Annual out-of-pocket maximum
Standard group plans with and without a deductible

Most members who are enrolled through an employer or union trust have maximum total out-of-pocket costs they must pay for most covered services each year. Applicable copayments and coinsurance paid by you or your dependents count toward this maximum. The maximum applies per calendar year.

This flyer provides information about the copayments and coinsurance that count toward your annual out-of-pocket maximum. If your plan includes a maximum, the exact dollar amount is shown in your summary of benefits and in the benefit literature you receive in the mail.

If you are enrolled under an individual medical plan, the Oregon Health Plan, the Washington Basic Health Plan, the Small Employer Protection Plan, an HSA-compatible High Deductible Health Plan, Added Choice®, or the Federal Employees Health Benefits Program, please check your benefit literature or contact Membership Services or your group for information. Membership Services can be reached at the phone numbers on the back of this flyer.

Traditional plans with no deductible

Services that qualify
Copayments or coinsurance you pay, if any, for the following basic health care services apply toward your out-of-pocket maximum.

- Inpatient medical services, medical office visits, hospital emergency department visits, outpatient surgery, or visits by health care providers to your home.
- Lab tests, X-rays, imaging procedures, respiratory hemodialysis, and radiation therapy.
- Short-term physical and occupational therapy and speech and language services.
- Mental health services.
- Chemical dependency treatment.
- Home health and hospice services.
- Infertility services.
- Maternity and interrupted pregnancy services.
- Qualifying emergency services received from non-Kaiser Permanente providers.
- Medically necessary ambulance services.

For plans with no deductible, once you reach your out-of-pocket maximum, you will not be charged copayments or coinsurance for qualifying services for the remainder of the calendar year.

Services that do not qualify
Charges for the following health services do not apply toward your out-of-pocket maximum even if the services were provided or arranged by Kaiser Permanente physicians.

- Any services excluded from coverage under your plan.
- Outpatient prescription drugs and injections.
- Medical supplies, such as splints, bandages, and slings.
- Durable medical equipment.
- Corrective appliances and artificial aids, such as eyeglasses, hearing aids, prosthetic devices, orthopedic braces, and learning aids.
- Contraceptive devices.
- Clinical trial care and services.
- Health education.
- Blood and blood products.
- Self-referred chiropractic and alternative care.
Deductible plans

Services that qualify
Copayments or coinsurance payments you make for services that are subject to a deductible are applied to your out-of-pocket maximum.

Services that do not qualify
- Amounts applied to the deductible. (For HSA-compatible High Deductible Health Plans, the deductible amount counts toward the out-of-pocket maximum.)
- Any services excluded from coverage under your plan.
- Any amount not covered under your plan because Kaiser Foundation Health Plan of the Northwest paid the maximum benefit or covered the maximum number of visits for a service.
- Copayments or coinsurance for services that are not subject to a deductible. Once the out-of-pocket maximum is met, you continue to pay applicable charges for these services. (For HSA-compatible High Deductible Health Plans, all coinsurance and copayments for covered services are counted toward the out-of-pocket maximum, regardless of whether the deductible applies. Once the out-of-pocket maximum is met, you will no longer pay coinsurance or copayments.)

Membership Services
If you have questions or need help, call Membership Services. We’re available by telephone 8 a.m. to 6 p.m., Monday through Friday. You may also sign on to kp.org and send us an e-mail.

Portland area . . . . . 503-813-2000
All other areas . . 1-800-813-2000
TTY . . . . . . . . . . 1-800-735-2900
Language interpretation services . . . . . . 1-800-324-8010