

Kaiser Permanente Senior Advantage (HMO)

# Election form

## Northern California or Southern California Region Group Plan

Filling out and returning the enrollment form is your first step to becoming a Kaiser Permanente Senior Advantage member. If you and your spouse are both applying, you'll each need to fill out a separate form. For help completing the enrollment form, call our Member Services Contact Center at **1-800-443-0815 (TTY 711)**, seven days a week, 8 a.m. to 8 p.m.

### How to fill out this form

1. Answer all questions and print your answers using black or blue ink. Fill in check boxes with an X.
2. Sign the form on page 5 and date it. **Make sure you've read all the pages before you sign.**
3. Mail the original, signed form to:  
Kaiser Permanente – Medicare Unit  
P.O. Box 232400  
San Diego, CA 92193-2400
4. Make a copy for your records. If required, submit a copy to your employer group, union or trust fund.

### Next steps

- We'll review your form to make sure it's complete. Then we'll let you know by mail that we've received it.
- We'll let Medicare know that you've applied for Senior Advantage.
- Within 10 calendar days after Medicare confirms your enrollment, we'll first let you know the start date for your coverage. Next, we will send you a Kaiser Permanente ID card and your new member package within 10 days of your start date.

**Employer Group Use Only****Please, provide receipt date of form in this section when submitting on behalf of employee/retiree.**Employer Group #: Employer Receipt Date:  /  / Authorized Rep: 

Please contact Kaiser Permanente if you need information in another language or accessible format (Braille).

**To Enroll in Kaiser Permanente Senior Advantage, Please Provide the Following Information**

Employer or Union Name:

Group #:

LAST Name:

☐ Mr. ☐ Mrs. ☐ Ms.

FIRST Name:

Middle Initial:

Sex:

☐ Male ☐ FemaleAre you a current or former member of any Kaiser Permanente health plan? ☐ Yes ☐ No If yes: ☐ Current ☐ Former

Kaiser Permanente Medical/Health Record Number:

Permanent Residence Street Address (P.O. Box is not allowed):

City:

County:

State:

ZIP Code:

Home Phone Number:

 -  - 

Mobile Phone Number:

 -  - 

Birth Date: (mm/dd/yyyy)

 /  / **Mailing Address** (only if different from your Permanent Residence Address)

Street Address:

City:

State:

ZIP Code:

**E-mail Address:**

Last Name

First Name

**Please Provide Your Medicare Insurance Information**

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

- OR -

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

Medicare Number:

Is Entitled To:

Effective Date:

HOSPITAL (Part A)

 /  / 

MEDICAL (Part B)

 /  / 

You must have Medicare Part B, however some employer groups require both Parts A and B to join a Medicare Advantage plan.

**Please Read and Answer These Important Questions**

1. Do you or your spouse work? ☐ Yes ☐ No

2. If your employer provides retiree coverage, are you the retiree? ☐ Yes ☐ No ☐ N/A

If yes, retirement date (mm/dd/yyyy):  /  /

If no, name of retiree:

Retirement date (mm/dd/yyyy):

 /  / 

3. Are you covering a spouse or dependents under this employer or union plan? ☐ Yes ☐ No

If yes, name of spouse:

Name(s) of dependent(s):

4. Do you have End-Stage Renal Disease (ESRD)? ☐ Yes ☐ No

If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

5. Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to Kaiser Permanente? ☐ Yes ☐ No

If yes, please list your other coverage and your identification (ID) number(s) for that coverage.

Name of other coverage:

ID # for other coverage:

Last Name

First Name

6. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No

If yes, please provide the following information:

Name of institution:

Address of institution (number and street):

Phone Number:

7. Requested effective date (subject to CMS approval):

**Please check one of the boxes below if you would prefer that we send you information in a language other than English or in an accessible format:**

☐ Spanish ☐ Large Print ☐ Braille ☐ CD

Please contact Kaiser Permanente at **1-800-443-0815** if you need information in an accessible format or language other than what is listed above. Our office hours are seven days a week, 8 a.m. to 8 p.m. TTY users should call **711**.

**Please complete the information below**

If you currently have Kaiser Permanente coverage through more than one employer or union/trust fund, you must choose ONE employer or union/trust fund from which to receive your Senior Advantage coverage. Complete the information for that employer or union/trust fund below.

