

2014 KAISER PERMANENTE MEDICARE PLUS

MedicareRx
Prescription Drug Coverage X

kp.org

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

SUMMARY OF BENEFITS REPORT FOR CONTRACT H2150, PLANS 801 AND 805 KAISER PERMANENTE MEDICARE PLUS PLAN A WITH PART D

DC, MD, VA
January 1, 2014 – December 31, 2014

KAISER PERMANENTE® 

Section I: Introduction to Summary of Benefits

Thank you for your interest in Kaiser Permanente Medicare Plus Plan A with Part D (Cost). Our plan is offered by KAISER FNDN HP OF THE MID-ATLANTIC STS which is also called Kaiser Permanente, a Medicare Cost organization that contracts with the federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Kaiser Permanente Medicare Plus Plan A with Part D (Cost) and ask for the "Evidence of Coverage."

You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (Fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Kaiser Permanente Medicare Plus Plan A with Part D (Cost). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program. You may be able to join or leave a plan only at certain times. Please call Kaiser Permanente Medicare Plus Plan A with Part D (Cost) at the number listed at the end of this introduction or **1-800-MEDICARE (1-800-633-4227)** for more information. TTY/TDD users should call **1-877-486-2048**. You can call this number 24 hours a day, 7 days a week.

How can I compare my options?

You can compare Kaiser Permanente Medicare Plus Plan A with Part D (Cost) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

Where is Kaiser Permanente Medicare Plus Plan A with Part D (Cost) available?

The service area for this plan includes: District of Columbia County, DC; Anne Arundel, Baltimore, Baltimore City, Calvert*, Carroll, Charles*, Frederick*, Harford, Howard, Montgomery, Prince George's Counties, MD: Alexandria City, Arlington, Fairfax, Farifax City, Falls Church City, Loudon, Manassas City, Manassas Park City, Prince William Counties, VA. You must live in one of these areas to join the plan.

**denotes partial county*

Who is eligible to join Kaiser Permanente Medicare Plus Plan A with Part D (Cost)?

You can join Kaiser Permanente Medicare Plus Plan A with Part D (Cost) if you are entitled to Medicare Part A and enrolled in Medicare Part B or enrolled in Medicare Part B only and live in the service area. However, individuals with End Stage Renal Disease generally are not eligible to enroll in Kaiser Permanente Medicare Plus Plan A with Part D (Cost) unless they are members of our organization and have been since their dialysis began.

Can I choose my doctors?

Kaiser Permanente Medicare Plus Plan A with Part D (Cost) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current provider directory. For an updated list, visit us at kp.org/medicare. Our customer service number is listed at the end of this introduction.

What happens if I go to a doctor who's not in your network?

You can always choose to go to a doctor outside our network. We may not pay for the services you receive outside of our network, but Medicare will pay for its share of charges it approves. You will be responsible for Medicare Part B deductible and coinsurance.

Where can I get my prescriptions if I join this plan?

Kaiser Permanente Medicare Plus Plan A with Part D (Cost) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at kp.org/seniorrx. Our customer service number is listed at the end of this introduction.

Kaiser Permanente Medicare Plus Plan A with Part D (Cost) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

What if my doctor prescribes less than a month's supply?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand [and generic] drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

Does my plan cover Medicare Part B or Part D Drugs?

Kaiser Permanente Medicare Plus Plan A with Part D (Cost) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

What is a prescription drug formulary?

Kaiser Permanente Medicare Plus Plan A with Part D (Cost) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at kp.org/seniorrx. If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

How can I get extra help with prescription drug plan costs or get extra help with other Medicare costs?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY/TDD users should call **1-877-486-2048**, 24 hours a day/7 days a week and see **www.medicare.gov** 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call **1-800-325-0778**; or
- Your State Medicaid Office.

What are my protections in this plan?

All Medicare Cost Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue for another year. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Cost Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Kaiser Permanente Medicare Plus Plan A with Part D (Cost), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum

function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Kaiser Permanente Medicare Plus Plan A with Part D (Cost) you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Kaiser Permanente Medicare Plus Plan A with Part D (Cost) for more details.

What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Kaiser Permanente Medicare Plus Plan A with Part D (Cost) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable osteoporosis drugs for some women.
- **Erythropoietin:** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant took place in a Medicare-certified facility and was paid for by Medicare or by a private insurance company that was the primary payer for Medicare Part A coverage.

- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and infusion drugs** administered through Durable Medical Equipment.

Where can I find information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you can find the Plan Ratings information by using the Find health & drug plans web tool on medicare.gov to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Kaiser Permanente Medicare Plus for more information about Kaiser Permanente Medicare Plus Plan A with Part D (Cost).

Visit us at kp.org/medicare or, call us:

CUSTOMER SERVICE HOURS: October 1– February 14

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 8:00 p.m. Eastern

CUSTOMER SERVICE HOURS: February 15 – September 30

Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. – 8:00 p.m. Eastern

Current members should call toll-free **1-888-777-5536** for questions related to the Medicare Cost Plan and the Medicare Part D Prescription Drug program. **(TTY/TDD 711)**.

Prospective members should call toll-free **1-877-408-8607** for questions related to the Medicare Cost Plan and the Medicare Part D Prescription Drug program. **(TTY/TDD 711)**

Current members should call locally **1-888-777-5536** for questions related to the Medicare Cost Plan and the Medicare Part D Prescription Drug program. **(TTY/TDD 711)**.

Prospective members should call locally **1-877-408-8607** for questions related to the Medicare Cost Plan and the Medicare Part D Prescription Drug program. **(TTY/TDD 711)**

For more information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. Or, visit www.medicare.gov on the Web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Section II: Summary of Benefits

