

# Deductible HMO plans Q&A

With a deductible HMO plan, your clients can select from multiple plan designs to fit their employees' needs—and protect their bottom line with affordable premiums. Read up on our deductible HMO plans to get the information you need to answer your clients' questions.

## DEDUCTIBLE HMOS— GENERAL PLAN FEATURES

**Q: Is the deductible amount based on calendar year or plan year?**

**A:** Deductible amounts are based on the calendar year for all deductible HMO plans.

**Q: Are office visits subject to the deductible?**

**A:** For some of our deductible HMO plans, office visits are not subject to the deductible. Preventive services like routine adult physical examinations and immunizations are never subject to a deductible. Please visit [brokernet.kp.org](http://brokernet.kp.org) to see specific plan information.

**Q: Do Kaiser Permanente deductible HMO plans ever limit the number of office visits a member can make?**

**A:** Our deductible HMO plans do not limit the number of doctor's office visits a member can make, except for mental health. Depending on the type of care provided and whether members have reached their deductible that year, they simply pay copayment, coinsurance, or the estimated cost of service at check-in.

**Q: What specific services are not subject to the deductible?**

**A:** All deductible plans provide preventive care services, screenings, and procedures without requiring members to meet their deductible. While some services may require a copayment or coinsurance, others are provided at no charge. The following list identifies the preventive services that are not subject to a deductible on any deductible HMO plan.

### Preventive services

- Routine adult physical exams
- Hearing tests\*
- Vision exams\*
- Immunizations
- Family planning counseling visits\*
- Prenatal care
- First postpartum visit\*
- Well-child care
- Smoking cessation classes
- Some health education programs\*

### Preventive screenings

- Flexible sigmoidoscopy
- Cervical/vaginal cancer screening (including Pap test and HPV testing)
- Mammograms
- Retinal screening

\*Subject to a deductible with HSA-qualified plans.

### Preventive lab procedures

- Fecal occult blood test
- HIV screening
- Lipid profile (cholesterol)
- Lab diabetes screening (fasting blood glucose test)
- Prostate cancer screening (PSA)
- Tuberculosis (TB) testing
- Venereal disease testing—candida, chlamydia, gonorrhea, herpes, syphilis

## DEDUCTIBLE HMO PLAN AVAILABILITY

**Q: Does Kaiser Permanente support multiple offerings within a single group?**

**A:** Yes. For example, HMO plans can be offered alongside a deductible HMO or a deductible HMO can be offered alongside a POS plan.

**Q: Is there a Kaiser Permanente deductible HMO plan for Medicare members?**

**A:** No. Our deductible HMO plans are not designed for Medicare members. But active large group employees who are eligible for Medicare may enroll in a group-sponsored deductible HMO plan. Kaiser Permanente does not offer a Medicare plan for small business groups.

**Q: What types of deductible HMO plans are available to large employer groups?**

**A:** Large employer groups (51 or more employees) can select from three deductible HMO plan types:

- **Hospital services**—inpatient, outpatient, and emergency hospital services are subject to the deductible; all other services are not.

- **Preventive care and doctor's office visit**—preventive care and doctor's office visits and screenings are not subject to the deductible. All other services are subject to the deductible.

- **Preventive care services**—preventive care visits and screenings are not subject to the deductible. All other services are subject to the deductible.

**Q: What types of deductible HMO plans are available to small business groups?**

**A:** Small business groups (2 to 50 employees) have two deductible HMO plan types:

- **Preventive care and doctor's office visit**—doctor's office visits and preventive care visits and screenings are not subject to the deductible. All other services are subject to the deductible.
- **Preventive care services (only available to small business groups when paired with an HSA or HRA)**—preventive care visits and screenings are not subject to the deductible. All other services are subject to the deductible.

