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/HSA/HSAs members should keep this Summary of Accumulation and other health care receipts for tax purposes.

Date: 07/09/2013  
Subscriber Number: 0000012345  
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

<table>
<thead>
<tr>
<th>Individual Accumulation Totals</th>
<th>Applied This Period</th>
<th>Applied Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deductible</td>
<td>OOP Max</td>
</tr>
<tr>
<td>John Doe</td>
<td>$16.00</td>
<td>$16.00</td>
</tr>
<tr>
<td>Jane Doe</td>
<td>$0.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Joe Doe</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Julie Doe</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Accumulation Totals</th>
<th>Applied This Period</th>
<th>Applied Year to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deductible</td>
<td>OOP Max</td>
</tr>
<tr>
<td>Accumulation Totals</td>
<td>$16.00</td>
<td>$46.00</td>
</tr>
</tbody>
</table>

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.
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.

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
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.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Date of Service</th>
<th>Patient’s Name</th>
<th>Claim No.</th>
<th>Allowed Amount</th>
<th>Insurance Adjustment</th>
<th>Applied Toward Deductible</th>
<th>Co-pay</th>
<th>Co-insurance</th>
<th>Applied Toward OOP Max</th>
<th>Explanation Code*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Pathology Services</td>
<td>06/29/13</td>
<td>John Doe</td>
<td>AB123DC4</td>
<td>$16.00</td>
<td>($) 0.00</td>
<td>$16.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<td>K</td>
</tr>
<tr>
<td>Lab Services</td>
<td>05/13/13</td>
<td>Jane Doe</td>
<td>AB578DC9</td>
<td>$25.00</td>
<td>($) 15.00</td>
<td>$10.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$10.00</td>
<td>K</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>06/06/13</td>
<td>Joe Doe</td>
<td>AB0100D7</td>
<td>$80.00</td>
<td>($) 80.00</td>
<td>$0.00</td>
<td>$20.00</td>
<td>$0.00</td>
<td>$20.00</td>
<td>K</td>
</tr>
</tbody>
</table>

Total Applied Toward Deductible: $16.00
Total Applied Toward Out-of-Pocket Maximum: $46.00

*Explanation Codes:
ADDED = Deductible Adjustment
ADDUP = Duplicate claim/service
ADPPC = Adjustment of previously processed claim
ADTER = Retroactive member termination
ADVCL = 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
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.

**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.

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**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.

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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.