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
IMPORTANT INFORMATION		
<p>1 – Premium and Other Important Information</p>	<p>In 2013 the monthly Part B Premium was \$104.90 and may change for 2014 and the annual Part B deductible amount was \$147 and may change for 2014.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network \$3,400 out-of-pocket limit for Medicare-covered services and select Non-Medicare Supplemental Services. Contact plan for details regarding Non-Medicare Supplemental Services covered under this limit.</p>
<p>2 – Doctor and Hospital Choice (For more information, see Emergency Care – #15 and Urgently Needed Care – #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network Referral required for network hospitals and specialists (for certain benefits).</p> <p>In and Out-of-Network You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
SUMMARY OF BENEFITS		
INPATIENT CARE		
<p>3 – Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2013 the amounts for each benefit period were: Days 1 – 60: \$1184 deductible Days 61 – 90: \$296 per day Days 91 – 150: \$592 per lifetime reserve day</p> <p>These amounts may change for 2014.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network No limit to the number of days covered by the plan each hospital stay.</p> <p>IF YOU HAVE BOTH MEDICARE PARTS A&B: \$100 copay for each Medicare-covered hospital stay</p> <p>\$0 copay for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>IF YOU HAVE MEDICARE PART B ONLY: \$100 copay for each network hospital stay</p> <p>No limit to the number of days covered by the plan each hospital stay.</p>
<p>4 – Inpatient Mental Health Care</p>	<p>In 2013 the amounts for each benefit period were: DAYS 1 – 60: \$1184 deductible DAYS 61 – 90: \$296 per day DAYS 91 – 150: \$592 per lifetime reserve day</p> <p>These amounts may change for 2014.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network IF YOU HAVE BOTH MEDICARE PARTS A&B \$100 copay for each Medicare-covered hospital stay</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p>IF YOU HAVE MEDICARE PART B ONLY \$100 copay for each stay at a network hospital</p> <p>No limit to the number of days covered by the plan each hospital stay.</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
<p>5 – Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2013 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 – 20: \$0 per day Days 21 – 100: \$148 per day</p> <p>These amounts may change for 2014.</p> <p>100 days for each benefit period</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>General Authorization rules may apply.</p> <p>In-Network Plan covers up to 100 days each benefit period.</p> <p>For SNF stays: Days 1 – 20: \$0 copay per day Days 21 – 100: \$0 copay per day</p> <p>IF YOU HAVE MEDICARE PART B ONLY: \$100 copay for each SNF stay</p> <p>100 days for each benefit period</p> <p>No prior hospital stay is required.</p>
<p>6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered home health visits</p>
<p>7 – Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.</p>	<p>General IF YOU HAVE BOTH MEDICARE PARTS A&B You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.</p> <p>IF YOU HAVE MEDICARE PART B ONLY Hospice care covered, contact plan for details.</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
OUTPATIENT CARE		
8 – Doctor Office Visits	20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered primary care doctor visit</p> <p>\$15 copay for each Medicare-covered specialist visit</p>
9 – Chiropractic Services	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered chiropractic visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).</p>
10 – Podiatry Services	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered podiatry visit</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
<p>11 – Outpatient Mental Health Care</p>	<p>35% coinsurance for most outpatient mental health services</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for each Medicare-covered individual therapy visit</p> <p>\$15 copay for each Medicare-covered group therapy visit</p> <p>\$15 copay for each Medicare-covered individual therapy visit with a psychiatrist</p> <p>\$15 copay for each Medicare-covered group therapy visit with a psychiatrist</p> <p>\$15 copay for Medicare-covered partial hospitalization program services</p>
<p>12 – Outpatient Substance Abuse Care</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered individual substance abuse outpatient treatment visits</p> <p>\$15 copay for Medicare-covered group substance abuse outpatient treatment visits</p>
<p>13 – Outpatient Services</p>	<p>20% coinsurance for the doctor’s services</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
<p>14 – Ambulance Services (medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered ambulance benefits</p>
<p>15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor’s services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don’t have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p>General \$50 copay for Medicare-covered emergency room visits</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>If you are admitted to the hospital within 3 days for the same condition, you pay \$0 for the urgently-needed care visit.</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General \$15 copay for Medicare-covered urgently-needed-care visits</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
<p>17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p>	<p>General Authorization rules may apply.</p> <p>Medically necessary physical therapy, occupational therapy, and speech and language pathology services are covered.</p> <p>In-Network \$15 copay for Medicare-covered Occupational Therapy visits</p> <p>\$15 copay for Medicare-covered Physical Therapy and/or Speech and Language Pathology visits</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
<p>18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered durable medical equipment</p>
<p>19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance</p> <p>20% coinsurance for Medicare-covered medical supplies related to prosthetics, splints, and other devices</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered prosthetic devices</p> <p>\$0 copay for Medicare-covered medical supplies related to prosthetics, splints, and other devices</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
20 – Diabetes Programs and Supplies	<p>20% coinsurance for diabetes self-management training</p> <p>20% coinsurance for diabetes supplies</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered Diabetes self-management training</p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> • Diabetes monitoring supplies <p>\$0 copay for Medicare-covered Therapeutic shoes or inserts</p>
21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered lab services</p> <p>\$0 copay for Medicare-covered diagnostic procedures and tests</p> <p>\$0 copay for Medicare-covered X-rays</p> <p>\$0 copay for Medicare-covered diagnostic radiology services (not including X-rays)</p> <p>\$15 copay for Medicare-covered therapeutic radiology services</p>
22 – Cardiac and Pulmonary Rehabilitation Services	<p>20% coinsurance for Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$15 copay for Medicare-covered Cardiac Rehabilitation Services</p> <p>\$15 copay for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>\$15 copay for Medicare-covered Pulmonary Rehabilitation Services</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
PREVENTIVE SERVICES		
