

CUSTOM CARE HEALTHINVESTOR (HSA) PLANS

Self-Only and Family (2+) Plan Combinations

	PLAN A		PLAN B		PLAN C		PLAN D		PLAN E	
	Self-Only*	Family	Self-Only*	Family	Self-Only*	Family	Self-Only*	Family	Self-Only*	Family
Deductible (Individual/Family)	\$1,200*	\$2,400	\$2,850*	\$5,700	\$1,200*	\$2,400	\$2,850*	\$5,700	\$5,000*	\$10,000
Out-of-Pocket Max (Individual/Family)	\$1,200*	\$2,400	\$2,850*	\$5,700	\$3,600*	\$7,200	\$4,850*	\$9,700	\$5,000*	\$10,000
Maximum Benefit while covered	Unlimited		Unlimited		Unlimited		Unlimited		Unlimited	
Coinsurance	Plan pays 100% (after annual deductible)		Plan pays 100% (after annual deductible)		Plan pays 80% (after annual deductible)		Plan pays 80% (after annual deductible)		Plan pays 100% (after annual deductible)	
Preventive visits	\$25 copay									
All other covered services	Subject to Annual Deductible and Coinsurance									

* The deductible and out-of-pocket maximum apply to self-only plans; not applicable for individuals covered under family plans.

This is a summary description and is not intended to replace the *Group Agreement*, *Group Policy*, and/or *Evidence of Coverage*, which contain the complete provisions of this coverage. Some benefits may have specific limitations and/or exclusions. Benefits subject to Department of Insurance approval.

Kaiser Permanente Custom Care HealthInvestor (HSA)

Our Custom Care HealthInvestor (HSA) plans are designed to lower premiums, while still providing the coverage and health resources needed to keep members healthy.

As a core benefit, we offer a wide range of preventive care services that are not subject to the deductible. (Members may be required to pay a copayment for services.) For most other services, a deductible and coinsurance will apply.

After the deductible is met, members will either be fully covered, or traditional health care coverage with coinsurance and/or copayments will apply, depending on the plan they select.

The coinsurance and copayments aren't lost dollars; they apply to the out-of-pocket maximum. The out-of-pocket maximum is the most a member will ever have to pay for covered health services in a given year. Once the out-of-pocket maximum has been reached, Kaiser Permanente will be responsible for 100 percent of the allowable charges for these services for the remainder of the calendar year.

As with all of our HMO plans, members enrolled in our Custom Care HealthInvestor (HSA) plans will have access to doctors at our medical centers, and 1,600 affiliated community physicians.

The CarePay HSA

Kaiser Permanente selected Wells Fargo Bank as its preferred HSA trustee and administrator for the CarePaySM HSA. Affordable and easy to use, the CarePay HSA helps people take charge of their health care dollars and their future.

Kaiser Permanente provides and administers the health plan, while Wells Fargo Bank provides and administers the CarePay HSA. Those who choose Wells Fargo can enjoy the convenience of the CarePay HSA Visa[®] debit card to pay for qualified medical expenses.

In addition, Wells Fargo Bank is pleased to furnish a coordinated HSA program that enables you to offer your clients increased flexibility and choice. With the CarePay HSA, your clients can avoid the inconvenience of having to search for an HSA provider. We've done the legwork. If they prefer to use another HSA trustee, that's okay too. Our HSA-qualified plans are designed to work with all HSA providers.

Important information: Written information on topics related group market can be obtained by calling 404-364-7105. Top

- 1) Factors that affect rate setting and rate adjustments.
- 2) Provisions related to renewing coverage.
- 3) Plan designs and premiums available to small groups.

Note: Kaiser Permanente group plans do not include a pre-existing condition clause.

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