roll over to the next. There’s no “use it or lose it” with HSAs.

<sup>1</sup>Tax references relate to federal income tax only.

### Do I have a copay or coinsurance?

You must meet your deductible before you qualify to pay coinsurance for certain covered services. Services that require a copay are not subject to a medical deductible. However, there is no charge from the first day of membership for preventive services.

### What is the difference between the deductible and the out-of-pocket maximum?

The **deductible** is the **set amount** you must pay in a calendar year before Kaiser Permanente will begin to cover certain services. Once you pay that amount out of pocket, you qualify to pay coinsurance for most services. The **out-of-pocket maximum** is the **maximum amount** you would have to pay for certain covered services in a calendar year. With our HSA plan and Essential plans, when you meet your deductible, you also meet your out-of-pocket maximum.

### Where do I go to receive routine care?

You will receive your primary care exclusively through our medical group at any of our Kaiser Permanente medical facilities. The primary care physician you choose will also coordinate any specialty care you may need. You can also see many Kaiser Permanente medical center specialists, such as gynecologists or dermatologists, without a referral.

### What if I need to be admitted to the hospital?

Kaiser Permanente is affiliated with some of Atlanta's most prestigious hospitals. Your primary care physician will determine the hospital to which you'll be admitted and will coordinate your care.

### What if I need emergency care?

If you have an emergency, you should call **911** or go to the nearest Emergency Room, even if it's not an affiliated hospital. You're covered for emergency care anywhere you go. If you are admitted, please notify us within 24 hours of your admission, or as soon as reasonably possible, so your personal physician can coordinate all of the necessary care.

### What if I need care when I'm traveling?

You're covered for emergency care anywhere in the world. If you're temporarily outside your service area, you're also covered for urgent care to prevent serious deterioration of your health if the care cannot be delayed until you return to your service area.

### How should I complete the application if I'm already working with a broker?

If you are working with a broker to select a plan(s) and apply for coverage, please call him or her for assistance. Your broker will be able to provide you with a link to the online application and answer any questions you have about our plans or about how to complete the application.

# KEY TERMS

**Coinsurance:** This is the percentage of charges you pay when you receive a covered service. Coinsurance amounts are subject to the deductible.

**Copayment (copay):** This is the specific dollar amount you pay when you receive certain covered services or prescriptions. Services with copayments are not subject to the deductible.

**Deductible:** In a deductible plan, the deductible is the fixed amount you must pay in a calendar year before Kaiser Permanente will cover certain services in that calendar year.

**Health savings account (HSA):** An HSA is a savings account intended to be used for qualified medical expenses. HSAs have certain federal tax advantages as well as certain restrictions.

**HSA-qualified deductible plans:** These are deductible plans eligible to be paired with an optional health savings account. They are similar to deductible plans but work differently in certain respects.

**Not subject to deductible:** In deductible plans, some medical services are covered immediately and therefore are not subject to deductible. This means that from your first day of coverage, you can receive these services for a copayment without having to first satisfy the deductible.

**Out-of-pocket maximum:** The out-of-pocket maximum is the maximum amount you will have to pay for many covered services in a calendar year.

**Rate:** This is the amount you pay every month for health care coverage.

Note: For more detailed definitions, please consult the *Evidence of Coverage*.

**Kaiser Permanente for Individuals and Families**

Visit [buykp.org/apply](http://buykp.org/apply),  
call **1-800-494-5314**,  
or contact your broker.

Nine Piedmont Center  
3495 Piedmont Road, NE  
Atlanta, GA 30305  
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