

# NOW PLANS

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# NOW PLANS

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## The peace of mind you need – at a price you can afford. NOW!

With Kaiser Permanente's new **Now** plans, you'll get the right coverage at the right price, from a health care company you can trust.

Finding the right health coverage can be a challenge. You don't want to pay a lot for coverage you don't need, but you don't want to compromise quality or be left unprotected. What you want is Now.

Our Now plans offer low premiums as well as the benefits you've come to expect from us, including coverage for

- doctor's office visits
- maternity
- hospital stays
- lab and X-ray services
- preventive care
- prescription drugs (optional)

### Copays for many services from the first day of coverage

You'll only pay a copay for services like primary care and specialist visits, maternity care, after-hours urgent care, and Emergency Room visits. And if your plan includes prescription drug coverage, you'll pay a copay for your choice of generic or brand.<sup>1</sup>

And all benefits that are available for a copay are not subject to the annual medical deductible. That means you will pay just a copay for these services from the first day of coverage!

### Preventive care to help keep you healthy

You'll be covered for the benefits you need to help you stay healthy, like annual exams and screenings. And you won't have to pay a thing for preventive services like routine mammograms, Pap tests, and immunizations.<sup>2</sup> These services are all available at no charge—and you don't have to meet a deductible first.

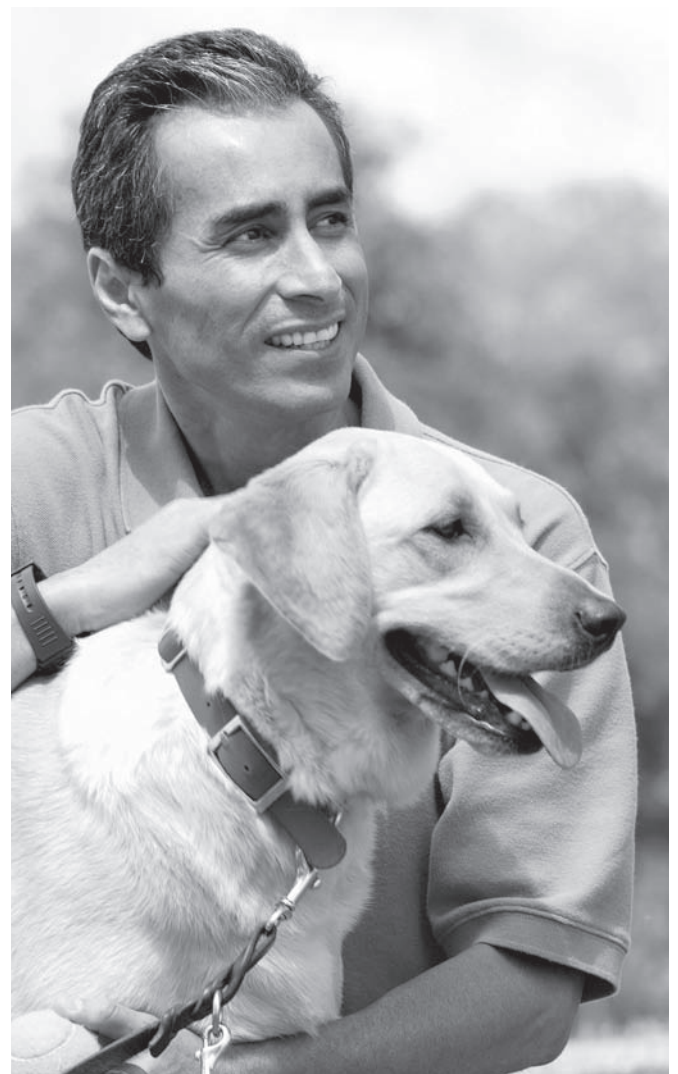
<sup>1</sup>Brand drugs subject to pharmacy deductible

<sup>2</sup>Office visit copay may apply.

### The right coverage for your individual needs

To keep your rates lower, our Now plans let you only pay for the coverage you need.