Employer Group/Union/Trust Fund Name:

Employer Group/Union/Trust Fund ID #:

Subgroup:

Requested effective date (subject to CMS approval):

**Please Read and Sign Below****By completing this enrollment application, I agree to the following:**

Kaiser Permanente is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Part B, however some employer groups require both Parts A and B. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. I may leave this plan at any time by sending a request to Kaiser Permanente or by calling **1-800-MEDICARE (1-800-633-4227 or TTY 1-877-486-2048)**, 24 hours a day, 7 days a week. However, before I request disenrollment, I will check with my group or union/trust fund to determine if I am able to continue my group membership.

I understand that if I currently have Kaiser Permanente coverage through more than one employer or union/trust fund, I must choose one of these coverage options for my Senior Advantage plan because I can be enrolled in only one Senior Advantage plan at a time. My other employer or union/trust fund may allow me to enroll in one of their non-Medicare plans as well. I will contact the benefit administrators at each of my employers or union/trust funds to understand the coverage that I am entitled to before I make a decision about which employer's or union/trust fund's plan to select for my Senior Advantage plan.

Last Name

First Name

Kaiser Permanente serves a specific service area. If I move out of the area that Kaiser Permanente serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Kaiser Permanente, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Senior Advantage **Evidence of Coverage** document from Kaiser Permanente when I receive it in order to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Senior Advantage coverage begins, I must get all of my health care from Kaiser Permanente, except for emergency, urgently needed services or out-of-area dialysis services.

Services authorized by Kaiser Permanente and other services contained in my Senior Advantage **Evidence of Coverage** document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR KAISER PERMANENTE WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Kaiser Permanente, he/she may be paid based on my enrollment in Kaiser Permanente.

**Release of Information**

By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as necessary for treatment, payment and health care operations. I also acknowledge that Kaiser Permanente will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Last Name

First Name

**KAISER FOUNDATION HEALTH PLAN ARBITRATION AGREEMENT**

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

Signature:

Today's Date:

If you are the authorized representative, you must sign above and provide the following information:

Name:

Address:

Phone Number:

Relationship to Enrollee:

**Office Use Only:**

Name of staff member/agent/broker (if assisted in enrollment):

Plan ID #:

Effective Date of Coverage:

ICEP/IEP:

AEP:

SEP (type):

Not Eligible:

# 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 **1-800-443-0815 (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 One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## 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 **1-800-443-0815** (TTY: **711**).

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-443-0815** (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 **1-800-443-0815** (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 **1-800-443-0815** (TTY: **711**).

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-443-0815** (TTY: **711**).

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
**1-800-443-0815** (TTY: **711**)번으로 전화해 주십시오.

### Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք **1-800-443-0815** (TTY (հեռատիպ) **711**):

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-443-0815** (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。**1-800-443-0815** (TTY:**711**) まで、お電話にてご連絡ください。

### Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।  
**1-800-443-0815** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।



### **Cambodian**

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-800-443-0815** (TTY: **711**)។

### **Hmong**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1-800-443-0815** (TTY: **711**).

### **Hindi**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-443-0815** (TTY: **711**) पर कॉल करें।

### **Thai**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-443-0815** (TTY: **711**).

### **Farsi**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-443-0815** (TTY: **711**) تماس بگیرید.

### **Arabic**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم - **1-800-443-0815** (رقم هاتف الصم والبكم: **711**).



# 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 enrollee's (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 enrollee (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.

FEHB enrollee's (subscriber's) signature \_\_\_\_\_ Date \_\_\_\_\_

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

# 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 Street  
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, 593, or 592) or **FEHB Standard Option** (enrollment codes: 594, 596, or 595).
  - 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 Kaiser Permanente Medicare 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 or Standard 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](http://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 Payment Services  
P.O. Box 1540  
Fargo, ND 58107-1540  
Fax: **1-877-535-0821**  
Email: **[kp@healthaccountservices.com](mailto: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 or Standard 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.



