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Kaiser Permanente

# 2017

# Summary of Benefits

Kaiser Permanente Medicare Plus (Cost) Group plan  
Plan C++ with D for persons with Medicare Parts A & B

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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
A nonprofit corporation



# Summary of Benefits

**January 1, 2017–December 31, 2017**

Kaiser Permanente Medicare Plus is a Cost plan offered by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

This document is a summary and does not include all plan rules, benefits, limitations, and exclusions. For complete details, please refer to the **Evidence of Coverage (EOC)**, which we will send you after you enroll. If you would like to review the **EOC** before you enroll, please ask your group benefits administrator for a copy.

Benefits	What you must pay
<b>Deductible</b>	<b>None.</b>
<b>Your maximum out-of-pocket responsibility</b> The amount you pay for premiums, Medicare Part D drugs, and certain services does not apply to this maximum (see the Evidence of Coverage for details).	If you pay \$3,400 in copays (a set amount you pay for covered services) or coinsurance (a percentage of the charges that you pay for covered services) during 2017 for services subject to the out-of-pocket maximum, you will not have to pay any more copays or coinsurance for those services for the rest of the year.
<b>Inpatient hospital coverage</b> A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row.	You pay nothing.
<b>Doctor's visits</b> <ul style="list-style-type: none"><li>Primary care</li></ul>	You pay \$10 per office visit.
<ul style="list-style-type: none"><li>Specialty care</li></ul>	You pay \$10 per office visit.
<b>Preventive care</b>	You pay nothing.

Benefits	What you must pay
<ul style="list-style-type: none"> <li>Please see the <b>EOC</b> to learn which services are covered.</li> </ul>	
<b>Emergency care</b> Our plan covers emergency care anywhere in the world.	You pay \$50 per Emergency Department visit.
<b>Urgently needed services</b> Our plan covers urgent care anywhere in the world.	You pay \$10 per office visit.
<b>Diagnostic services, lab, and imaging</b> Lab tests	You pay nothing.
<ul style="list-style-type: none"> <li>X-rays</li> </ul>	You pay nothing.
<ul style="list-style-type: none"> <li>Diagnostic tests and procedures (such as EKG)</li> </ul>	You pay nothing.
<ul style="list-style-type: none"> <li>Other imaging procedures (such as MRI, CT, and PET)</li> </ul>	You pay nothing.
<b>Hearing services</b> <ul style="list-style-type: none"> <li>Exams to diagnose and treat hearing and balance issues</li> </ul>	You pay \$10 per office visit.
<b>Dental services</b> Preventive and comprehensive dental coverage	You pay \$30 per visit for preventive care (limited to two visits a year for oral exams, teeth cleaning, fluoride and bitewing X-rays). The amount you pay for comprehensive dental care varies depending on the service (see dental fee schedule in the <b>EOC</b> ).
<b>Vision services</b> Visits to diagnose and treat diseases and conditions of the eye	You pay \$10 per office visit with an optometrist or \$10 with an ophthalmologist.

Benefits	What you must pay
<ul style="list-style-type: none"> <li>Routine eye exams</li> </ul>	You pay \$10 per office visit with an optometrist or \$10 with an ophthalmologist.
<ul style="list-style-type: none"> <li>Preventive glaucoma screening</li> </ul>	You pay nothing.
<ul style="list-style-type: none"> <li>Eyeglasses or contact lenses after cataract surgery</li> </ul>	You pay 20% coinsurance up to Medicare's limit and you pay any amounts that exceed Medicare's limit.
<ul style="list-style-type: none"> <li>Other eyeglasses or contact lenses</li> </ul>	You pay 75% coinsurance for eyeglasses and 85% coinsurance for contacts.
<b>Mental health services</b> <ul style="list-style-type: none"> <li>Inpatient care</li> </ul>	<p>You pay nothing per benefit period.</p> <p>There is no limit to the number of medically necessary inpatient hospital days in a general hospital.</p>
<ul style="list-style-type: none"> <li>Outpatient group therapy</li> </ul>	You pay \$10 per office visit.
<ul style="list-style-type: none"> <li>Outpatient individual therapy</li> </ul>	You pay \$10 per office visit.
<b>Skilled Nursing Facility</b> <ul style="list-style-type: none"> <li>Our plan covers up to 100 days per benefit period. A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row.</li> </ul>	<p><b>You pay nothing per Benefit Period if Original Medicare would cover the stay.</b></p> <p>You pay nothing per medically necessary admission if Original Medicare would not cover the stay.</p>
<b>Rehabilitation services</b> Occupational, speech, or physical therapy	You pay \$10 per office visit.

