2019
Summary of Benefits

Kaiser Permanente Medicare Advantage Basic Plan (HMO)

This plan doesn’t include Medicare Part D prescription drug coverage and is available in Island, King, Kitsap, Lewis, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties and parts of Grays Harbor and Mason counties (see “Who can enroll” for details).
About this Summary of Benefits

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

- Premiums
- Benefits and costs
- Optional supplemental dental benefits
- Additional benefits
- Who can enroll
- Coverage rules
- 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 is located on our website at kp.org/wa/eocs or ask for a copy from Member Services by calling 1-888-901-4600, 7 days a week, 8 a.m. to 8 p.m. (TTY 711).

This plan does not include Medicare Part D prescription drug coverage. We offer other plans that include Part D drug coverage. If you’d like information about our other plans, call 1-800-446-8882 (TTY 711), 8 a.m. to 8 p.m., 7 days a week or go to kp.org/wa/medicare.

Have questions?

- If you’re not a member, please call 1-800-446-8882 (TTY 711).
- If you’re a member, please call Member Services at 1-888-901-4600 (TTY 711).
- 7 days a week, 8 a.m. to 8 p.m.
### What’s covered and what it costs

*Your plan provider may need to provide a referral
†Prior authorization may be required.

<table>
<thead>
<tr>
<th>Benefits and premiums</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly plan premium</td>
<td>$106</td>
</tr>
<tr>
<td>Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Your maximum out-of-pocket responsibility</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

#### Inpatient hospital coverage†
There’s no limit to the number of medically necessary inpatient hospital days.

- $200 per day for days 1 through 3 of your stay
- $0 for the rest of your stay

#### Outpatient hospital coverage†

- $200 per visit

#### Doctor’s visits
- Primary care providers: $10 per visit
- Specialists†: $30 per visit

#### Preventive care†
See the EOC for details.

- $0

#### Emergency care
We cover emergency care anywhere in the world.

- $90 per Emergency Department visit

#### Urgently needed services
We cover urgent care anywhere in the world.

- $25 per urgent care facility visit

#### Diagnostic services, lab, and imaging*

- Lab tests
- X-rays
- Diagnostic tests and procedures (like EKG)
- Other imaging procedures (like MRI, CT, and PET)†:
  - $0
  - $200 per visit

#### Hearing services†
- Evaluations to diagnose medical conditions
- Routine hearing exam (1 per calendar year)

- $10 per visit with your PCP or an audiologist,
  and $30 per visit with other providers

#### Dental services
Preventive and comprehensive dental coverage

- Not covered unless you sign up for optional benefits (see “Optional supplemental dental benefits” for details).

#### Vision services
- Visits to diagnose and treat eye diseases and conditions
- Routine eye exam (1 per calendar year)
- Preventive glaucoma screening†
- Eyeglasses or contact lenses after cataract surgery

- $10 per visit with an optometrist or $30 with an ophthalmologist
- $0
- $0 up to Medicare’s limit, but you pay any amounts beyond that limit.
### Benefits and premiums

<table>
<thead>
<tr>
<th>Benefits and premiums</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental health services†</strong></td>
<td></td>
</tr>
<tr>
<td>• Outpatient group therapy</td>
<td>$20 per visit</td>
</tr>
<tr>
<td>• Outpatient individual therapy</td>
<td>$30 per visit</td>
</tr>
<tr>
<td><strong>Skilled nursing facility</strong>†</td>
<td>Per benefit period:</td>
</tr>
<tr>
<td>Our plan covers up to 100 days per benefit period.</td>
<td>• $20 per day for days 1 through 20</td>
</tr>
<tr>
<td></td>
<td>• $50 per day for days 21 through 100</td>
</tr>
<tr>
<td><strong>Physical therapy</strong>†</td>
<td>$30 per visit</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>$150 per one-way trip</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>$0 for up to 2 round trips to and from plan providers per calendar year</td>
</tr>
<tr>
<td><strong>Medicare Part B drugs†</strong></td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>A limited number of Medicare Part B drugs are covered when you get them from a plan provider. See the EOC for details.</td>
<td></td>
</tr>
</tbody>
</table>

#### Optional supplemental dental benefits

In addition to the benefits that come with your plan, you can choose to buy an optional supplemental dental benefit for an additional monthly cost that’s added to your monthly plan premium. See the Evidence of Coverage for details.

