

Kaiser Permanente Medicare Advantage/Senior Advantage (HMO)

## Group Medicare Enrollment Form

Filling out and returning the enrollment form is your first step to becoming a Kaiser Permanente Medicare Advantage/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 Kaiser Permanente at the phone number listed below for your region, 7 days a week, 8 a.m. to 8 p.m. TTY users should call **711**.

<b>Colorado Region</b>	<b>1-800-476-2167</b>	<b>Washington Region</b> (Counties: Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Spokane, Thurston, Whatcom, Grays Harbor (ZIP codes: 98541, 98557, 98559, 98568), and Mason (ZIP codes: 98524, 98528, 98546, 98548, 98555, 98584, 98588, 98592)) <b>1-800-581-8252</b> (to speak to a licensed sales specialist Monday - Friday, 8:00 a.m. to 5:00 p.m.), or call Member Services at <b>1-888-901-4600</b> , 7 days a week, 8 a.m. to 8 p.m.
<b>Georgia Region</b>	<b>1-800-232-4404</b>	
<b>Mid-Atlantic States Region</b>	<b>1-888-777-5536</b>	
<b>Northwest Region</b> (NW Oregon, SW Washington, and Lane County, OR)	<b>1-877-221-8221</b>	

### 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 and date the form. **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

You can also FAX or EMAIL your completed form to:

FAX: **1-855-355-5334**

EMAIL: **KPMedicareEnrollments@kp.org**

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 Medicare Advantage/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.
- To check on the status of your application, please visit [kp.org/medicare/applicationstatus](https://kp.org/medicare/applicationstatus) (does not apply to Washington region).

### Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

**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:

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

Please indicate which Kaiser Permanente **region** you reside in and wish to enroll:

COLORADO  GEORGIA  MID-ATLANTIC STATES  NORTHWEST  WASHINGTON

Employer or Union Name:  Group #:

LAST Name:

FIRST Name:  Middle Initial:  Gender:  Male  Female

Home Phone Number:  Mobile Phone Number:  Birth Date: (mm/dd/yyyy)

Are 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:

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

Street Address:

City:  State:  ZIP Code:

Email 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 most employer groups require both Parts A and B to join a Medicare Advantage plan.

**Please Read and Answer These Important Questions**

1. Do you work?  Yes  No Does your spouse work?  Yes  No  N/A

2. Are you the retiree?  Yes  No

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

If no, name of retiree:

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. Will you have other prescription drug coverage (like VA, TRICARE) 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:

5. 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:

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

Last Name  First Name

**For Washington region only - Selecting a primary care provider:**

If you have a current primary care provider who contracts with Kaiser Foundation Health Plan of Washington (primary care providers do not include specialists) and you would like to continue seeing that physician, please include his/her name here.

(If you are a current Kaiser Permanente member and are not making a primary care provider change, please leave blank.)

**Answering these questions is your choice. You can't be denied coverage because you don't fill them out.**

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin
- I choose not to answer**

What's your race? Select all that apply.

- American Indian or Alaska Native
- Black or African American
- Asian:
  - Asian Indian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian
- Native Hawaiian and Pacific Islander:
  - Guamanian or Chamorro
  - Native Hawaiian
  - Samoan
  - Other Pacific Islander
  - White
  - I choose not to answer**

**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
- Braille
- Large Print
- Audio CD

Please contact your Kaiser Permanente region at the phone number listed on the instruction page if you need information in an accessible format or language other than what is listed above. Our office hours are 7 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 Medicare Advantage/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):

Last Name

First Name

**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 most 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 during the year as allowed by my group by sending a request to Kaiser Permanente. 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 Medicare Advantage/Senior Advantage plan because I can be enrolled in only one Medicare Advantage/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 Medicare Advantage/Senior Advantage plan.

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

Services authorized by Kaiser Permanente and other services contained in my Medicare Advantage/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.**

For Northwest region only: Any services received under the Outside Service Area Benefit (if applicable) do not need to be authorized or provided by Kaiser Permanente.

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.

Last Name  First Name

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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.

**Signature:**

**Today's Date:**

If you are the authorized representative of the enrollee, meaning you attest that you are legally authorized to complete this enrollment request on their behalf under State law (Power of Attorney, court-ordered legal guardianship, etc.), please sign above and provide your information below:

**Name:**

**Address:**

**Phone Number:**  **Relationship to Enrollee:**

For future membership-related inquiries or requests, please feel free to send a copy of the authorized representative document to: Kaiser Permanente – Medicare Unit P.O. Box 232400 San Diego, CA 92193-2400 or FAX: **1-855-355-5334** or EMAIL: **KPMedicareEnrollments@kp.org**. A copy of the authorized representative document is not required for completing this enrollment request.

