



P.O. BOX 830913  
BIRMINGHAM, AL 35283-0913



ADDRESSEE:

----- manifest line -----



JOHN Q DOE  
9900 ANY STREET  
YOUR TOWN, CA 12345

**Summary of Accumulation (SOA):** This is sent following any activity on your account and lists all the services applied toward your medical deductible and out-of-pocket maximum. FSA/HRA/HSA members should keep this Summary of Accumulation and other health care receipts for tax purposes.

**Date:** 07/9/2013  
**Subscriber Number:** 00000012345  
**Group ID:** 00987654  
**Benefit Package ID:** M002233

**Questions?**

Contact: Deductible Products Service Team  
Hours of Operation: Mon. - Fri., 7 AM - 5 PM  
Phone: 1-800-390-3507

Thank you for selecting Kaiser Foundation Health Plan, Inc. for your healthcare needs.

**PLEASE RETAIN FOR YOUR RECORDS**

**Summary of Amounts Applied Toward Your Individual and Family Deductible and OOP Max  
01/01/13-12/31/13**

Individual Deductible = \$1,000.00

Individual OOP Max = \$3,000.00

Family Deductible = \$2,000.00

Family OOP Max = \$6,000.00

**Individual Accumulation Totals**

	Applied This Period		Applied Year to Date	
	Deductible	OOP Max	Deductible	OOP Max
John Doe	\$16.00	\$16.00	\$16.00	\$29.86
Jane Doe	\$0.00	\$30.00	\$1,000.00	\$2,227.60
Joe Doe	\$0.00	\$0.00	\$48.00	\$108.00
Julie Doe	\$0.00	\$0.00	\$864.00	\$884.00

**Family Accumulation Totals**

	Applied This Period		Applied Year to Date	
	Deductible	OOP Max	Deductible	OOP Max
Accumulation Totals	\$16.00	\$46.00	\$1,928.00	\$3,249.46

**THIS IS NOT A BILL**

**DEFINITIONS**

**Individual Deductible:** A fixed amount of money you must pay in a calendar year before we'll pay for certain services. Not all services may be applied to a deductible.

**Out-of-pocket maximum (OOP Max):** The maximum amount you'll pay for eligible covered services in a calendar year.

Once you've reached that maximum you won't have to pay any copayments, deductibles, or coinsurance for those covered services for the rest of the calendar year. Not all services apply toward the annual out-of-pocket maximum.

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# How to read this statement



The Summary of Deductible Plan Accumulation tells you how much you have accumulated toward your individual and family deductible and out-of-pocket (OOP) maximum. We'll send you a statement each time there is a change in the summary of your accumulation. We're including the information below to help you understand how we calculate your deductible accumulation and your out-of-pocket maximum.

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## Common terms

Here are some terms we use when talking about deductible products. Some of these terms are also defined in your *Evidence of Coverage*.

**Allowed amount:** (Charges – Insurance Adjustments)

The maximum amount that a deductible plan member will pay for a given service.

**Annual out-of-pocket maximum:** The maximum amount you'll pay for certain covered services in a calendar year. Once you've reached that maximum, you won't have to pay any deductibles, copays, or coinsurance for most covered services for the rest of the calendar year. Not all services apply toward the annual out-of-pocket maximum. For HSA-qualified plans, all services, except for certain preventive services are subject to the deductible, and all services apply toward the out-of-pocket maximum.

**Claim number:** A number used to identify services you receive.

**Coinsurance:** The percentage of charges you pay when receiving certain covered services. For example, 30 percent coinsurance for hospitalization means you pay 30 percent of the charges for covered hospital services. Coinsurance which varies depending on your plan, doesn't apply toward your deductible. But it does count toward your annual out-of-pocket maximum.

**Copayment (or copay):** The fixed fee you pay when you receive certain covered services or prescriptions. For example, a \$10 office visit copay means you pay \$10 for each office visit. Copayments, which vary depending on your plan, don't apply toward your deductible. But they do count toward your annual out-of-pocket maximum.

