

# A HEALTH PLAN THAT FITS THE BUSINESS PLAN

Deductible HMO (DHMO) Plus can be purchased as a **STAND-ALONE PLAN**, and it can be paired with the following plans to customize provider options and take advantage of a variety of cost-saving mechanisms:

### HSA-Qualified Deductible Plan

Employees that need access to out-of-network providers can choose DHMO Plus. Others may select the HSA-Qualified Deductible Plan, which offers even lower premiums and can be paired with a Health Savings Account (HSA) for tax-saving benefits on health care spending.

Both plans highlight Kaiser Permanente's integrated care delivery system.

or

### Added Choice Point-of-Service\*

Members always have the option to seek the quality care and convenience of Kaiser Permanente's integrated care delivery system. DHMO Plus also offers cost-conscious employees limited coverage with any licensed doctor, while Added Choice members have comprehensive coverage with any licensed doctor.

or

### Flexible Choice Point-of-Service Family of Products†

DHMO Plus offers cost-conscious employees access to Kaiser Permanente's integrated care delivery system, while still having limited coverage with nationwide providers. With Flexible Choice, employees seeking multiple options for comprehensive coverage can choose among three provider options (Kaiser Permanente Providers, Preferred Provider Organization, and Out-of-Network Providers) any time they get care.

or

### Out-of-Area PPO‡,§

For employers who have employees that live and work outside the service area, an Out-of-Area PPO plan can be paired with a DHMO Plus plan to meet those employees' coverage needs. Employees who live or work in the service area can choose DHMO Plus to take advantage of lower costs and access to Kaiser Permanente's integrated care delivery system, plus limited coverage to out-of-network providers nationwide.

\* For Small Group only

† Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS) underwrites the in-network HMO tier (Option 1) and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the in-network PPO tier (Option 2) and out-of-network tier (Option 3).

‡ Underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP).

§ For Mid/Large Groups only

[kp.org/choosebetter](http://kp.org/choosebetter)



# DEDUCTIBLE HMO PLUS



**Kaiser Permanente Deductible HMO (DHMO) Plus provides limited nationwide coverage with any licensed provider, balanced by the high-quality\* care innate to Kaiser Permanente's integrated delivery system.**

### KAISER PERMANENTE CARE DELIVERY SYSTEM (IN-NETWORK COVERAGE)

DHMO Plus members have access to the Kaiser Permanente Signature provider network<sup>SM</sup>. With this network, members receive quality care from our network of award-winning physicians† and affiliated providers. Kaiser Permanente care teams practice exclusively in our medical centers, which are conveniently located throughout the covered Maryland, Virginia, and Washington, DC, service areas.

Members can switch doctors at any time, for any reason, to find the physician that best meets their needs. Our medical centers offer a range of services in one location—including primary care, lab, X-ray, and pharmacy—so members can save time receiving the services they need in one trip.

- + Virtually no claim forms to complete.
- + Preventive care services‡— such as routine physicals, well-child visits, and certain screening tests—provided for \$0 copay before the deductible.
- + Convenient access to contracted hospitals located throughout the service area.
- + Receiving diagnosis and treatment at one-stop medical centers, some with after-hours and 24/7 Urgent Care accessibility.
- + Coordinated care and around-the-clock access to the features on [kp.org](http://kp.org), including the ability to email doctors, check lab and radiology results, schedule appointments with Permanente physicians, refill prescriptions, and so much more.§
- + Some services are subject to a deductible, then copay or coinsurance. Certain services are covered before the deductible at a copay.

### OUT-OF-NETWORK COVERAGE

This plan also covers up to 10 outpatient physician visits out of network including lab and radiology, and 5 pharmacy refills a year with providers outside of the Kaiser Permanente care delivery system, anywhere in the United States.

**Maybe an employee has a favorite doctor?** This product is designed to allow members to maintain relationships with existing providers.

**What if their work takes them out of the normal service area?** This product supports members who travel frequently and need to access care and pharmacy services while outside the coverage area.

Members also have the added security of comprehensive coverage with Kaiser Permanente's integrated network to support all their health care needs.

- + Members can receive certain types of care from any licensed health care provider outside of the Kaiser Permanente care delivery system.
- + Charges will not count toward meeting the out-of-pocket maximum, which is only applicable to the in-network benefits.
- + Certain services, such as inpatient care, outpatient surgery, maternity, and prenatal care, will only be covered in-network.\*\*
- + Out-of-network providers may also bill members for the difference, if any, between billed charges and the maximum allowable charge. Charges that exceed the maximum allowable are not covered, do not satisfy the deductible, and do not accumulate to the out-of-pocket maximum.
- + Some providers may require members to pay the full cost of each visit. If so, members will need to submit a claim for reimbursement.

By adding a deductible to the in-network benefits, employers can reduce premium prices below those of similar HMO Plus plans—which is something every employee likes to hear. DHMO Plus enables employers to choose the plans that best meet their needs, whether the overall goal is to keep employee costs down or reduce premiums.

Employers can choose among DHMO Plus plans with various levels of copayments, coinsurance, deductibles, and out-of-pocket maximum limits for in-network benefits.

Because most preventive services are offered at no cost share and are not subject to the deductible, there's no need to be concerned that deductibles will stand in the way of employees seeking important preventive services.

Certain other services, such as office visits and Urgent Care, also are not subject to the deductible. Deductibles, copayments, and coinsurance for most services count toward meeting the out-of-pocket maximum limit.

All plans have out-of-pocket maximums for the in-network benefits, which is the maximum amount a member pays out of pocket each contract year for covered services. This gives employees peace of mind knowing there is a limit on the amount they are required to pay each year.

\* National Committee for Quality Assurance "NCQA's Private Health Insurance Plan Ratings 2017-2018."

† Kaiser Permanente doctors recognized as "Top Doctors" in 2014, 2015, 2016, 2017, and 2018 editions of *Washingtonian* magazine, *Northern Virginia Magazine*, *Bethesda Magazine*, *Baltimore* magazine, and *Washington Consumers' CHECKBOOK* magazine.

‡ Preventive care services are exams and tests that are given to help find problems early, based on age and gender. Refer to the *Evidence of Coverage* for more details.

§ When services are received from Kaiser Permanente facilities.

\*\* Refer to the *Evidence of Coverage* for more details.

\* HRA and FSA accounts can also be opened with other financial vendors.

This plan can be paired with certain kinds of Kaiser Permanente health reimbursement arrangements (HRAs) or flexible spending accounts (FSAs).\*