Some people need prescription drug coverage; other people don't. Why pay for benefits you don't need? That's why we offer you the option. With Now, you can choose from 11 plans: 7 plans with prescription drug coverage and 4 without. With Now, you have choices.



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## Choices, Choices, Choices

All our new Now plans have many things in common—they all offer affordable rates, quality coverage, and predictable out-of-pocket costs. We realize that one size doesn't fit all with health care plans. And with 11 plans to choose from, you're sure to find a good fit for your personal situation.

How to choose from so many options? First, decide whether you want prescription drug coverage. If not, take a look at our Now plans without prescription coverage. If you do want prescription coverage, our Now Plus plans are the place to start.

Then all you have to determine is what annual deductible amount you prefer. The higher the deductible, the lower your monthly premium. And remember that no matter which plan you choose, you'll enjoy the same quality coverage.

### KEY TERMS

**Copayment (or copay):** This is the specific dollar amount that you pay when you receive certain covered services or prescriptions.

**Coinsurance:** This is the percentage of covered expenses that you must pay when you receive covered services.

**Deductible:** This is the fixed amount that you must pay out of pocket in a calendar year for certain services before you are eligible for coinsurance payments. With our Now family plans, there are two ways for an individual family member to satisfy his or her deductible. He or she can meet his or her individual deductible, or the combined costs of family members can meet the family deductible.

**Formulary:** For benefit plans that cover prescription drugs, our formulary is the comprehensive list of medications available to Kaiser Permanente members.

**Lifetime maximum:** This is the maximum of covered health care costs your health plan will cover over the life of your policy.

**Monthly rate/premium:** This is the amount you pay every month for health care coverage. The

### Now plans without prescription coverage

Pay only for what you need.

Most health coverage plans automatically include prescription drug coverage. But if you don't need it, then why pay for it? Our four Now plans offer the same quality coverage, except coverage for prescription drugs, at lower rates.

### Now Plus plans with prescription coverage

Our seven Now Plus plans offer you a choice of brand or generic drugs for a copay. There is a prescription drug deductible for brand drugs only.

amount depends on the benefit plan as well as the age and gender of the subscriber and the number of family members enrolling.

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

**Out-of-pocket maximum (OOPM):** This is the maximum amount of coinsurance that you will pay for certain covered services that you receive in the same calendar year. Once you satisfy your plan's OOPM, Kaiser Permanente will pay 100 percent for most covered services for the remainder of that calendar year. With our Now family plans, there are two ways for an individual family member to satisfy his or her OOPM. He or she can meet his or her individual OOPM, or the combined costs of family members can meet the family OOPM.

**Preventive care:** Preventive care includes preventive exams, preventive labs and X-rays, and general immunizations. Preventive care is not subject to the deductible.

## MEET THE THOMPSONS<sup>1</sup>

Barry and Kate have two children: Jenni, 16, and Jack, 14. The couple wants to keep their out-of-pocket expenses as low as possible while maintaining quality coverage for the family.

### What they want:

- A low deductible
- A moderate premium
- Preventive care with no deductible

### The Thompsons' plan: Now 2000 Plus

- \$2,000 individual deductible/  
\$6,000 family deductible
- \$5,000 individual out-of-pocket maximum (OOPM)/  
\$9,000 family OOPM
- \$0 for preventive care  
(not subject to deductible)<sup>2</sup>
- \$40 copay for primary care office visits  
(not subject to deductible)
- \$250 for Emergency Room visits  
(not subject to deductible)
- \$15 generic and \$40 brand copay for  
prescription drugs (drug deductible  
for brand drugs only)
- 30% coinsurance on hospitalization and  
physical therapy



## HOW THIS PLAN WORKS FOR THEM

During the year, Barry is in an automobile accident and is hospitalized, followed by months of physical therapy. After Barry's medical expenses reach his \$2,000 individual medical deductible, he is eligible to pay coinsurance for covered services.

After his coinsurance payments reach his \$5,000 individual OOPM, Barry will not have to pay anything for covered expenses that apply to the OOPM for the remainder of the year.