January 1–December 31, 2020

# 2020 Summary of Benefits

---

Kaiser Permanente Senior Advantage (HMO) for Federal Members  
High, Standard, & Basic Options

With Medicare Part D prescription drug coverage

## About this Summary of Benefits

Thank you for considering Kaiser Permanente Senior Advantage. 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
- 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 of four Kaiser Permanente Senior Advantage plans for Federal members, High, Standard, and Basic Options. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see both your FEHB brochure (73-003) and Senior Advantage **Evidence of Coverage (EOC)**. You can view your **EOC** online at **kp.org/feds** or ask for a copy from Member Services by calling **1-800-443-0815 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

To receive the Senior Advantage benefits described in this Summary of Benefits, you must be enrolled in Kaiser Permanente through the FEHB Program and meet the eligibility requirements described in your FEHB brochure (73-003). As a member of Kaiser Permanente Senior Advantage (HMO) for Federal members, you are still entitled to coverage under the FEHB Program. For a complete statement of your FEHB benefits, including any limitations and exclusions, please refer to your FEHB brochure (73-003). All FEHB benefits are subject to the definitions, limitations, and exclusions set forth in the FEHB brochure.

If you are already enrolled in one of our Senior Advantage plans and wish to switch to a different Senior Advantage plan, you may do so during the annual open season or you may also be able to change your enrollment when you have a life event (for example, you become eligible for Medicare). Please refer directly to **opm.gov** and your employing agency or retirement office for more information about when you can make plan changes outside of the open season.

### Have questions?

- Please call Member Services at **1-800-443-0815 (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

| Benefits and premiums  | High Option Senior Advantage 1   | High Option Senior Advantage 2   | Standard Option Senior Advantage 1   | Standard Option Senior Advantage 2   | Basic Option Senior Advantage  |
|--|--|--|--|--|--|
| <b>Monthly plan premium</b><br>You must continue to pay your Medicare Part B premium and any other applicable Medicare premium(s), if not otherwise paid by Medicaid or another third party. | You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for Senior Advantage membership. | You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for Senior Advantage membership. | You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for Senior Advantage membership. | You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for Senior Advantage membership. | You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for Senior Advantage membership. |
| <b>Deductible</b>  | <b>None</b>  | <b>None</b>  | <b>None</b>  | <b>None</b>  | <b>None</b>  |
| <b>Your maximum out-of-pocket responsibility</b>   | <b>\$2,000</b>   | <b>\$2,000</b>   | <b>\$2,000</b>   | <b>2,000</b>   | <b>2,000</b>   |
| <b>Inpatient hospital coverage*†</b><br>There's no limit to the number of medically necessary inpatient hospital days.   | <b>\$100</b> per admission   | <b>\$250</b> per admission   | <b>\$250</b> per admission   | <b>\$500</b> per admission   | <b>\$250</b> per day, for days 1 through 4 of a hospital stay. You pay nothing for the rest of the hospital stay         |
| <b>Outpatient hospital coverage</b>  | <b>\$5</b> per visit   | <b>\$50</b> per visit  | <b>\$15</b> per visit  | <b>\$25</b> per visit  | <b>\$25</b> per visit  |
| <b>Ambulatory Surgery Center</b>   | <b>\$5</b> per visit   | <b>\$50</b> per visit  | <b>\$15</b> per visit  | <b>\$25</b> per visit  | <b>\$25</b> per visit  |