<p>23 – Preventive Services</p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> • Abdominal Aortic Aneurysm Screening • Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. • Cardiovascular Screening • Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. • Colorectal Cancer Screening • Diabetes Screening • Influenza Vaccine • Hepatitis B Vaccine for people with Medicare who are at risk • HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor’s visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. • Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. • Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren’t on dialysis or haven’t had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease 	<p>General Authorization rules may apply.</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost-sharing</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by the plan or by Original Medicare.</p> <p>In-Network \$0 copay for a supplemental annual physical exam</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
<p>23 – Preventive Services – cont.</p>	<ul style="list-style-type: none"> • Personalized Prevention Plan Services (Annual Wellness Visits) • Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. • Prostate Cancer Screening. • Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. • Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. • Screening and behavioral counseling interventions in primary care to reduce alcohol misuse. • Screening for depression in adults. • Screening for sexually transmitted infections (STI) and high-intensity behavioral counseling to prevent STIs. • Intensive behavioral counseling for Cardiovascular Disease (bi-annual). • Intensive behavioral therapy for obesity. • Welcome to Medicare Preventive Visit (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	
<p>24 – Kidney Disease and Conditions</p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for kidney disease education services</p>	<p>General Authorization rules may apply.</p> <p>Cost plan members pay Original Medicare cost sharing for out-of-area dialysis.</p> <p>In-Network \$0 copay for Medicare-covered renal dialysis</p> <p>\$0 copay for Medicare-covered kidney disease education services</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
PRESCRIPTION DRUG BENEFITS		
<p>25 – Outpatient Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>DRUGS COVERED UNDER MEDICARE PART B General \$0 to \$25 copay for Medicare Part B chemotherapy drugs and other Part B drugs.</p> <p>HOME INFUSION DRUGS, SUPPLIES AND SERVICES General \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.</p> <p>DRUGS COVERED UNDER MEDICARE PART D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at kp.org/seniorrx on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> • have limited incomes, • live in long term care facilities, <p>OR</p> <ul style="list-style-type: none"> • have access to Indian/Tribal/Urban (Indian Health Service) providers. <p>Your in-network prescription coverage may be limited to the plan’s service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
<p>25 – Outpatient Prescription Drugs – cont.</p>		<p>Your provider must get prior authorization from Kaiser Permanente Medicare Plus Plan A with Part D (Cost) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Kaiser Permanente Medicare Plus Plan A with Part D (Cost) approves the exception, you will pay Tier 3: Preferred Brand Drugs cost sharing for that drug.</p> <p>In-Network \$0 deductible</p> <p>Initial Coverage You pay the following until total yearly drug costs reach \$4,550:</p> <p>Retail Pharmacy GENERIC OR BRAND <i>Kaiser Permanente Medical Center Pharmacy</i></p> <ul style="list-style-type: none"> • \$15 copay for a 60-day supply of drugs • \$22.50 copay for a 90-day supply of drugs. <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p> <p><i>Affiliated Network Pharmacy</i></p> <ul style="list-style-type: none"> • \$25 copay for a 60-day supply of drugs • \$37.50 copay for a 90-day supply of drugs. <p>Not all drugs are available at this extended day supply. Please contact the plan for more information.</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
<p>25 – Outpatient Prescription Drugs – cont.</p>		<p>Long Term Care Pharmacy</p> <ul style="list-style-type: none"> • \$12.50 copay for a 31-day supply of drugs <p>Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.</p> <p>Kaiser Permanente Mail Order Pharmacy</p> <ul style="list-style-type: none"> • \$10 copay for a 60-day supply of drugs • \$10 copay for a 90-day supply of drugs <p>Not all drugs are available for extended days supply. Please contact the plan for more information.</p> <p>VACCINES</p> <p>Kaiser Permanente Medical Center Pharmacy</p> <ul style="list-style-type: none"> • \$0 copay for drugs in this tier <p>Affiliated Network Pharmacy</p> <ul style="list-style-type: none"> • \$0 copay for drugs in this tier <p>Long Term Care Pharmacy</p> <ul style="list-style-type: none"> • \$0 copay for drugs in this tier <p>Please note that brand drugs must be dispensed incrementally in long-term care facilities. Generic drugs may be dispensed incrementally. Contact your plan about cost-sharing billing/collection when less than a one-month supply is dispensed.</p> <p>Catastrophic Coverage</p> <p>After you yearly out-of-pocket drug costs reach \$4,550, you pay the following</p> <p>GENERIC: \$2 copay for drugs in this tier BRAND: \$7.50 for drugs in this tier VACCINES: \$0 copay for drugs in this tier</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
<p>25 – Outpatient Prescription Drugs – cont.</p>		<p>Out-of-Network Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente Medicare Plus Plan A with Part D (Cost).</p> <p>Out-of-Network Initial Coverage You will be reimbursed up to the plan’s cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$4,550: GENERIC OR BRAND</p> <ul style="list-style-type: none"> • \$12.50 copay for a 30-day supply of drugs <p>VACCINES</p> <ul style="list-style-type: none"> • \$0 copay for drugs in this tier <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: GENERIC: \$2 copay for drugs in this tier BRAND: \$7.50 copay for drugs in this tier VACCINES: \$0 copay for drugs in this tier</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
26 – Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network \$15 copay for Medicare-covered dental benefits</p> <p>\$30 copay for an office visit that includes:</p> <ul style="list-style-type: none"> • up to 2 oral exam(s) every year • up to 2 cleaning(s) every year • up to 2 fluoride treatment(s) every year • up to 2 dental x-ray(s) every year <p>Plan offers additional comprehensive dental benefits.</p>
27 – Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams</p>	<p>General Authorization rules may apply.</p> <p>In-Network In general, supplemental routine hearing exams and hearing aids not covered.</p> <p>\$15 copay for Medicare-covered diagnostic hearing exams</p>
28 – Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye, including an annual glaucoma screening for people at risk</p> <p>Supplemental routine eye exams and eyeglasses (lenses and frames) not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p>In-Network</p> <ul style="list-style-type: none"> • \$0 to \$15 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye, including an annual glaucoma screening for people at risk • \$15 copay for supplemental routine eye exams • 20% of the cost for one pair of Medicare-covered eyeglasses (lenses and frames) or contact lenses after cataract surgery • 75% of the cost for eyeglasses (lenses and frames) • 85% of the cost for contact lenses