**Q: Can existing Kaiser Permanente small business groups be moved from a Kaiser Permanente traditional HMO plan to a deductible HMO plan?**

**A:** Yes. You can move existing small groups to our deductible HMO plan upon renewal or midyear, as long as it's not within 120 days of renewal. Amounts paid toward the out-of-pocket maximum (OOP max) on the traditional HMO plan will not carry over to the deductible plan.

## Carryover/takeover of deductible credits

### Q: When do deductible credits carry over?

A: Most of the time deductible and out-of-pocket credits carry over if a group makes a midyear plan change from one deductible plan to another. As of January 1, 2009, the exception is when a group moves from a non-HSA-qualified plan to an HSA-qualified plan (and vice versa). Large groups with a deductible HMO or deductible HMO with HRA plan can elect to purchase a fourth-quarter carryover option. With this option, any credits accumulated toward the deductible and OOP max between October 1 and December 31 will apply toward the following calendar year.

### Q: Does Kaiser Permanente allow takeover of deductible credits from a previous non-Kaiser Permanente plan?

A: Yes, large groups can elect to purchase a takeover option. With this option, any deductible or out-of-pocket maximum credits applied during the 90 days before a member's effective date with Kaiser Permanente will apply toward the member's new plan. Takeover is not allowed for small business groups.

## Deductible funding arrangements

### Q: Which Kaiser Permanente deductible HMO plans can be paired with employer funding arrangements?

A: Employers who want to contribute to their employees' medical cost sharing must choose from Kaiser Permanente deductible plans designed to be paired with either HSAs or HRAs.

Employers who choose a Kaiser Permanente Deductible HMO Plan with HRA must contribute to an employee's HRA. Contributions must be made in accordance with federal tax laws for HRAs<sup>†</sup>

Employers can fund an employee's HSA only if the employee is enrolled in a Kaiser Permanente HSA-Qualified Deductible HMO Plan. Contributions must be made in accordance with federal tax laws for HSAs<sup>†</sup>

### Q: Are there any restrictions on employer funding or reimbursement with Kaiser Permanente deductible HMO plans?

A: Except as described previously with Kaiser Permanente consumer-directed health care product options, small group employers **may not** directly fund or reimburse employees for any Kaiser Permanente deductible, coinsurance, or copayment. These payments are always the employee's financial responsibility.

## COSTS TO MEMBERS

### Predicting the cost of care

#### Q: What is the average member cost of an office visit?

A: Member costs are comparable to industry averages for similar HMO or PPO plans. A typical office visit generally ranges in cost from \$65 to \$125, depending on the types of services provided.

#### Q: How can members estimate the cost of services that are subject to the deductible?

A: Before receiving care, members may access our sample fee list at [kp.org/treatmentestimates](http://kp.org/treatmentestimates). If the service they need is not on this list, they can call our Deductible Products Service Team at **1-800-390-3507**, Monday through Friday, 7 a.m. to 5 p.m. A representative will help them estimate the cost of service before their appointment so they're prepared to pay for scheduled services when they check in. Any costs members incur for additional services will be billed at a later date.

<sup>†</sup> Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, and their affiliates do not provide or administer financial products, including HSAs and HRAs, and do not offer financial, tax, or investment advice. Members are responsible for their own investment decisions. Consult qualified professionals to discuss your situation.

**Q: How do Kaiser Permanente costs compare with those of non-Kaiser Permanente providers?**

**A:** The costs for Kaiser Permanente services are comparable to fees negotiated by other California health care organizations.

### **At the point of service**

**Q: Are members required to pay at the point of service?**

**A:** Yes. Members are expected to pay a deposit for scheduled services at check-in. Members may pay with cash, check, credit card, personal debit card, or HRA or HSA debit cards. Any other services provided during their visit will be billed.

**Q: If members are unable to pay at the time of service, will they be billed?**

**A:** Yes. Members are advised of the cost for their scheduled services at check-in and are expected to pay for those services at that time. Members who are unable to pay the specified amount at check-in will be billed. Medical services will never be delayed or deferred based on the member's ability to pay at the point of service. Many of our medical facilities are staffed with financial counselors (either onsite or by pager) who are on hand to speak to members, if needed.