| <b>Benefits and premiums</b>  | <b>High Option Senior Advantage 1</b>      | <b>High Option Senior Advantage 2</b>      | <b>Standard Option Senior Advantage 1</b>                | <b>Standard Option Senior Advantage 2</b>                | <b>Basic Option Senior Advantage</b>                    |
|---|--|--|--|--|---|
| <b>Doctor's visits</b><br>Primary care providers and specialists  | <b>\$5</b> per visit                       | <b>\$10</b> per visit                      | <b>\$15</b> per visit                                    | <b>\$25</b> per visit                                    | <b>\$25</b> per visit                                   |
| <b>Preventive care*</b><br>See the <b>EOC</b> for details.  | <b>\$0</b>                                 | <b>\$0</b>                                 | <b>\$0</b>   | <b>\$0</b>   | <b>\$0</b>  |
| <b>Emergency care</b><br>We cover emergency care anywhere in the world.   | <b>\$75</b> per Emergency Department visit | <b>\$75</b> per Emergency Department visit | <b>\$75</b> per Emergency Department visit               | <b>\$75</b> per Emergency Department visit               | <b>\$75</b> per Emergency Department visit              |
| <b>Urgently needed services</b><br>We cover urgent care anywhere in the world.  | <b>\$5</b> per visit                       | <b>\$10</b> per visit                      | <b>\$15</b> per visit                                    | <b>\$25</b> per visit                                    | <b>\$25</b> per visit                                   |
| <b>Diagnostic services, lab, and imaging</b><br><ul style="list-style-type: none"> <li>• Lab tests</li> <li>• Diagnostic tests and procedures (like EKG)</li> <li>• X-rays</li> </ul> | <b>\$0</b>                                 | <b>\$0</b>                                 | <b>\$10</b> per encounter                                | <b>\$10</b> per encounter                                | <b>\$0</b>  |
| <ul style="list-style-type: none"> <li>• Other imaging procedures (like MRI, CT, and PET)</li> </ul>  | <b>\$0</b>                                 | <b>\$0</b>                                 | <b>\$50</b> per procedure ( <b>\$10</b> for ultrasounds) | <b>\$50</b> per procedure ( <b>\$10</b> for ultrasounds) | <b>\$50</b> per procedure ( <b>\$0</b> for ultrasounds) |

| Benefits and premiums  | High Option Senior Advantage 1   | High Option Senior Advantage 2   | Standard Option Senior Advantage 1   | Standard Option Senior Advantage 2 | Basic Option Senior Advantage |
|--|--|--|--|------------------------------------|-------------------------------|
| <b>Hearing services</b> <ul style="list-style-type: none"> <li>Exams to diagnose and treat hearing and balance issues</li> </ul>   | \$5 per visit  | \$10 per visit   | \$15 per visit   | \$25 per visit                     | \$25 per visit                |
| <ul style="list-style-type: none"> <li>Hearing aids</li> </ul>   | Not covered  | \$500 allowance per hearing aid, per ear. (If the hearing aid you purchase costs more than \$500 per ear, <b>you pay the difference.</b> ) | Not covered  | Not covered                        | Not covered                   |
| <b>Dental services</b><br>Preventive and comprehensive dental coverage   | Refer to your Senior Advantage <b>Evidence of Coverage</b> for a description of your dental coverage provided to you as a Senior Advantage Federal Member. | Not covered  | Refer to your Senior Advantage <b>Evidence of Coverage</b> for a description of your dental coverage provided to you as a Senior Advantage Federal Member. | Not covered                        | Not covered                   |
| <b>Vision services*</b> <ul style="list-style-type: none"> <li>Visits to diagnose and treat eye diseases and conditions</li> </ul> | \$5 per visit  | \$10 per visit   | \$15 per visit   | \$25 per visit                     | \$25 per visit                |

