



Kaiser Permanente Senior Advantage for Federal Members (HMO) Senior Advantage 2 Enrollment Application

Northern California

The FEHB enrollee (or subscriber) must complete this form. By enrolling in Senior Advantage 2, you and your covered dependents enrolled in Kaiser Permanente Senior Advantage for Federal Members will be eligible to receive reimbursement of your Medicare Part B premium as described in the Senior Advantage 2 Program Description. You must provide the subscriber's information below and the name(s) and Social Security Number(s) for each dependent enrolled in Senior Advantage for Federal Members.

Subscriber	Name (last, first, middle initial)		
	Medical record number (MRN)	Date of birth	Social Security number (SSN)
	Address		Telephone number
	City	State	Zip code
Dependent 1	Name (last, first, middle initial)		
	Medical record number (MRN)	Date of birth	Social Security number (SSN)
Dependent 2	Name (last, first, middle initial)		
	Medical record number (MRN)	Date of birth	Social Security number (SSN)

I am the subscriber, and understand this application is to enroll myself and my dependent(s) in the Senior Advantage 2 Program. I understand that my signature on this application means that I have read, understand, and agree to the plan rules outlined in the FEHB Brochure (RI 73-003) and the Senior Advantage 2 Program Description. I agree to enroll myself and my eligible dependents, if any, in Senior Advantage 2.

Subscriber's signature _____ Date _____

**Mail to: Kaiser Permanente
California Service Center
P.O. Box 232400
San Diego, CA 92193-9919**

WHITE: Return to Kaiser Permanente
YELLOW: Member's copy/Retain for your records

FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) PLAN

Senior Advantage 2 Program Description



All plans offered and underwritten by
Kaiser Foundation Health Plan, Inc. — Northern California Region
393 E. Walnut St., Pasadena, CA 91188-8514

This booklet gives you details about the Senior Advantage 2 Program offered by Kaiser Foundation Health Plan, Inc. – Northern California Region. This is an important legal document. Please keep it in a safe place. When this program description says “we,” “us,” “our,” or “Kaiser Permanente,” it means Kaiser Foundation Health Plan, Inc. – Northern California Region. When it says “program” or “our program,” it means Senior Advantage 2. When this program description says “you,” it means the enrollee (sometimes called a subscriber, or Federal employee or annuitant).

We offer the Senior Advantage 2 Program as part of our Federal Employees Health Benefits (FEHB) Program plan. The program rules are outlined in the FEHB brochure (RI 73-003), Section 9, Medicare Part B reimbursement program.

Senior Advantage 2 is designed to reimburse you for your Medicare Part B premium. This document explains how you may enroll and disenroll from Senior Advantage 2, as well as how we will reimburse you for the Medicare Part B premium you pay.

Eligibility and enrollment

To enroll in Senior Advantage 2:

- **You must be enrolled in Kaiser Permanente’s FEHB High Option** (enrollment codes: 591, 592, or 593).
 - When you become eligible for Medicare, you may be able to change your current option or plan.
 - To enroll or change your enrollment, visit **opm.gov** to enroll online or contact your employing agency or retirement office. Annuitants can contact the Retirement Information Center at **1-888-767-6738** or **1-855-887-4957** (TTY), or **retire@opm.gov**.
- **You (and/or your covered dependents) must be enrolled in Kaiser Permanente Senior Advantage for Federal Members (HMO).**

- If you are not enrolled in Senior Advantage, you may call our licensed sales specialists at **1-877-547-4909** (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m.
- If you are a Senior Advantage member, you do not need to submit another Senior Advantage Group Election Request Form.

- **You also must complete and submit a Senior Advantage 2 Enrollment Application.**

Coverage

When you enroll in Senior Advantage for Federal Members, you get all the benefits described in the FEHB brochure (RI 73-003) and the Kaiser Permanente Senior Advantage for Federal Members (HMO) Evidence of Coverage.

By enrolling in Senior Advantage 2, you and your covered dependents also enrolled in Kaiser Permanente Senior Advantage for Federal Members will be eligible to receive reimbursement of your Medicare Part B premium. The reimbursement is solely available to reimburse you and/or your covered dependent up to \$125 of the Medicare Part B premium, but does not include any amount for either the Part B late enrollment penalty or the Income Related Monthly Adjustment Amount (IRMAA) you or your covered dependent pays.

Once you have successfully enrolled in Senior Advantage 2, we will reimburse you on a monthly basis for up to \$125 of the Medicare Part B premium. Your Medicare Part B premium is deducted automatically from your Social Security or retirement check or paid directly to Social Security. You will be reimbursed solely for paying your Medicare Part B premium.

Your reimbursement will cease if you disenroll from Kaiser Permanente Senior Advantage 2 or from our FEHB High Option plan. You will not be charged a fee for the administration of your reimbursement. The reimbursement will not be held in trust for you or your dependents and will not be held in a bank

account that belongs to you or your dependents. The reimbursement does not earn interest.

The reimbursement is administered by WEX Health. If you receive a reimbursement for your Medicare Part B premium and you are later denied eligibility for reimbursement, you must refund the reimbursement to Kaiser Permanente, in order to comply with IRS requirements and avoid tax penalties. You will receive notification of this post-payment denial with instructions on how to settle the overpayment of your Medicare Part B reimbursement.

Reimbursement of your Medicare Part B premium is available beginning on the effective date of your enrollment in Senior Advantage 2. We will send your reimbursement each month by mail or direct deposit. Your first reimbursement may take approximately 30 to 45 days to process. Subsequent reimbursements can be expected at about the same date each month.

Reimbursement

You must send us proof of the amount you pay for Medicare Part B premium once each year. Social Security provides a Benefit Verification Letter that shows the Part B premium you pay.

You can get the letter online instantly at www.socialsecurity.gov/myaccount. If you don't have access to the internet, you may call Social Security from 7 a.m. to 7 p.m., Monday through Friday, at **1-800-772-1213** (for TTY, call **1-800-325-0778**).

Write your Social Security number and telephone number on your Benefit Verification Letter and send the letter to us by mail, fax, or email:

Kaiser Permanente Health Account Services
P.O. Box 1540
Fargo, ND 58107-1540
Fax: **1-877-535-0821**
Email: kp@healthaccountservices.com

Disenrollment

We will cancel Senior Advantage 2 enrollment:

- If you submit a written request to cancel Senior Advantage 2
- If you or the Centers for Medicare & Medicaid Services (CMS) cancels your Senior Advantage for Federal Members enrollment for any reason, including if you do not pay Medicare Part B premiums
- If at least one family member (subscriber and/or his/her dependents) is not enrolled in Senior Advantage for Federal Members within 3 months of enrollment in Senior Advantage 2
- If you are disenrolled from Kaiser Permanente's FEHB High Option

If we disenroll you from Senior Advantage 2, you will not be eligible to enroll in Senior Advantage 2 again during the same calendar year. You may continue to be enrolled in Kaiser Permanente's FEHB Program coverage and/or Senior Advantage for Federal Members.

Senior Advantage 2 is offered as part of the FEHB Program. We will evaluate the program each year to determine its continuation. If we decide to discontinue the program at the end of any contract year, we will notify you in advance.