**Q: Will the accumulated deductible information be current when the member comes in for care?**

**A:** Most of the time, the accumulated deductible will be current at the point of service. However, if care was provided recently—usually within the past 30 to 45 days—the information may not be available at check-in. Members should inform check-in staff about care they've received recently. If members believe they've reached the deductible, they will be charged as if the deductible has been met and will be billed later if there is any remaining balance.

### **After service is provided**

**Q: Do members receive an explanation of benefits (EOB) after they receive care?**

**A:** No. Kaiser Permanente members typically do not receive an EOB. However, our deductible plan members do receive a summary of accumulation (SOA) that lists service descriptions, accumulated deductible, and accumulated out-of-pocket information. Members will receive an SOA following any activity on their account, such as accumulating charges toward their deductible and out-of-pocket maximum. Go to [brokernet.kp.org](http://brokernet.kp.org) to view a sample SOA. Members can sign on at [kp.org](http://kp.org) and visit the deductible HMO section to view a sample SOA.

**Q: Why would a member receive a bill after receiving care?**

**A:** A member may receive a bill for several reasons:

- A member paid only a deposit and not the full amount for their scheduled service at check-in.
- During the scheduled office visit, a member incurred additional charges (such as fees for labs or other treatment) that were not prepaid at check-in.
- There was a change in the member's eligibility or benefits.

**Q: What if a member overpays at the point of service?**

**A:** The overpayment will be applied to future charges. The member may initiate a refund request by calling the Deductible Products Service Team at **1-800-390-3507**, Monday through Friday, 7 a.m. to 5 p.m. A representative will verify the refund request and ensure that there are no outstanding charges. Upon confirmation, a check will be mailed to the member's home address. In the case of an FSA, HSA, or HRA overpayment, the refund will be issued back to the issuing account.

## Continuation of coverage

**Q: Is there a deductible HMO plan available to COBRA members?**

**A:** COBRA benefits are driven by the group. If an employer offers a deductible HMO plan to the group's current employees, COBRA members may elect it.

**Q: Is there a deductible HMO conversion plan?**

**A:** There are no group level conversion plans available at this time. We offer two traditional HMO individual plans as conversion plans—the \$25 and \$50 copayment age-rated plans.

## WHERE TO GO FOR HELP

### Releasing claim and billing information

**Q: Can Kaiser Permanente provide brokers with claim information, payment detail, and other member billing information?**

**A:** No. Under the current federal HIPAA privacy law, it is unlawful for health plans or providers to release a member's billing or claim payment information to anyone other than the individual member without the member's express consent. This includes reports on member charges, deductible accumulation, and/or payments. Brokers and/or employers must obtain and present a signed authorization to release personal billing and claims payment information from each individual member. To obtain a patient consent form, call the Member Service Call Center at **1-800-464-4000**.

**Q: Are there deductible HMO tools we can use to share with our customers and their members?**

**A:** Yes, you can access the following resources at [brokernet.kp.org/deductibleplans/ca](http://brokernet.kp.org/deductibleplans/ca).

- **Understanding your Deductible Plan brochure**—help your customers understand how their deductible plan works and where they can find more information.
- **Sample fee lists**—available for each Kaiser Permanente region to help members plan their health care costs.

For more information, please contact your account manager or visit [brokernet.kp.org/deductibleplans/ca](http://brokernet.kp.org/deductibleplans/ca). You may also contact the Client Services Unit (CSU) toll free at **1-866-752-4737**, Monday through Friday, 8 a.m. to 5 p.m., for your mid-to-large accounts. For questions about your small business accounts, please contact the Small Business Unit (SBU) at **1-800-790-4661**, Monday through Friday, 8:30 a.m. to 5 p.m.

Information in this publication was accurate at the time of production. For the most current information on our plans and services, check with your sales executive or account manager.