| Benefits and premiums   | High Option Senior Advantage 1  | High Option Senior Advantage 2  | Standard Option Senior Advantage 1  | Standard Option Senior Advantage 2  | Basic Option Senior Advantage   |
|---|---|---|---|---|---|
| <ul style="list-style-type: none"> <li>Routine eye exams</li> <li>Preventive glaucoma screening</li> </ul>          | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  |
| <ul style="list-style-type: none"> <li>Eyeglasses or contact lenses after cataract surgery</li> </ul>               | <b>\$0</b> up to Medicare's limit, but you pay any amounts beyond that limit. | <b>\$0</b> up to Medicare's limit, but you pay any amounts beyond that limit. | <b>\$0</b> up to Medicare's limit, but you pay any amounts beyond that limit. | <b>\$0</b> up to Medicare's limit, but you pay any amounts beyond that limit. | <b>\$0</b> up to Medicare's limit, but you pay any amounts beyond that limit. |
| <ul style="list-style-type: none"> <li>Other eyeglasses or contact lenses (covered once every 24 months)</li> </ul> | If your eyewear costs more than <b>\$200, you pay the difference.</b>         | Not covered   | If your eyewear costs more than <b>\$150, you pay the difference.</b>         | Not covered   | If your eyewear costs more than <b>\$150, you pay the difference.</b>         |
| <b>Mental health services</b> <ul style="list-style-type: none"> <li>Outpatient group therapy</li> </ul>            | <b>\$2</b> per visit  | <b>\$5</b> per visit  | <b>\$7</b> per visit  | <b>\$12</b> per visit   | <b>\$12</b> per visit   |
| <ul style="list-style-type: none"> <li>Outpatient individual therapy</li> </ul>                                     | <b>\$5</b> per visit  | <b>\$10</b> per visit   | <b>\$15</b> per visit   | <b>\$25</b> per visit   | <b>\$25</b> per visit   |
| <b>Skilled nursing facility†</b><br>We cover up to 100 days per benefit period.                                     | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  |
| <b>Physical therapy*</b>  | <b>\$5</b> per visit  | <b>\$10</b> per visit   | <b>\$15</b> per visit   | <b>\$25</b> per visit   | <b>\$25</b> per visit   |
| <b>Ambulance</b>  | <b>\$50</b> per one-way trip  | <b>\$50</b> per one-way trip  | <b>\$125</b> per one-way trip   | <b>\$150</b> per one-way trip   | <b>\$150</b> per one-way trip   |
| <b>Transportation</b>   | Not covered   | Not covered   | Not covered   | Not covered   | Not covered   |

| Benefits and premiums  | High Option Senior Advantage 1  | High Option Senior Advantage 2   | Standard Option Senior Advantage 1   | Standard Option Senior Advantage 2   | Basic Option Senior Advantage  |
|--|---|--|--|--|--|
| <b>Medicare Part B drugs†</b><br>A limited number of Medicare Part B drugs are covered when you get them from a plan provider. See the <b>EOC</b> for details. <ul style="list-style-type: none"> <li>Drugs that must be administered by a health care professional</li> </ul> | <b>\$0</b>  | <b>\$0</b>   | <b>\$0</b>   | <b>\$0</b>   | <b>\$0</b>   |
| <ul style="list-style-type: none"> <li>Drugs from a plan pharmacy</li> </ul>   | Up to a 100-day supply: <ul style="list-style-type: none"> <li><b>\$10</b> for generic drugs</li> <li><b>\$30</b> for brand-name drugs</li> </ul> | Up to a 30-day supply: <ul style="list-style-type: none"> <li><b>\$10</b> for generic drugs</li> <li><b>\$40</b> for brand-name drugs</li> </ul> | Up to a 30-day supply: <ul style="list-style-type: none"> <li><b>\$10</b> for generic drugs</li> <li><b>\$40</b> for brand-name drugs</li> </ul> | Up to a 30-day supply: <ul style="list-style-type: none"> <li><b>\$10</b> for generic drugs</li> <li><b>\$47</b> for brand-name drugs</li> </ul> | Up to a 30-day supply: <ul style="list-style-type: none"> <li><b>\$10</b> for generic drugs</li> <li><b>\$47</b> for brand-name drugs</li> </ul> |
| <b>Chiropractic</b> <ul style="list-style-type: none"> <li>Manual manipulation of the spine*</li> </ul>  | <b>\$5</b> per visit  | <b>\$10</b> per visit  | <b>\$15</b> per visit  | <b>\$20</b> per visit  | <b>\$20</b> per visit  |

| Benefits and premiums   | High Option Senior Advantage 1  | High Option Senior Advantage 2  | Standard Option Senior Advantage 1  | Standard Option Senior Advantage 2  | Basic Option Senior Advantage   |
|---|---|---|---|---|---|
| <ul style="list-style-type: none"> <li>Covered chiropractic services from any American Specialty Health Plans of California, Inc. (ASH Plans) participating chiropractor</li> </ul> | <p><b>\$15</b> per visit for up to a total of 20 chiropractic office visits per calendar year.</p> <p>Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.</p> | <p><b>\$15</b> per visit for up to a total of 20 chiropractic office visits per calendar year.</p> <p>Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.</p> | <p><b>\$15</b> per visit for up to a total of 20 chiropractic office visits per calendar year.</p> <p>Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.</p> | <p><b>\$15</b> per visit for up to a total of 20 chiropractic office visits per calendar year.</p> <p>Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.</p> | <p><b>\$15</b> per visit for up to a total of 20 chiropractic office visits per calendar year.</p> <p>Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.</p> |
| <p><b>Fitness benefit</b><br/>Silver&amp;Fit® fitness programs, including a basic facility membership</p>   | Not covered   | <b>\$0</b>  | Not covered   | <b>\$0</b>  | Not covered   |

