

ABOUT YOUR
Diocese of Sacramento

HSA-Qualified Deductible EPO Plan

With your Plan, you receive a wide range of care and support to help you stay healthy and get the most out of life. You can also set up a tax-free health savings account (HSA),¹ which you can use to pay for qualified medical expenses.² All in all, it's a financial and physical win-win.



Most preventive care services are covered at little or no cost to you.



After you reach your deductible, most other covered services are available at a copay or coinsurance.



You don't need a referral for certain specialties, like obstetrics-gynecology.



Personalized online cost estimates help you know what you'll pay for scheduled services.



You can set up a tax-free HSA and use it to pay for qualified medical expenses.



Your out-of-pocket maximum helps limit the amount you'll spend on all covered services each Plan year.

Your health benefits will be self-insured by your employer. Kaiser Permanente Insurance Company will provide certain administrative services for the Plan and will not be an insurer of the Plan or financially liable for health care benefits under the Plan.

¹To be eligible for an HSA, you must be enrolled in an HSA-qualified deductible health plan and meet other HSA eligibility rules. For more information, see IRS Publication 969, *Health Savings Accounts and Other Tax-Favored Health Plans*, at [irs.gov/publications/p969](https://www.irs.gov/publications/p969). The tax references in this document relate to federal income tax only. Consult with your financial or tax adviser for information about state income tax laws.

²To view the list of qualified medical expenses defined under Internal Revenue Code Section 213(d), see IRS Publication 502, *Medical and Dental Expenses*, at [irs.gov/publications/p502](https://www.irs.gov/publications/p502).



A better plan for healthy living

Know what to expect, then jump in with both feet. Your Plan helps keep your costs under control, and you get useful tools that help you understand when and how much you can expect to pay. This makes it easier for you to manage your care and get the most out of your Plan.

| Understanding the cost of care | Limits on your family expenses | Know before you go – get an estimate |
|---|---|---|
| <p>Each Plan year, you'll pay full charges for covered services until you reach a set amount known as your deductible. Then you'll start paying less – just a copay or a coinsurance for the rest of the year. Most preventive services are covered at little or no cost to you.</p> <p>Your Plan also has an out-of-pocket maximum that puts a cap on how much you could spend on all covered services each Plan year.</p> | <p>If your family is covered under your Plan, you'll only have a family deductible. Once you reach your family deductible, everyone will start paying less than the full charges for covered services – just a copay or coinsurance for the rest of the year.</p> <p>If you reach your family out-of-pocket maximum, no one will have to pay for covered services for the rest of the year. And if any family members reach their individual out-of-pocket maximum before the rest of the family, that family member won't pay for covered services for the rest of the year.</p> | <p>Knowing how much and when you can expect to pay for services can help you get the most out of your Plan.</p> <p>Once you register on our website, you can use our Estimates tool. It's an online calculator that gives you cost estimates for many commonly used tests and treatments. You'll also be able to see how close you are to reaching your deductible, which can help you understand what types of payments you'll need to make.</p> |

DEDUCTIBLE

The amount you pay each year for covered services before your Plan starts paying.

Example: If you have a \$500 deductible, you'll pay the full charges up to \$500 before you start paying copays or coinsurance.

COPAY

A set amount you pay for covered services.

Example: \$10 for an office visit, and \$20 for generic prescription drugs.

| What to expect during your visit | After your visit – stay connected | Your HSA basics |
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| <p>You may be asked to make a payment for most scheduled services when you check in for your visit. If the amount you pay doesn't cover the total amount you owe for your visit, you'll be billed for the difference later. For any unscheduled services you receive during your visit, you usually won't have to pay until you receive your bill in the mail.</p> <p>Whether you pay at check-in or are billed later, you can use the funds in your HSA to pay for any qualified medical expenses.</p> | <p>You can use the secure features of kp.org to track your expenses at home. Log in to see a claims summary that shows expenses already applied toward your deductible and out-of-pocket maximum.</p> <p>An Explanation of Benefits (EOB) is created each time you receive care. Your EOB is not a bill; it's a summary of the services you've received and associated charges. You can view or print EOBs from kp.org for your records.</p> | <p>Once you're enrolled in your Plan, you can set up an HSA and put money in it. You won't pay taxes on the money in your HSA, and you can use it anytime to pay for care. Any money you don't use by the end of the year rolls over to the next year. The money is yours, so you can take it with you if you change jobs or retire.</p> <p>For details about your Plan, contact your employer or see your employer's <i>Summary Plan Description</i> or other Plan documents.</p> |

COINSURANCE

A percentage of the charges that you pay for covered services.

Example: 20 percent coinsurance for a \$200 procedure = \$40.

OUT-OF-POCKET MAXIMUM

The maximum amount you'll pay for all covered services in a Plan year.

Example: If you have a \$3,000 out-of-pocket maximum and you reach it before the year's up, you pay no charges for covered services for the rest of the year.

A better choice for good health

Nationwide, over 12 million people turn to us as their trusted partner in total health. With everything you get, it's easy to see why Kaiser Permanente is the best choice for your health.



the power to choose

With many great doctors and convenient facilities, it's easier to get the care you need when and where you want it. Plus, you can choose and change your doctor anytime, for any reason.



excellent care

You're at the center of everything we do, which is why the personalized care you get can lead to healthier tomorrows. Our board-certified specialists and multidisciplinary care teams are pioneering new ways to prevent, detect, and treat illness.



your health. your way.

We're always here when you need us, however you need us – in person, by phone, or online. With convenient online and mobile tools, you can manage your family's health care anytime, anywhere.*



healthy extras

We're not your typical health care provider. We partner with you so you have the knowledge and resources to manage your health – inside and outside the doctor's office. We also partner with local communities through health education programs and events.

Questions?

For details about your Plan, contact your employer or see your employer's *Summary Plan Description* or other Plan documents. You may also call Customer Service on weekdays beginning **July 1, 2019**.

Northern California

1-800-663-1771

4 a.m. to 7 p.m. Pacific time

Sat–Sun, 7 a.m. to 3 p.m.

TTY for the hearing/speech impaired **1-877-870-0283**

*These features are available only when you receive care at Kaiser Permanente facilities.