<b>Benefits</b>	<b>What you must pay</b>
<b>Ambulance</b>	You pay nothing.
<b>Transportation</b>	Not covered.
<b>Foot care</b> (podiatry services) <ul style="list-style-type: none"> <li>Office visits to diagnose and treat injuries and diseases of the feet</li> </ul> Routine foot care for certain medical conditions affecting the lower limbs	You pay \$10 per office visit.
<b>Outpatient surgery</b> (including services provided at hospital outpatient facilities and ambulatory surgical centers)	You pay nothing.
<b>Medical equipment and supplies</b> <ul style="list-style-type: none"> <li>Durable medical equipment</li> </ul>	You pay nothing.
<ul style="list-style-type: none"> <li>Diabetic testing supplies</li> </ul>	You pay nothing.
<b>Wellness programs</b> <ul style="list-style-type: none"> <li>Health education program</li> </ul>	You pay nothing.
<b>Medicare Part B drugs</b> A limited number of Medicare Part B drugs are covered when you get them from a network provider (see the <b>EOC</b> for details and the <b>Pharmacy Directory</b> for preferred and standard network pharmacy locations).	You pay nothing.

Benefits	What you must pay
Drugs that require administration by medical personnel	
<ul style="list-style-type: none"> <li>Up to a 60-day supply of a generic drug</li> </ul>	You pay \$10 at a preferred network pharmacy or \$15 at a standard network pharmacy.
<ul style="list-style-type: none"> <li>Up to a 60-day supply of a brand-name drug</li> </ul>	You pay \$10 at a preferred network pharmacy or \$15 at a standard network pharmacy.

## Medicare Part D prescription drug coverage

The amount you pay for drugs differs depending upon the following:

- The drug tier that your drug is in. There are a total of six tiers, please refer to our Part D formulary to locate your drug's tier on our website at [kp.org/seniorrx](http://kp.org/seniorrx) or call Member Services to request a copy at **1-888-777-5536**, seven days a week, 8 a.m. to 8 p.m. (TTY **711**).
- The day supply you receive.
- The type of network pharmacy that fills your prescription (preferred retail pharmacy, standard retail pharmacy, or our mail-order pharmacy). See the **Pharmacy Directory** for our list of network pharmacies at [kp.org/directory](http://kp.org/directory).
- The coverage stage you are in (initial, coverage gap, catastrophic coverage stages).

### Initial Coverage Stage

You pay the following copays and coinsurance shown in the chart below at network pharmacies unless you pay **\$4,950** in a calendar year, in which case, you will enter the Catastrophic Coverage Stage and your copays will change (please refer to the Medicare Plus **Evidence of Coverage** for more information).

Tier	Plan C++ with Part D				
	Preferred Pharmacy (up to a 60-day supply)	Standard Pharmacy (up to a 60-day supply)	OON Pharmacy (up to a 30-day supply)	LTC Pharmacy (up to a 31-day supply)	Mail Order (up to a 90-day supply)
<b>Tier 1 (Preferred Generic)</b>	<b>\$10</b>	<b>\$15</b>	<b>\$7.50</b>	<b>\$7.50</b>	<b>\$5</b>
<b>Tier 2 (Generic)</b>	<b>\$10</b>	<b>\$15</b>	<b>\$7.50</b>	<b>\$7.50</b>	<b>\$5</b>
<b>Tier 3 (Preferred Brand)</b>	<b>\$10</b>	<b>\$15</b>	<b>\$7.50</b>	<b>\$7.50</b>	<b>\$5</b>
<b>Tier 4 (Non-Preferred Brand)</b>	<b>\$10</b>	<b>\$15</b>	<b>\$7.50</b>	<b>\$7.50</b>	<b>\$5</b>
<b>Tier 5 (Specialty Tier)</b>	<b>\$10</b>	<b>\$15</b>	<b>\$7.50</b>	<b>\$7.50</b>	<b>\$5</b>
<b>Tier 6 (Vaccines)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>Not Available</b>

Many drugs can be mailed to you through our network mail-order pharmacy (not all drugs can be mailed).

