
Kaiser Permanente

2018

Summary of Benefits

Kaiser Permanente Medicare Plus (Cost) Group plan

Plan C++ with D for persons with Medicare Parts A & B

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

 KAISER PERMANENTE®

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About this Summary of Benefits

Thank you for considering Kaiser Permanente Medicare Plus. You can use this **Summary of Benefits** to learn more about our plan. It includes information about:

- Benefits and costs
- Part D prescription drugs
- Who can enroll
- Coverage rules (including referrals and prior authorizations)
- Getting care

For definitions of some of the terms used in this booklet, see the glossary at the end.

For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which we'll send you after you enroll. If you'd like to see it before you enroll, please ask your group benefits administrator for a copy.

Have questions?

- Please call Member Services at **1-888-777-5536 (TTY 711)**.
- 7 days a week, 8 a.m. to 8 p.m.

Summary of Benefits

January 1, 2018 – December 31, 2018

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 and premiums | You pay |
|--|---|
| Monthly plan premium | Your group will notify you if you are required to contribute to your group's premium. If you have any questions about your contribution toward your group's premium and how to pay it, please contact your group's benefits administrator. |
| Deductible | None |
| Your maximum out-of-pocket responsibility 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 2018 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. |
| Inpatient hospital coverage 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. |
| Outpatient hospital coverage | You pay nothing. |

| Benefits and premiums | You pay |
|---|--|
| Doctor's visits <ul style="list-style-type: none"> Primary care providers | You pay \$10 per office visit. |
| <ul style="list-style-type: none"> Specialists | You pay \$10 per office visit. |
| Preventive care Please see the EOC to learn which services are covered. | \$0 |
| Emergency care We cover emergency care anywhere in the world. | You pay \$50 per Emergency Department visit. |
| Urgently needed services We cover urgent care anywhere in the world. | You pay \$10 per office visit. |
| Diagnostic services, lab, and imaging <ul style="list-style-type: none"> Lab tests | You pay nothing. |
| <ul style="list-style-type: none"> X-rays | You pay nothing. |
| <ul style="list-style-type: none"> Diagnostic tests and procedures (such as EKG) | You pay nothing. |
| <ul style="list-style-type: none"> Other imaging procedures (such as MRI, CT, and PET) | You pay nothing. |
| Hearing services <ul style="list-style-type: none"> Exams to diagnose and treat hearing and balance issues Routine hearing exams | You pay \$10 per office visit. |

| Benefits and premiums | You pay |
|---|---|
| Dental services Preventive and comprehensive dental coverage | You pay \$30 per visit for preventive care (limited to two visits a year for oral exams, teeth cleaning, and bitewing X-rays). The amount you pay for comprehensive dental care varies depending on the service (see dental fee schedule in the EOC). |
| Vision services Visits to diagnose and treat eye diseases and conditions | You pay \$10 per office visit with an optometrist or \$10 with an ophthalmologist. |
| <ul style="list-style-type: none"> • Routine eye exams | You pay \$10 per office visit with an optometrist or \$10 with an ophthalmologist. |
| <ul style="list-style-type: none"> • Eyeglasses or contact lenses after cataract surgery | 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"> • Other eyeglasses or contact lenses | You pay 75% coinsurance for eyeglasses and 85% coinsurance for contacts. |
| Mental health services <ul style="list-style-type: none"> • Outpatient group therapy | You pay \$10 per office visit. |
| <ul style="list-style-type: none"> • Outpatient individual therapy | You pay \$10 per office visit. |
| Skilled Nursing Facility Our plan covers up to 100 days per benefit period. | <p>You pay nothing per Benefit Period if Original Medicare would cover the stay.</p> <p>You pay nothing per medically necessary admission if Original Medicare would not cover the stay.</p> |
| Physical therapy | You pay \$10 per office visit. |
| Ambulance | You pay nothing. |
| Transportation | Not covered. |

| Benefits and premiums | You pay |
|---|---|
| <p>Medicare Part B drugs</p> <p>A limited number of Medicare Part B drugs are covered when you get them from a plan provider (see the EOC for details).</p> <p>Drugs that must be administered by a health care professional.</p> | <p>You pay nothing.</p> |
| <ul style="list-style-type: none"> Up to a 60-day supply of a generic drug | <p>You pay \$10 at a preferred network pharmacy or \$15 at a standard network pharmacy.</p> |
| <ul style="list-style-type: none"> Up to a 60-day supply of a brand-name drug | <p>You pay \$10 at a preferred network pharmacy or \$15 at a standard network pharmacy.</p> |

Medicare Part D prescription drug coverage

The amount you pay for drugs will be different depending on:

- The tier your drug is in. To find out which of the 6 tiers your drug is in, see our Part D formulary at kp.org/seniorrx or call Member Services to ask for 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.
- The coverage stage you're in (initial or catastrophic coverage stages).

