

# HOW COPAYMENT PLANS WORK



Copayment plans are the simplest to use and to understand. **No services are subject to a deductible.**

With copayment plans, you pay set charges (or copayments) for certain covered services so you know your out-of-pocket costs for doctor's visits, prescriptions, etc., in advance. And since you don't have to meet a deductible, you're eligible to pay copayments from the first day of coverage.

## USING A COPAYMENT PLAN

Let's say you injure your ankle and visit your primary care physician, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication.

On the Copayment 25 plan, you would pay a separate copayment (or copay) for each of the covered services you received. In this case, you would pay a \$25 copay for the doctor's office visit, a \$10 copay for the X-ray, and a \$10 copay for the generic drug.

No surprises. No deductible.

**HAVE A QUESTION? WE'RE HERE TO HELP.**

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# BENEFIT HIGHLIGHTS

	COPAYMENT PLANS		
	COPAYMENT 25	COPAYMENT 40	COPAYMENT 50
<b>FEATURES</b>			
Annual deductible	None		
Annual out-of-pocket maximum	\$2,500	\$3,000	\$3,500
<b>BENEFITS</b>			
<b>PREVENTIVE CARE</b>			
Many preventive care services, such as routine physical exams and mammogram screenings, are no charge from the first day of coverage.			
<b>OUTPATIENT SERVICES</b> (per visit or procedure)			
Primary care/Specialty office visit	\$25 copay	\$40 copay	\$50 copay
Most X-rays and lab tests	\$10 copay		
MRI, CT, and PET	\$50 copay		
Outpatient surgery	\$100 copay	\$200 copay	\$250 copay
<b>INPATIENT HOSPITAL CARE</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	\$200 copay per day	\$350 copay per day	\$500 copay per day
<b>MATERNITY</b>			
Routine prenatal care visit	No charge		
Delivery and inpatient well-baby care	\$200 copay per day	\$350 copay per day	\$500 copay per day
<b>EMERGENCY AND URGENT CARE</b>			
Emergency Department visit (waived if admitted)	\$100 copay		\$150 copay
Urgent care visit	\$25 copay	\$40 copay	\$50 copay
Ambulance service	\$100 copay	\$200 copay	\$300 copay
<b>PRESCRIPTION DRUGS</b>			
Plan pharmacy (up to a 30-day supply)	Generic: \$10 copay/Brand: \$35 copay		Not covered
Mail-order (up to a 100-day supply)	Generic: \$20 copay/Brand: \$70 copay		Not covered

This is a summary of the most frequently asked-about benefits and their copayments. For more information on benefits and copayments, please refer to the *Disclosure Form* enclosed in this kit. Detailed information about your plan is in the *Membership Agreement*, which will be mailed to you upon acceptance or upon request. To request a copy of the *Membership Agreement* for a particular plan, please call us at 1-800-634-4579 or contact your broker.

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