

Frequently asked questions

about cost estimates for cost-sharing plans

Northern California

Q: What options do you offer to help me estimate the cost of services?

A: Financial planning for health coverage for yourself and your family can be confusing. We're here to help by offering two options for estimating your costs.

1. The Kaiser Permanente Sample Fee List (SFL) shows estimated member charges for some commonly used medical services—such as office visits, lab tests, X-rays and prescription medicines—when provided at Kaiser Permanente medical centers, medical offices, pharmacies, and other facilities. (Note: Cost information will be reviewed annually. The date of the most recent update will be displayed on the SFL. We are working to add more medical services to the SFL.)
2. The Treatment Cost Estimator (TCE) tool is based on nationally averaged claims data collected by an independent, nationally recognized health care research company. We are providing this tool as a service to our members, but the cost information and estimates in the TCE are not based on Kaiser Permanente cost information. Instead, the TCE information is based on an average of treatment charges collected from a variety of providers in the community. Thus, the estimated charge amount displayed in the TCE can differ from the Kaiser Permanente charge estimates shown in the SFL.

Q: What are some of the variables involved in determining medical service costs?

- A:** The amount you will actually pay (your out-of-pocket cost) depends on many things:
- The length of time spent for the visit.
 - Your benefit plan coverage. (Depending on your coverage, your plan may not cover specific treatments.)
 - The extent of your illness or injury.
 - The treatment decisions made by you and your doctor.
 - The type of doctor you choose.
 - The facility you choose.
 - The type of services and care your benefit plan covers and the different levels of copayment or coinsurance based on provider status. (For example, for a PPO plan, in-network providers versus out-of-network providers; for a POS plan with three tiers, Kaiser Permanente providers versus contracted non-Kaiser Permanente providers versus out-of-network providers.)
 - Your applicable copayment, deductible, coinsurance, and out-of-pocket maximum status to date.
 - The status, timing, and/or order of pending claims resolution and payment. (Claims for health services rendered may have been received and processed in a different order than the treatment you received, thus changing your deductible and out-of-pocket maximum status.)
 - Your eligibility status may have changed. (For example, you got married and added your spouse to your benefit plan. As a result, you may now have family coverage, which changes your deductible and out-of-pocket maximum requirements.)

Q: Some procedures have several names. (For example, knee surgery can be called total knee replacement, diagnostic knee arthroscopy, or therapeutic knee arthroscopy.) How do I know which applies to my situation, and who can I call at Kaiser Permanente if I have questions about a type of treatment and the cost?

A: Kaiser Permanente has a dedicated Deductible Products Service team ready to serve you. They will help you determine an expense estimate for the recommended services based on the treatment decisions made by you and your doctor. Your share of the expenses will be determined by your health plan coverage and the status of your deductible at the time of the expense estimate. Just call our Deductible Products Service team at **1-800-390-3507** and you'll be connected with one of our specially trained staff members.

Q: Who can I call if I have questions about a type of prescription medicine and the cost?

A: If you have questions about prescription drug charges, call the Kaiser Permanente pharmacy near you. You'll find our pharmacies' phone numbers listed on the member section of our Web site, **kaiserpermanente.org**, in *Your Guidebook to Kaiser Permanente Services*, or on the label of your prescription filled at one of our pharmacies.

Q: How can the estimated cost information be useful to me?

A: With this information you can:

- Project out-of-pocket medical costs for the coming year, based on your expected patterns of utilization of health care services at Kaiser Permanente facilities.
- Estimate funding for your Flexible Spending Account, if applicable.
- Manage your CarePaySM HSA or CarePaySM HRA balance, if you are enrolled in the Kaiser Permanente Custom Care HealthInvestor (HSA) or Kaiser Permanente Custom Care HealthBuilder (HRA) product.
- Better manage costs for chronic conditions.
- Prepare for unexpected health care needs.
- Plan for open enrollment—you may want to choose a Kaiser Permanente option better suited to your needs.