

Reading your Summary of Accumulation (SOA)

Your SOA lists all your medical charges throughout the calendar year that have been applied toward your deductible or annual out-of-pocket maximum. (Keep in mind that services may take several months to show up on your SOA.) Here's an example of how to read a typical SOA.

| B Individual Accumulation Totals | Applied This Period | | A Applied Year to Date | |
|-------------------------------------|---------------------|---------|---------------------------|---------|
| | Deductible | OOP Max | Deductible | OOP Max |
| JANE DOE | 250.00 | 284.20 | 250.00 | 264.20 |
| JOHN DOE | | | 100.00 | 150.00 |
| C Family Accumulation Totals | Applied This Period | | Applied Year to Date | |
| Accumulation Totals | 250.00 | 284.20 | 350.00 | 434.20 |

A Amounts applied so far

These are the total charges applied to your deductible and out-of-pocket maximum for the year. If you reach your deductible and out-of-pocket maximum, you won't receive SOAs for the rest of the year.

B Tracking individual amounts

The deductible and out-of-pocket maximum totals for you and each family member in your household. When a family member reaches his or her individual deductible, that family member will pay only a copay or coinsurance for most covered services.

C Tracking family amounts

The total charges applied to your calendar-year family deductible. After this deductible is met, every family member will pay only copays or coinsurance for most covered services.

| Service Description | Date of Service | Patient's Name | Reference No. | D Allowed Amount | Plan Benefit | E Your Liability | | | Applied Toward OOP Max |
|----------------------------------|-----------------|----------------|----------------|---------------------|--------------|---|---------|--------------|------------------------|
| | | | | | | Applied Toward Deductible | Co-pay | Co-insurance | |
| OFFICE VISIT LOW MOD | 07/31/09 | JANE DOE | I4392340DE566 | \$60.00 | (\$40.00) | | \$20.00 | | \$20.00 |
| EMERGENCY VISIT, MOD | 09/08/09 | JANE DOE | I123456789AA00 | \$321.00 | (\$56.80) | \$250.00 | | \$14.20 | \$264.20 |
| Total Applied Toward Deductible: | | | | | | \$250.00 | | | |
| | | | | | | Total Applied Toward Out-of-Pocket Maximum: | | | \$284.20 |

D Our responsibility

The amounts under "Allowed Amount" show the Kaiser Permanente member charges for services. The amounts under "Plan Benefit" show what Kaiser Permanente is responsible for paying. Plan benefit amounts depend on which deductible HMO plan you have.

E Your responsibility

The amounts listed under "Your Liability" show what you're responsible for paying. This is the difference between the "Allowed Amount" and the "Plan Benefit." What you pay can fall into three categories: "Applied Toward Deductible," "Copay," or "Coinsurance."

Keep in mind that copays and coinsurance aren't applied to your deductible. But the amounts listed in the deductible, copay, and coinsurance columns do apply toward your out-of-pocket maximum for the calendar year.

To find out if you've met your deductible, or if you have questions about your SOA: Call our Member Service Call Center at **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m. For TTY service for the deaf, hard of hearing, or speech impaired, call **1-800-777-1370**.