## Medicare Part D prescription drug coverage†

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

- The Senior Advantage plan you enroll in (High, Standard, or Basic).
- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at [kp.org/seniorrx](http://kp.org/seniorrx) or call Member Services to ask for a copy at **1-800-443-0815 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 100-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- When you get a 31 to 100-day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (initial or catastrophic coverage stage).

## Initial coverage stage

You pay the copays and coinsurance shown in the chart below until your total yearly drug costs reach **\$6,350**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$6,350 limit in 2020, you move on to the catastrophic stage and your coverage changes.

| Drug tier  | High Option Senior Advantage 1        | High Option Senior Advantage 2       | Standard Option Senior Advantage 1   | Standard Option Senior Advantage 2   | Basic Option Senior Advantage        |
|--|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <b>Tiers 1</b> (Preferred Generic) and <b>2</b> (Generic)          | <b>\$10</b> (up to a 100-day supply)  | <b>\$10</b> (up to a 30-day supply)  | <b>\$10</b> (up to a 30-day supply)  | <b>\$10</b> (up to a 30-day supply)  | <b>\$10</b> (up to a 30-day supply)  |
| <b>Tiers 3</b> (Preferred Brand) and <b>4</b> (Nonpreferred Brand) | <b>\$30</b> (up to a 100-day supply)  | <b>\$40</b> (up to a 30-day supply)  | <b>\$40</b> (up to a 30-day supply)  | <b>\$47</b> (up to a 30-day supply)  | <b>\$47</b> (up to a 30-day supply)  |
| <b>Tier 5</b> (Specialty)  | <b>\$100</b> (up to a 100-day supply) | <b>\$100</b> (up to a 30-day supply) | <b>\$150</b> (up to a 30-day supply) | <b>\$150</b> (up to a 30-day supply) | <b>\$200</b> (up to a 30-day supply) |
| <b>Tier 6</b> (Vaccines)   | <b>\$0</b>                            | <b>\$0</b>                           | <b>\$0</b>                           | <b>\$0</b>                           | <b>\$0</b>                           |

For members enrolled in the **High Senior Advantage 2, Standard Senior Advantage 1, Standard Senior Advantage 2 or Basic Options**, when you get a 31- to 100-day supply of drugs in Tiers 1-5, the copays listed above in the chart will be multiplied as follows:

- If you get a 31- to 60-day supply from any plan pharmacy (retail or mail order), you pay 2 copays.
- If you get a 61- to 100-day supply from one of our retail pharmacies, you pay 3 copays.
- If you get a 61- to 100-day supply from our mail-order pharmacy, you pay 2 copays.

## Catastrophic coverage stage

If you spend **\$6,350** on your Part D prescription drugs in 2020, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, your copays will change for the rest of 2020. You pay the following copays per prescription during the catastrophic coverage stage:

| Drug             | You pay |
|------------------|---------|
| Generic drugs    | \$3     |
| Brand-name drugs | \$10    |
| Specialty drugs  | \$13    |
| Part D vaccines  | \$0     |

### Long-term care, plan home-infusion, 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 retail plan pharmacy and you can get up to a 31-day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail 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 Senior Advantage **Evidence of Coverage** for details.