**Bottom line:** The Thompsons' health care coverage protects their savings when a family member suffers major injuries.

*For a full list of benefits, please see pages 5–7.  
For rates, please refer to our 2009 Rates brochure.  
For key terms, see page 3*



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

<sup>2</sup>Office visit copay may apply.

# FEATURES AT A GLANCE

## NOW PLANS

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

FEATURES	NOW 2000	NOW 4000	NOW 6000	NOW 10000
<b>Annual deductible</b> (individual/family)	\$2,000 /\$6,000	\$4,000 /\$12,000	\$6,000/\$18,000	\$10,000/\$30,000
<b>Out-of-pocket maximum</b> (coinsurance) (individual/family)	\$5,000/\$9,000	\$5,000/\$9,000	\$5,000/\$9,000	\$5,000/\$9,000
<b>Lifetime benefit maximum</b> <sup>1</sup>	\$6 million	\$6 million	\$6 million	\$6 million
<b>BENEFITS</b>	<b>Benefits shown with copays are not subject to the deductible. Benefits shown with coinsurance are subject to the deductible.</b>			
<b>OFFICE SERVICES</b>				
<b>Primary care office visit</b>	\$40 per visit	\$40 per visit	\$40 per visit	\$40 per visit
<b>Specialist office visit</b>	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit
<b>Preventive screenings</b> <sup>2</sup>	No charge	No charge	No charge	No charge
<b>PHARMACY SERVICES</b>				
<b>Prescription drugs</b>	No coverage <sup>3</sup>	No coverage <sup>3</sup>	No coverage <sup>3</sup>	No coverage <sup>3</sup>
<b>OUTPATIENT SERVICES</b>				
	<b>Kaiser Permanente medical centers/non-Kaiser Permanente facilities</b>			
<b>Laboratory and radiology services</b>	No charge/ 30% coinsurance	No charge/ 30% coinsurance	No charge/ 30% coinsurance	No charge/ 30% coinsurance
<b>High-tech radiology</b> (MRI, CT, etc.)	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
<b>Outpatient surgery facility</b>	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
<b>Hospital outpatient facility</b>	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
<b>Physician/Other professional charges</b>	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
<b>INPATIENT SERVICES</b>				
<b>Inpatient hospital</b> (facility charge)	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
<b>Physician/Other professional charges</b>	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
<b>Inpatient mental health facility</b> (30 days per calendar year)	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
<b>MATERNITY SERVICES</b>				
<b>Maternity</b> (obstetrician/midwife) <sup>4</sup>	\$1,500	\$1,500	\$1,500	\$1,500
<b>Maternity</b> (hospital delivery) <sup>4</sup>	\$3,000	\$3,000	\$3,000	\$3,000
<b>EMERGENCY SERVICES</b>				
<b>Emergency Room</b> (copay waived if admitted)	\$250 per visit	\$250 per visit	\$250 per visit	\$250 per visit
<b>After-hours urgent care</b>	\$70	\$70	\$70	\$70
<b>Ambulance</b>	\$250 per trip	\$250 per trip	\$250 per trip	\$250 per trip
<b>OTHER SERVICES</b>				
<b>Rehabilitation therapies</b> (Physical/Occupational/Speech) (20 visits per year combined)	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
<b>Vision exam</b>	\$60	\$60	\$60	\$60

**Note: Benefits with a copay are not subject to the deductible. Benefits with coinsurance are subject to the deductible.**

<sup>1</sup>Some benefits may have limitations.

<sup>2</sup>Office visit copay may apply. Well-child visit: no charge up to age 2

<sup>3</sup>Some exceptions may apply as set out in the *Evidence of Coverage* or as required by law.

<sup>4</sup>Maternity charges for members are for Ob/Gyn and/or midwife services (pre/postnatal and delivery) and for inpatient hospital charge. Other charges will apply for other professional services both inpatient and outpatient.