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan A with Part D (Cost)
Wellness/Education and Other Supplemental Benefits & Services	Not covered.	In-Network The plan covers the following supplemental education/wellness programs: <ul style="list-style-type: none"> • Health Education • Nursing Hotline
Over-the-Counter Items	Not covered.	General The plan does not cover Over-the-Counter items.
Transportation (Routine)	Not covered.	In-Network This plan does not cover supplemental routine transportation.
Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture and other alternative therapies.

Section III: More Information About Our Plan

General exclusions (services our plan does not cover)

The following is a summary of excluded services and items, please refer to the *Evidence of Coverage* for complete details. These services and items are not covered by our plan unless they are covered by Original Medicare or they are described otherwise in the *Evidence of Coverage*:

- Acupuncture.
- Care in a licensed intermediate care facility.
- Chiropractic services, except for manual manipulation of the spine to correct subluxation in accord with Medicare guidelines.
- Comfort, convenience, or luxury equipment or features.
- Cosmetic surgery or procedures.
- Custodial care unless it is provided with covered skilled nursing care and/or skilled rehabilitation services.
- Elective or voluntary enhancement procedures or services.
- Experimental medical and surgical procedures, equipment, and medications.
- Full-time nursing care in your home.
- Hearing aids or exams to fit hearing aids.
- Homemaker services, including basic household assistance.
- Meals delivered to your home.
- Orthopedic shoes and supportive devices, unless the shoes are part of a leg brace or for persons with diabetic foot disease.
- Physical examinations related to employment, insurance, licensing, court orders, parole, or probation.
- Private duty nurses.
- Reconstructive surgery that offers only a minimal improvement in appearance or is performed to alter or reshape normal structures of the body in order to improve appearance.
- Routine foot care.
- Services or items not approved by the Food and Drug Administration (FDA) that by law require FDA approval in order to be sold in the United States.

- Services provided to veterans in Veterans Affairs (VA) facilities and services for conditions arising from military service that the law requires the Department of Veterans Affairs to provide.
- Services (such as eye surgery or contact lenses to reshape the eye) for the purpose of correcting refractive defects of the eye such as myopia, hyperopia, or astigmatism.
- Services that are not reasonable and not necessary according to the standards of the Original Medicare plan.
- Transportation by car, taxi, bus, gurney van, wheelchair van, and any other type of transportation (other than a licensed ambulance).
- Travel and lodging expenses.
- When a service is not covered, all services related to the noncovered service are excluded. This exclusion does not apply to services we would otherwise cover to treat complications of the noncovered service.

Case management

We have case management programs for members who have difficulty managing multiple chronic conditions. This program partners with nurses, social workers, and your primary care physician to address your needs. It provides education and teaches self-care skills to properly manage your chronic conditions. If you are interested in these programs, please ask your primary care physician for more information.

Privacy practices

Kaiser Permanente will protect the privacy of your protected health information in accord with applicable law. To learn more about our privacy practices, please refer to the *Evidence of Coverage* or **kp.org** to view our *Notice of Privacy Practices*.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about your health or drug plan. To get an interpreter, just call us at 1-888-777-5536. Someone who speaks your English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete por favor llame al 1-888-777-5536. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何问题。如果您需要此翻译服务，请致电 1-888-777-5536。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-777-5536。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-888-777-5536. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-777-5536. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-777-5536 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-777-5536. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-777-5536 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Y0043_N0095556 accepted

60134608 MAS

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-777-5536. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатна.

Arabic:
إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-777-5536. سيقوم شخص بمساعدتك. هذه خدمة مجانية ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-777-5536 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-777-5536. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispostos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-777-5536. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-777-5536. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-777-5536. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-888-777-5536 にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