Last Name  First Name

**For CO, GA, NW & WA regions - Office Use Only:**  
Name of staff member/agent/broker (if assisted in enrollment):   
Plan ID #:  Effective Date of Coverage:   
ICEP/IEP:  AEP:  SEP (type):

**For MAS region - Office Use Only:**  
Name of staff member/agent/broker (if assisted in enrollment):   
Plan ID #:   
PBP#:  H2172-801  H2172-803  H2172-804  H2172-805  
Group Number:  Subgroup Number:   
Employer Subsidy Group  Yes  No Part D Group  Yes  No  
ICEP/IEP:  AEP:  SEP (type):

**Kaiser Permanente Senior Advantage/Medicare Advantage for Federal Members (HMO)  
Senior Advantage 2/Medicare Advantage 2 Enrollment Application** NCAL  NCAL-Fresno  SCAL  Colorado  Georgia  Hawaii  Mid-Atlantic States  Northwest  Washington

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

**FEHB enrollee**

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Last name	First name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Kaiser Permanente medical/health record number	Date of birth (mm/dd/yyyy)	Social Security number (SSN)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address			
<input type="text"/>			
City	State	ZIP code	Telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Dependent 1**

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Last name	First name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Kaiser Permanente medical/health record number	Date of birth (mm/dd/yyyy)	Social Security number (SSN)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Dependent 2**

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Last name	First name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Kaiser Permanente medical/health record number	Date of birth (mm/dd/yyyy)	Social Security number (SSN)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that my signature on this application means that I have read, understand, and agree to the plan rules outlined in the Senior Advantage 2/Medicare Advantage 2 Program Description and FEHB Brochure. I am the enrollee and agree to enroll in the Program myself and/or any eligible dependents who have Senior Advantage/Medicare Advantage.

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FEHB enrollee's signature or authorized representative*	Today's date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

\*If authorized representative, attach copy of legal documentation, such as Power of Attorney form

**Mail to: Kaiser Permanente - Medicare Unit**  
**P.O. Box 232400**  
**San Diego, CA 92193-2400**

**Email: [KPMedicareEnrollments@kp.org](mailto:KPMedicareEnrollments@kp.org)**  
**Fax: 1-855-355-5334**



# Federal Employees Health Benefits (FEHB) Plan

## Senior Advantage 2 Program Description

All plans offered and  
underwritten by  
Kaiser Foundation Health Plan  
of Colorado  
2500 South Havana St.  
Aurora, Colorado 80014-1622

This booklet gives you details about the Senior Advantage 2 Program offered by Kaiser Foundation Health Plan of Colorado. 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 of Colorado. 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) plan. The program rules are outlined in the FEHB brochure (RI 73-019), 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 enroll in 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: 651, 653, or 652) or **FEHB Standard Option** (enrollment codes: 654, 656, or 655).

- 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), Monday through Friday, 7:40 a.m. to 5 p.m. Eastern time, 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. Pacific time.
- If you are a Senior Advantage member, you do not need to submit another Senior Advantage Group Enrollment 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 73-019) and the Kaiser Permanente Senior Advantage for Federal Members (HMO) **Evidence of Coverage**.

By enrolling in Senior Advantage 2, you and your covered dependents who are enrolled in Kaiser Permanente Senior Advantage for Federal Members are eligible to receive reimbursement for your Medicare Part B premium. The reimbursement is solely available to reimburse you and/or your covered dependents up to \$200 per month of the Medicare Part B premium including the Part B late enrollment penalty and/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 monthly for your 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.

The reimbursement is administered by Kaiser Permanente Health Payment Services. 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.

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 day each month.

If you receive a reimbursement for your Medicare Part B premium and you later become ineligible 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 late enrollment penalty or IRMAA

We will automatically reimburse you for your standard Medicare Part B premium. You do not need to send us proof of your Medicare Part B if you pay only the standard Medicare Part B premium.

Some people have an extra charge added to their Medicare Part B premium. If your income is above a certain amount, you may pay the Income Related Monthly Adjusted Amount (IRMAA). If you enroll in Part B late, you may pay a late enrollment penalty. To receive additional reimbursement (up to \$200 per month), you must provide proof once each year of the amount you pay for Medicare Part B premium and the extra charges you pay for late enrollment penalty and/or IRMAA no later than 90 days after the plan year ends. You may submit one of the following documents as proof: Social Security Benefit

Verification letter, Notice of Annuity Adjustment or Medicare premium billing. If the amount you pay for late enrollment penalty or IRMAA changes, you must provide additional information.