# FEATURES AT A GLANCE

## NOW PLUS PLANS with prescription drug coverage

FEATURES	NOW PREMIER PLUS	NOW 500 PLUS	NOW 1000 PLUS	NOW 2000 PLUS
<b>Annual deductible</b> (individual/family)	None	\$500/\$1,500	\$1,000/\$3,000	\$2,000/\$6,000
<b>Out-of-pocket maximum</b> (coinsurance) (individual/family)	None	\$2,000/\$6,000	\$2,000/\$6,000	\$5,000/\$9,000
<b>Lifetime benefit maximum<sup>1</sup></b>	Unlimited	\$6 million	\$6 million	\$6 million
<b>BENEFITS</b>	<b>Benefits shown with copays are not subject to the deductible. Benefits shown with coinsurance are subject to the deductible.</b>			
<b>OFFICE SERVICES</b>				
<b>Primary care office visit</b>	\$30 per visit	\$40 per visit	\$40 per visit	\$40 per visit
<b>Specialist office visit</b>	\$50 per visit	\$60 per visit	\$60 per visit	\$60 per visit
<b>Preventive screenings<sup>2</sup></b>	No charge	No charge	No charge	No charge
<b>PHARMACY SERVICES (30-day supply)</b> 90-day supply available through mail order for most prescriptions				
<b>Pharmacy deductible</b> (brand drugs only) (individual/family)	\$200/\$600	\$300/\$600	\$300/\$600	\$300/\$600
<b>Prescription drugs—generic</b> (Kaiser Permanente pharmacy/network pharmacy)	\$15/\$21	\$15/\$21	\$15/\$21	\$15/\$21
<b>Prescription drugs—brand</b> (Kaiser Permanente pharmacy/network pharmacy)	\$40/\$46	\$40/\$46	\$40/\$46	\$40/\$46
<b>OUTPATIENT SERVICES</b> Kaiser Permanente medical centers/non-Kaiser Permanente facilities				
<b>Laboratory and radiology services</b>	No charge/\$100	No charge/30% coinsurance	No charge/30% coinsurance	No charge/30% coinsurance
<b>High-tech radiology</b> (MRI, CT, etc.)	\$50/\$100	30% coinsurance	30% coinsurance	30% coinsurance
<b>Outpatient surgery facility</b>	\$100	30% coinsurance	30% coinsurance	30% coinsurance
<b>Hospital outpatient facility</b>	\$100	30% coinsurance	30% coinsurance	30% coinsurance
<b>Physician/Other professional charges</b>	No charge	30% coinsurance	30% coinsurance	30% coinsurance
<b>INPATIENT SERVICES</b>				
<b>Inpatient hospital</b> (facility charge)	\$500	30% coinsurance	30% coinsurance	30% coinsurance
<b>Physician/Other professional charges</b>	No charge	30% coinsurance	30% coinsurance	30% coinsurance
<b>Inpatient mental health facility</b> (30 days per calendar year)	\$500 per admit	30% coinsurance	30% coinsurance	30% coinsurance
<b>MATERNITY SERVICES</b>				
<b>Maternity</b> (obstetrician/midwife) <sup>3</sup>	\$1,000	\$1,500	\$1,500	\$1,500
<b>Maternity</b> (hospital delivery) <sup>3</sup>	\$2,000	\$3,000	\$3,000	\$3,000
<b>EMERGENCY SERVICES</b>				
<b>Emergency Room</b> (copay waived if admitted)	\$150 per visit	\$250 per visit	\$250 per visit	\$250 per visit
<b>After-hours urgent care</b>	\$60	\$70	\$70	\$70
<b>Ambulance</b>	\$150 per trip	\$250 per trip	\$250 per trip	\$250 per trip
<b>OTHER SERVICES</b>				
<b>Rehabilitation therapies</b> (Physical/Occupational/Speech) (20 visits per year combined)	\$50	30% coinsurance	30% coinsurance	30% coinsurance
<b>Vision exam</b>	\$50	\$60	\$60	\$60

**Note: Benefits with a copay are not subject to the deductible. Benefits with coinsurance are subject to the deductible.**

<sup>1</sup>Some benefits may have limitations.