If you reside in a long-term care facility, you pay the same as at a network retail pharmacy.

## Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,950, you pay \$2 for generic drugs and \$5 for brand-name drugs and \$0 for vaccines.



## Important coverage rules

We cover the services and items listed in this **Summary of Benefits** and the **Evidence of Coverage**, subject to exclusions and limitations, only if all of the following conditions are satisfied:

- The services or items are “medically necessary” (a service or item is medically necessary if it is medically appropriate and required to prevent, diagnose, or treat your condition or clinical symptoms in accord with generally accepted professional standards of practice that are consistent with a standard of care in the medical community).
- For services and items covered by Original Medicare, the service or item must be considered reasonable and necessary according to the standards of Original Medicare.
- For services and items to be covered by our plan, you must receive all covered services and items from network providers, except as follows (see the **Evidence of Coverage** for details):
  - ◆ Covered care from network providers in another Kaiser Permanente region’s service area or providers in Group Health Cooperative’s service area.
  - ◆ Emergency care.
  - ◆ Out-of-area urgent care (covered inside the service area from network providers and in limited situations from out-of-network providers).
  - ◆ Referrals to out-of-network providers if our plan has provided you with prior authorization in writing.
  - ◆ You pay in-network copays and coinsurance when you get covered care listed above from out-of-network providers.

**Note:** You may use your Original Medicare benefits separately from our plan and pay Original Medicare coinsurance and deductibles. Look in your current “**Medicare & You**” handbook for the coverage and costs of Original Medicare. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

## Eligibility

You are eligible for membership if you:

- Must be enrolled in Kaiser Permanente through your group plan and meet your group's eligibility requirements.
- Have Medicare Part A and Medicare Part B.
- Are a citizen or lawfully present in the United States.
- Do not have end-stage renal disease (ESRD), with limited exceptions, such as if you developed ESRD when you were already a member of one of our plans or you were a member of a different plan that was terminated.

- Live inside our service area. Our service area includes the District of Columbia and these cities and counties in Maryland and Virginia: Alexandria City, Anne Arundel, Arlington, Baltimore County, Baltimore City, Carroll County, Fairfax City, Fairfax County, Falls Church City, Harford County, Howard County, Loudoun County, Manassas City, Manassas Park City, Montgomery County, Prince George's County, and Prince William County. Also, our service area includes these parts of counties in Maryland, in the following ZIP codes only:
  - ♦ Calvert County: 20639, 20678, 20689, 20714, 20732, 20736, and 20754.
  - ♦ Charles County: 20601, 20602, 20603, 20604, 20612, 20616, 20617, 20637, 20640, 20643, 20646, 20658, 20675, 20677, and 20695.
  - ♦ Frederick County: 21701, 21702, 21703, 21704, 21705, 21709, 21710, 21714, 21716, 21717, 21718, 21754, 21755, 21758, 21759, 21762, 21769, 21770, 21771, 21774, 21775, 21777, 21790, 21792, and 21793.

## Getting care from network providers

At most of our network facilities, you can usually receive all the covered services you need, including specialty care, pharmacy, and lab work. For network facility and preferred or standard pharmacy locations, please refer to the **Provider Directory**, **Pharmacy Directory**, or call Member Services at **1-888-777-5536**, seven days a week, 8 a.m. to 8 p.m. (TTY **711**). You can also find a current listing at **kp.org/directory**. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Your primary care provider will provide your primary care and play an important role in coordinating care, including hospital stays, referrals to specialists, and requesting prior authorization from us as needed. Most primary care providers are physicians who are generalists in internal medicine or family practice. You must choose an available network provider to be your primary care provider. You can change your primary care provider at any time and for any reason. After you become a member, you can choose a provider by calling Member Services or on our website at **kp.org**.