**Deductible:** A set amount you pay in a calendar year before we provide most covered services at a copay or coinsurance. Not all services may count toward the deductible. For HSA-qualified plans, all services, except for certain preventive services are subject to the deductible, and all services apply toward the out-of-pocket maximum.

**Flexible Spending arrangement (FSA):** Is one of a number of tax-advantaged financial accounts that can be set up through an employer.

**Health Reimbursement Arrangement (HRA):** Is an employer-owned account that allocates funds to employees, their spouses and dependents for eligible healthcare expenses.

**Health Savings Account (HSA):** Is a tax-advantaged medical savings account.

**Insurance Adjustment:** The difference between the allowed amount and your liability.

**Patient name:** Name of the person who received care.

**Patient responsibility:** The amounts listed under "Patient Responsibility" show what you'll need to pay out of your own pocket. This is the difference between the "Allowed Amount" and the "Insurance Adjustment." What you're responsible for paying can fall into one of the following three categories: "applied toward deductible," "copay," or "coinsurance."

**Service date:** Date member received care from the provider.

**Service description:** Health care service received.

## Have questions about this summary?

Call us at **1-800-390-3507**, Monday through Friday, from 7 a.m. to 5 p.m., or write to us at:

**Kaiser Permanente  
Deductible Products Service Team  
P.O. Box 1089  
Rancho Cucamonga, CA 91729-1089**

## Have questions about your benefits?

Call our Member Services Call Center, Monday through Friday, from 7 a.m. to 7 p.m., and Saturday and Sunday, 7 a.m. to 3 p.m., at **1-800-464-4000**. For the deaf, hard of hearing, or speech impaired, call **1-800-777-1370** (TTY). Members can get automated benefit information 24 hours a day, seven days a week.

This summary shows the accumulation of your deductible and out-of-pocket maximum for the calendar year. Any services received or billed after the date on Page 1 will not appear on this summary. The summary also assumes that you've paid your share of any costs.

For more information about understanding your costs visit the deductible HMO plan website at:

**[kp.org/deductibleplans](http://kp.org/deductibleplans)**



**Date:** 07/09/2013  
**Subscriber Number:** 000000012345  
**Group ID:** 00987654  
**Benefit Package ID:** M002233

**THIS IS NOT A BILL**

The information below only includes amounts that have been applied toward your deductible or out-of-pocket maximum since your last summary.

Service Description	Date of Service	Patient's Name	Claim No.	Allowed Amount <small>(Charge - Insurance Adjustment)</small>	Insurance Adjustment	Patient Responsibility			Applied Toward OOP Max	Explanation Code*
						Applied Toward Deductible	Co-pay	Co-insurance		
Lab/Pathology Services	06/28/13	John Doe	AB123DC4	\$16.00	(\$0.00)	\$16.00	\$0.00	\$0.00	\$16.00	K
Lab Services	05/13/13	Jane Doe	AB678DC9	\$25.00	(\$15.00)	\$0.00	\$10.00	\$0.00	\$10.00	K
Outpatient Services	06/06/13	Joe DOe	AB0100D7	\$80.00	(\$80.00)	\$0.00	\$20.00	\$0.00	\$20.00	K
<b>Total Applied Toward Deductible:</b>						<b>\$16.00</b>				
<b>Total Applied Toward Out-of-Pocket Maximum:</b>									<b>\$46.00</b>	

**THIS IS NOT A BILL**

<b>*EXPLANATION CODES</b> ADDED = Deductible Adjustment ADDUP = Duplicate claim/service ADPPC = Adjustment of previously processed claim ADTER = Retroactive member termination ADVOI = Void claim	ADWM = Processed under the wrong member ID ADWPC = Processed with wrong procedure code ADWPR = Processed under the wrong provider C = Services billed by Kaiser Permanente and other providers	K = Services billed by Kaiser Permanente P = Services billed by providers other than Kaiser Permanente Rx = Bill from Kaiser Permanente pharmacy T = Bill from ambulance service
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# 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	
	Deductible	OOP Max	Deductible	OOP Max
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**.