<sup>2</sup>Office visit copay may apply. Well-child visit: no charge up to age 2

<sup>3</sup>Maternity charges for members are for Ob/Gyn and/or midwife services (pre/postnatal and delivery) and for inpatient hospital charge. Other charges will apply for other professional services both inpatient and outpatient.

## NOW PLUS PLANS

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

NOW 4000 PLUS	NOW 6000 PLUS	NOW 10000 PLUS	FEATURES
\$4,000/\$12,000	\$6,000/\$18,000	\$10,000/\$30,000	<b>Annual deductible</b> (individual/family)
\$5,000/\$9,000	\$5,000/\$9,000	\$5,000/\$9,000	<b>Out-of-pocket maximum</b> (coinsurance) (individual/family)
\$6 million	\$6 million	\$6 million	<b>Lifetime benefit maximum</b> <sup>1</sup>
Benefits shown with copays are not subject to the deductible. Benefits shown with coinsurance are subject to the deductible.			<b>BENEFITS</b>
			<b>OFFICE SERVICES</b>
\$40 per visit	\$40 per visit	\$40 per visit	<b>Primary care office visit</b>
\$60 per visit	\$60 per visit	\$60 per visit	<b>Specialist office visit</b>
No charge	No charge	No charge	<b>Preventive screenings</b> <sup>2</sup>
90-day supply available through mail order for most prescriptions			<b>PHARMACY SERVICES (30-day supply)</b>
\$300/\$600	\$300/\$600	\$300/\$600	<b>Pharmacy deductible</b> (brand drugs only) (individual/family)
\$15/\$21	\$15/\$21	\$15/\$21	<b>Prescription drugs—generic</b> (Kaiser Permanente pharmacy/network pharmacy)
\$40/\$46	\$40/\$46	\$40/\$46	<b>Prescription drugs—brand</b> (Kaiser Permanente pharmacy/network pharmacy)
Kaiser Permanente medical centers/non-Kaiser Permanente facilities			<b>OUTPATIENT SERVICES</b>
No charge/30% coinsurance	No charge/30% coinsurance	No charge/30% coinsurance	<b>Laboratory and radiology services</b>
30% coinsurance	30% coinsurance	30% coinsurance	<b>High-tech radiology</b> (MRI, CT, etc.)
30% coinsurance	30% coinsurance	30% coinsurance	<b>Outpatient surgery facility</b>
30% coinsurance	30% coinsurance	30% coinsurance	<b>Hospital outpatient facility</b>
30% coinsurance	30% coinsurance	30% coinsurance	<b>Physician/Other professional charges</b>
			<b>INPATIENT SERVICES</b>
30% coinsurance	30% coinsurance	30% coinsurance	<b>Inpatient hospital</b> (facility charge)
30% coinsurance	30% coinsurance	30% coinsurance	<b>Physician/Other professional charges</b>
30% coinsurance	30% coinsurance	30% coinsurance	<b>Inpatient mental health facility</b> (30 days per calendar year)
			<b>MATERNITY SERVICES</b>
\$1,500	\$1,500	\$1,500	<b>Maternity</b> (obstetrician/midwife) <sup>3</sup>
\$3,000	\$3,000	\$3,000	<b>Maternity</b> (hospital delivery) <sup>3</sup>
			<b>EMERGENCY SERVICES</b>
\$250 per visit	\$250 per visit	\$250 per visit	<b>Emergency Room</b> (copay waived if admitted)
\$70	\$70	\$70	<b>After-hours urgent care</b>
\$250 per trip	\$250 per trip	\$250 per trip	<b>Ambulance</b>
			<b>OTHER SERVICES</b>
30% coinsurance	30% coinsurance	30% coinsurance	<b>Rehabilitation therapies</b> (Physical/Occupational/Speech) (20 visits per year combined)
\$60	\$60	\$60	<b>Vision exam</b>

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