<table>
<thead>
<tr>
<th>Dental HMO benefits and premiums (services provided by Delta Dental of Washington)</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Additional monthly premium</strong></td>
<td>$54</td>
</tr>
<tr>
<td><strong>Annual benefit limit for preventive and comprehensive dental care</strong></td>
<td>$1,500 (You pay 100% for the rest of the calendar year after our plan has paid $1,500 for dental care.)</td>
</tr>
<tr>
<td><strong>Annual deductible for comprehensive dental care</strong></td>
<td>$100 (You pay 100% at the beginning of the year for comprehensive dental care until you have spent $100.)</td>
</tr>
<tr>
<td><strong>Preventive/Basic dental</strong></td>
<td>$0</td>
</tr>
<tr>
<td>• Oral exam (2 per calendar year)</td>
<td></td>
</tr>
<tr>
<td>• Teeth cleaning (2 per calendar year)</td>
<td></td>
</tr>
<tr>
<td>• Topical fluoride (2 per calendar year)</td>
<td></td>
</tr>
<tr>
<td>• X-rays (2 per calendar year)</td>
<td></td>
</tr>
<tr>
<td><strong>Comprehensive/Major dental†</strong></td>
<td>After the deductible is met, 20% or 50% coinsurance, depending on the service</td>
</tr>
<tr>
<td>• Covered services include fillings, extractions, crowns, endodontics, periodontics, and dentures</td>
<td></td>
</tr>
</tbody>
</table>
Additional benefits

Fitness program

<table>
<thead>
<tr>
<th>Silver&amp;Fit®</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic membership to any of the participating centers in the Silver&amp;Fit® program. Silver&amp;Fit® is a federally registered trademark of American Specialty Health, Inc.</td>
<td>$0</td>
</tr>
</tbody>
</table>

Who can enroll
You can sign up for one of our plans if:
- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay our plan.)
- 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, which includes:
  - All of Island, King, Kitsap, Lewis, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties
  - These ZIP codes in Grays Harbor County: 98541, 98557, 98559, and 98568
  - These ZIP codes in Mason County: 98524, 98528, 98546, 98548, 98555, 98584, 98588, and 98592

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 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.

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 and lab work. To find our provider locations, see our Provider and Pharmacy Directory at wa-medicare.kp.org/providers or ask us to mail you a copy by calling Member Services at 1-888-901-4600, 7 days a week, 8 a.m. to 8 p.m. (TTY 711).

The 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 must choose one of our available plan providers 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.

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 (kp.org/wa/eocs) for details.

Notice of nondiscrimination
Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) comply with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide free aids and services to people with disabilities to help ensure effective communication, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, and accessible electronic formats)
  - Assistive devices (magnifiers, Pocket Talkers, and other aids)
• Provide free language services to people whose primary language is not English, such as:
  o Qualified interpreters
  o Information written in other languages

If you need these services, contact Kaiser Permanente.

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, sex, sexual orientation, or gender identity, you can file a grievance. Please call us if you need help submitting a grievance. The Civil Rights Coordinator will be notified of all grievances related to discrimination.

Kaiser Permanente
Phone: 206-630-4600
Toll-free: 1-888-901-4600
TTY Washington Relay Service: 1-800-833-6388 or 711
TTY Idaho Relay Service: 1-800-377-3529 or 711
Electronically: kp.org/wa/feedback

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

Privacy
We protect your privacy. See the Evidence of Coverage or view our Notice of Privacy Practices at kp.org/wa/medicare-privacy to learn more.

Kaiser Permanente is an HMO 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.

This information is not a complete description of benefits. Call 1-888-901-4600 (TTY 711) for more information. For information about Original Medicare, refer to your “Medicare & You” handbook. You can 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)

Allowance
A dollar amount you can use toward the purchase of an item. If the price of the item is more than the allowance, you pay the excess.

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 Medicare Part B 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.

Deductible
If you sign up for optional supplemental dental benefits, it’s the amount you must pay for comprehensive dental services before our plan begins to pay.

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 Advantage.

Plan premium
The amount you pay for your Kaiser Permanente Medicare Advantage health care coverage.

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.

Prior authorization
Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). Services or items subject to prior authorization are flagged with a † symbol in this document.
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.
Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-888-901-4600, (TTY 711) from 8 a.m. to 8 p.m., 7 days a week.

Understanding the Benefits

☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit kp.org/wa/eocs or call 1-888-901-4600, (TTY 711) to view a copy of the EOC.

☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.

☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.
LANGUAGE ASSISTANCE SERVICES

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).


中文 (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1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

日本語 (Japanese): 注意事項: 日本語を話される場所内で、無料の言語支援サービスをご利用いただけます。電話番号は1-888-901-4636 (TTY: 1-800-833-6388 / 711)。