- Except for the following services, your network provider must make a **referral** before you can obtain services or items (refer to the **Evidence of Coverage** for details):
  - ♦ Emergency services.
  - ♦ Flu shots and Hepatitis B vaccinations provided by a network provider.
  - ♦ Mental health services provided by a network provider.
  - ♦ Routine women's health care provided by a network provider.
  - ♦ Urgently needed services from network providers or from out-of-network providers when network providers are temporarily unavailable or inaccessible; for example, when you are temporarily outside of our service area.
- Some services or items are covered only if your network provider gets approval in advance (sometimes called "**prior authorization**") from our plan. The following are some services that require prior authorization (please refer to the **Evidence of Coverage** for a complete list):
  - ♦ Durable medical equipment.
  - ♦ Nonemergency ambulance services.
  - ♦ Post-stabilization care following emergency care from out-of-network providers.
  - ♦ Prosthetic and orthotic devices.
  - ♦ Referrals to out-of-network providers if services are not available from network providers.

- ◆ Skilled nursing facility care.
- ◆ Transplants.

## Grievances and appeals

You can ask us to provide or pay for an item or service you think should be covered. If we deny your request, you can ask us to reconsider. You may ask for a fast decision if you think waiting could put your health at risk. If your doctor makes or supports the fast request, we will expedite our decision. If you have an issue unrelated to coverage, you can file a grievance with us. Please see the **Evidence of Coverage** for details.

## Privacy

We protect the privacy of protected health information. Please see the **Evidence of Coverage** or view our **Notice of Privacy Practices** on [kp.org](http://kp.org) to learn more.

Kaiser Permanente is a Cost plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. This contract is renewed annually by the Centers for Medicare & Medicaid Services (CMS). By law, our plan or CMS can choose not to renew our Medicare contract. Benefits, premiums, deductibles, copayments, and coinsurance may change on January 1, 2018.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. If you receive Extra Help to pay for Medicare Part D prescription drug coverage, premiums and cost-sharing will vary based on the level of Extra Help you receive. Please contact the plan for further details.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [medicare.gov](http://medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

This document may be available in a non-English language. For additional information, call us at **1-888-777-5536**.

# Notice of nondiscrimination

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - ◆ Qualified sign language interpreters.
  - ◆ Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
  - ◆ Qualified interpreters.
  - ◆ Information written in other languages.

If you need these services, call Member Services at **1-888-777-5536** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 2101 East Jefferson Street, Rockville, MD 20852 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

Kaiser Permanente is a Cost plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

# Multi-language Interpreter Services

## English

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call **1-888-777-5536** (TTY: **711**).

## Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-777-5536** (TTY: **711**).

## Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-777-5536** (TTY: **711**)。

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-777-5536** (TTY: **711**).

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-777-5536** (TTY: **711**).

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-777-5536** (TTY: **711**)번으로 전화해 주십시오.

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-777-5536** (телетайп: **711**).

## Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。  
**1-888-777-5536** (TTY: **711**) まで、お電話にてご連絡ください。

## Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-888-777-5536** (TTY: **711**).

## Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।  
**1-888-777-5536** (TTY: **711**) पर कॉल करें।

## Amharic

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-888-777-5536** (መስማት ለተሳናቸው፡ **711**)፡

## Farsi

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1-888-777-5536 تماس بگیرید

## Arabic

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-777-5536 (رقم هاتف الصم والبكم: 711).

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-777-5536 (TTY: 711).

## French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-777-5536 (ATS : 711).

## Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o.  
E pe ero ibanisoro yi 1-888-777-5536 (TTY: 711).

## Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-777-5536 (TTY: 711).

## Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-777-5536 (TTY: 711).

## Bengali

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-888-777-5536 (TTY: 711)।

## Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-888-777-5536 (TTY: 711).

## French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-777-5536 (TTY: 711).

## Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-777-5536 (TTY: 711).

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
2101 East Jefferson Street  
Rockville, Maryland 20852

Have questions?

Please call Member Services at **1-888-777-5536** (TTY **711**) toll free

Seven days a week, 8 a.m. to 8 p.m.



[kp.org/medicare](https://kp.org/medicare)

Please recycle.