## Who can enroll

You can sign up for this plan if:

- You are enrolled in Kaiser Permanente through the FEHB Program and meet the eligibility requirements described in your FEHB brochure (73-003).
- You have both Medicare Part A and Part B or Part B only. (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, which includes all of **Alameda, Contra Costa, Marin, Napa, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Cruz, Solano, and Stanislaus**. It also includes **parts of these counties** in these ZIP codes only:
  - **Amador County:** 95640 and 95669
  - **El Dorado County:** 95613–14, 95619, 95623, 95633–35, 95651, 95664, 95667, 95672, 95682, and 95762



- **Fresno County:** 93242, 93602, 93606–07, 93609, 93611–13, 93616, 93618–19, 93624–27, 93630–31, 93646, 93648–52, 93654, 93656–57, 93660, 93662, 93667–68, 93675, 93701–12, 93714–18, 93720–30, 93737, 93740–41, 93744–45, 93747, 93750, 93755, 93760–61, 93764–65, 93771–79, 93786, 93790–94, 93844, and 93888
- **Kings County:** 93230, 93232, 93242, 93631, and 93656
- **Madera County:** 93601–02, 93604, 93614, 93623, 93626, 93636–39, 93643–45, 93653, 93669, and 93720
- **Mariposa County:** 93601, 93623, and 93653
- **Placer County:** 95602–04, 95610, 95626, 95648, 95650, 95658, 95661, 95663, 95668, 95677–78, 95681, 95703, 95722, 95736, 95746–47, and 95765
- **Santa Clara County:** 94022–24, 94035, 94039–43, 94085–89, 94301–06, 94309, 94550, 95002, 95008–09, 95011, 95013–15, 95020–21, 95026, 95030–33, 95035–38, 95042, 95044, 95046, 95050–56, 95070–71, 95076, 95101, 95103, 95106, 95108–13, 95115–36, 95138–41, 95148, 95150–61, 95164, 95170, 95172–73, 95190–94, and 95196
- **Sonoma County:** 94515, 94922–23, 94926–28, 94931, 94951–55, 94972, 94975, 94999, 95401–07, 95409, 95416, 95419, 95421, 95425, 95430–31, 95433, 95436, 95439, 95441–42, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471–73, 95476, 95486–87, and 95492
- **Sutter County:** 95626, 95645, 95659, 95668, 95674, 95676, 95692, and 95836–37
- **Tulare County:** 93238, 93261, 93618, 93631, 93646, 93654, 93666, and 93673
- **Yolo County:** 95605, 95607, 95612, 95615–18, 95645, 95691, 95694–95, 95697–98, 95776, and 95798–99
- **Yuba County:** 95692, 95903, and 95961

## Coverage rules

We cover the services and items listed in this document and the Senior Advantage **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. For details about coverage rules, including services that aren't covered (exclusions), see the Senior Advantage **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 **1-800-443-0815** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

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 **Senior Advantage Evidence of Coverage** for details.

## **Kaiser Foundation Health Plan**

Kaiser Foundation Health Plan, Inc., Northern California Region is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Senior Advantage.

## **Privacy**

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** on [kp.org/privacy](https://kp.org/privacy) to learn more.

## **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 difference.

### **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 Senior Advantage.

**Plan premium**

The amount you pay for your Senior Advantage health care and prescription drug 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.

**Retail plan pharmacy**

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

**Service area**

The geographic area where we offer Senior Advantage plans. To enroll and remain a member of our plan, you must live in our Senior Advantage plan service area.

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.

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**.



# 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 **1-800-443-0815 (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 One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## 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 **1-800-443-0815** (TTY: **711**).

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-443-0815** (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 **1-800-443-0815** (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 **1-800-443-0815** (TTY: **711**).

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-443-0815** (TTY: **711**).

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-443-0815** (TTY: **711**) 번으로 전화해 주십시오.

### Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք **1-800-443-0815** (TTY (հեռատիպ)՝ **711**):

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-443-0815** (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。1-800-443-0815 (TTY:711) まで、お電話にてご連絡ください。

### Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-443-0815 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ

### Cambodian

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-443-0815 (TTY: 711)។

### Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-443-0815 (TTY: 711).

### Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-443-0815 (TTY: 711) पर कॉल करें।

### Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-443-0815 (TTY: 711).

### Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-443-0815 (TTY: 711) تماس بگیرید.

### Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-443-0815 (رقم هاتف الصم والبكم: 711).

**[kp.org/feds](http://kp.org/feds)**

Kaiser Foundation Health Plan, Inc.  
393 E. Walnut St.  
Pasadena, CA 91188

Kaiser Foundation Health Plan, Inc., Northern California Region.  
A nonprofit corporation and Health Maintenance Organization (HMO)

 **Please recycle.**

 **KAISER PERMANENTE®**