

# 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 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.<sup>1</sup> Because the children tend to visit their pediatrician frequently, the Bishops choose the Plan 20 copayment plan.

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

- **Preventive care:** Deb, James, and Seth get checkups. They pay a \$20 copay for their primary visits. There's no charge for immunizations.
- **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 \$20 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 \$20 copay for the generic drug.

Since this Kaiser Permanente medical facility 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' doctor 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.

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

# Benefit highlights

	Plan 20	Plan 25
<b>Features</b>		
Annual deductible	None	
Annual out-of-pocket maximum (individual/family)	\$2,000/\$6,000	\$3,000/\$9,000
Lifetime benefit maximum	None	
<b>Benefits</b>		
<b>Preventive care</b>		
Immunizations	No charge	
Physical exam (primary/specialty)	\$20 copay/\$45 copay	\$25 copay/\$45 copay
Well-baby visit (under 24 months)	\$20 copay	\$25 copay
Preventive X-rays and lab tests/MRI, CT, and PET	No charge	
<b>Outpatient services (per visit or procedure)</b>		
Primary care/specialty care office visit	\$20 copay/\$45 copay	\$25 copay/\$45 copay
Most X-rays and lab tests/MRI, CT, and PET	No charge	
Outpatient surgery	\$100 copay	\$250 copay
<b>Inpatient hospital care</b> <span style="float: right;"><b>No limits on covered days</b></span>		
Physician services, room and board, anesthesia, operating and recovery rooms, laboratory and diagnostic tests, X-rays, drugs, dressings, casts, and respiratory and radiation therapy	\$500 per admission	\$750 per admission
<b>Maternity</b>		
Physician and hospital services, delivery, and normal nursery care (Separate charges will apply to mother and newborn.)	\$500 per admission	\$750 per admission
Prenatal visit	No charge	
<b>Emergency and urgent care</b>		
Emergency Department visit (waived if admitted)	\$125 copay	
Urgent care visit	\$45 copay	
Ambulance service	\$125 copay	
<b>Prescription drugs</b>		
Covered formulary drugs	Generic: \$20 copay/Brand: \$40 copay	Generic: \$25 copay/Brand: \$45 copay (after \$200 drug deductible)
<b>Other</b>		
Vision services provided by Vision Services Plan (VSP)	Covered. See the <i>Dental and Vision</i> brochure for more information.	
Preventive dental care provided by Delta Dental of Ohio	Covered. See the <i>Dental and Vision</i> brochure for more information.	

Benefits are effective January 1, 2010, through December 31, 2010. As of January 1, 2011, these benefits may change.

This is only a summary of the most frequently asked-about benefits and their copayments and coinsurance. It is not a contract. For more detailed information, including exclusions, limitations, and restrictions, please refer to your *Evidence of Coverage*, which you will receive upon acceptance. For specific questions about coverage, call us at **1-800-494-5314**.

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