Initial coverage stage

You pay the copays and coinsurance shown in the chart below until your total yearly drug costs reach **\$5,000**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$5,000 limit, you move on to the catastrophic stage and your coverage changes.

| 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) |
| Tier 1 (Preferred Generic) | \$10 | \$15 | \$7.50 | \$7.50 | \$5 |
| Tier 2 (Generic) | \$10 | \$15 | \$7.50 | \$7.50 | \$5 |
| Tier 3 (Preferred Brand) | \$10 | \$15 | \$7.50 | \$7.50 | \$5 |
| Tier 4 (Non-Preferred Brand) | \$10 | \$15 | \$7.50 | \$7.50 | \$5 |
| Tier 5 (Specialty Tier) | \$10 | \$15 | \$7.50 | \$7.50 | \$5 |
| Tier 6 (Vaccines) | \$0 | \$0 | \$0 | \$0 | Not Available |

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

Catastrophic coverage stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay \$2 for generic drugs and \$5 for brand-name drugs and \$0 for vaccines.

Long-term care and non-plan pharmacies

If you live in a long-term care facility and get your drugs from their pharmacy, you pay the same as at a plan pharmacy and you can get up to a 31-day supply. If you get covered Part D drugs from a non-plan pharmacy, you pay the same as at a plan pharmacy and you can get up to a 30-day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can't use a network pharmacy, like during a disaster. See the **Evidence of Coverage** for details.

Who can enroll

You can sign up for this plan if:

- Must be enrolled in Kaiser Permanente through your group plan and meet your group's eligibility requirement
- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare.)
- You're a citizen or lawfully present in the United States.
- You don't have end-stage renal disease (ESRD) unless you got ESRD when you were already a member of one of our plans or you were a member of a different plan that ended.
- You live in the service area for this plan. 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.

Coverage rules

We cover the services and items listed in this document and the **Evidence of Coverage**, if:

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider Directory** and **Pharmacy Directory**. But there are exceptions to this rule. We also cover:
 - Care from plan providers in another Kaiser Permanente Region

- Emergency care
- Out-of-area dialysis care
- Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
- Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers.

Referrals

Your plan provider must make a referral before you can get most services or items. But a referral **isn't** needed for the following:

- Emergency services
- Flu shots, hepatitis B vaccinations, and pneumonia vaccinations given by a plan provider
- Kidney dialysis services that you get at a Medicare-certified dialysis facility when you're temporarily outside our service area
- Mental health services provided by a plan provider
- Most preventive care
- Optometry services provided by a plan provider
- Routine women's health care provided by a plan provider
- Second opinions from another plan provider except for certain specialty care
- Urgently needed services from plan providers
- Urgently needed services from non-plan providers when plan providers are temporarily unavailable or inaccessible — for example, when you're temporarily outside of our service area

Prior Authorization

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). These are some services and items that require prior authorization:

- Durable medical equipment
- Nonemergency ambulance services
- Post-stabilization care following emergency care from non-plan providers
- Prosthetic and orthotic devices
- Referrals to non-plan providers if services aren't available from plan providers
- Skilled nursing facility care
- Transplants

For details about coverage rules, including services that aren't covered (exclusions), see the **Evidence of Coverage**.

Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. You aren't restricted to a particular plan facility or pharmacy, and we encourage you to use the plan facility or pharmacy that will be most convenient for you. To find our provider locations, see our **Provider Directory** or **Pharmacy Directory** at kp.org/directory or ask us to mail you a copy by calling Member Services at **1-888-777-5536**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You may choose any available plan provider to be your personal doctor. You can change your doctor at any time and for any reason. You can choose or change your doctor by calling Member Services or at kp.org/mydoctor/connect.

Help managing conditions

If you have more than 1 ongoing health condition and need help managing your care, we can help. Our case management programs bring together nurses, social workers, and your personal doctor to help you manage your conditions. The program provides education and teaches self-care skills. If you're interested, please ask your personal doctor for more information.

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision. If you have a complaint that's not about coverage, you can file a grievance with us. See the **Evidence of Coverage** for details.

Kaiser Foundation Health Plan

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. is a nonprofit corporation and a Medicare Cost plan called Kaiser Permanente Medicare Plus.

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Kaiser Permanente 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 Permanente 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, 1-800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** on 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.

The benefit information provided is a brief summary, not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. 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 more 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** 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**.

Helpful definitions (glossary)

Benefit period

The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

Calendar year

The year that starts on January 1 and ends on December 31.

Coinsurance

A percentage you pay of our plan's total charges for certain services or prescription drugs. For example, a 20% coinsurance for a \$200 item means you pay \$40.

Copay

The set amount you pay for covered services — for example, a \$20 copay for an office visit.

Evidence of Coverage

A document that explains in detail your plan benefits and how your plan works.

Maximum out-of-pocket responsibility

The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the year.

Medically necessary

Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

Non-plan provider

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

Plan

Kaiser Permanente Medicare Plus.

Plan provider

A plan or network provider can be a facility, like a hospital or pharmacy, or a health care professional, like a doctor or nurse.

Region

A Kaiser Foundation Health Plan organization. We have Kaiser Permanente Regions located in Northern California, Southern California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

Retail plan pharmacy

A plan pharmacy where you can get prescriptions. These pharmacies are usually located at plan medical offices.

Multi-language Interpreter Services

English

ATTENTION: If you speak a language other than English, 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 ሊያግዝዎት 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 اذکر 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 નિ:શુલ્ક 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

 Please recycle.