Visit [kp.org/feds](https://kp.org/feds) to get the FEHB Senior Advantage 2 Proof of Part B Premium Instructions and Form.

For questions about reimbursement, call Kaiser Permanente Health Payment Services at **1-877-761-3399**, Monday through Friday, 5 a.m. to 7 p.m. Pacific time.

## 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 plan coverage and/or Senior Advantage for Federal Members.

Senior Advantage 2 is offered as part of the FEHB program. This is a summary of the features of the Kaiser Permanente health plan. Before making a final decision, please read the Plan's Federal brochure (RI 73-019). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure.

January 1–December 31, 2024

# 2024 Summary of Benefits

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Kaiser Permanente Senior Advantage (HMO) for Federal Members High Option Senior Advantage 1, High Option Senior Advantage 2, Standard Option Senior Advantage 1, Standard Option Senior Advantage 2, and Prosper Senior Advantage

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
- Additional benefits
- Member discounts for products and services
- 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 five Kaiser Permanente Senior Advantage plans for Federal members: High Option Senior Advantage 1, High Option Senior Advantage 2, Standard Option Senior Advantage 1, Standard Option Senior Advantage 2 and Prosper Senior Advantage Plans. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see both your FEHB brochure (RI 73-019) and Kaiser Permanente Senior Advantage **Evidence of Coverage (EOC)**, which we'll notify you how to view online. If you'd like to see it before you enroll, you can view it online at **kp.org/feds** or request a copy from Member Services by calling **1-800-476-2167**, 7 days a week, 8 a.m. to 8 p.m. (TTY 711).

To receive the Kaiser Permanente Senior Advantage benefits described in this Summary of Benefits, you must be enrolled in Kaiser Permanente through the FEHB Program. 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 (RI 73-019). 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 Kaiser Permanente Senior Advantage plans and wish to switch to a different Kaiser Permanente 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 **1-800-476-2167** (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	Prosper Senior Advantage
<p>Monthly plan premium</p> <p>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.</p>	<p>You must pay your FEHB monthly contribution.</p>	<p>You must pay your FEHB monthly contribution.</p> <p>*We will reimburse up to <b>\$200</b> per month for your Medicare Part B premium.</p>	<p>You must pay your FEHB monthly contribution.</p>	<p>You must pay your FEHB monthly contribution.</p> <p>*We will reimburse up to <b>\$200</b> per month for your Medicare Part B premium.</p>	<p>You must pay your FEHB monthly contribution.</p>
Deductible	None	None	None	None	None
<p>Your maximum out-of-pocket responsibility</p> <p>Like all Medicare health plans, our plan protects you by having a yearly limit on your out-of-pocket costs for medical and hospital care.</p>	<b>\$2,200</b> for services you receive from in-network providers.	<b>\$2,950</b> for services you receive from in-network providers.	<b>\$2,950</b> for services you receive from in-network providers.	<b>\$3,300</b> for services you receive from in-network providers.	<b>\$3,600</b> for services you receive from in-network providers.
<p><b>Inpatient hospital services*†</b></p> <p>There is no limit to the number of medically necessary hospital days.</p>	<b>\$100 copay</b> per admission	<b>\$300 copay</b> per admission	<b>\$250 copay</b> for <b>days 1-3</b> <b>\$750</b> maximum copay per admission	<b>\$250 copay</b> for <b>days 1-3</b> <b>\$750</b> maximum copay per admission	<b>\$275 copay</b> for <b>days 1–4</b> <b>\$1,100</b> maximum copay per admission

<b>Outpatient hospital services/Ambulatory Surgical Center*†</b>  Outpatient surgery	<b>\$50 copay</b> per visit	<b>\$150 copay</b> per visit	<b>\$200 copay</b> per visit	<b>\$200 copay</b> per visit	<b>\$275 copay</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>Prosper Senior Advantage</b>
<b>Outpatient hospital services including diagnostic radiological services; for example, an MRI</b>	<b>\$0–\$100 copay</b> per visit, depending on the service	<b>\$0–\$125 copay</b> per visit, depending on the service	<b>\$0–\$150 copay</b> per visit, depending on the service	<b>\$0–\$150 copay</b> per visit, depending on the service	<b>\$0–\$250 copay</b> per visit, depending on the service
<b>Doctor’s visits</b> <ul style="list-style-type: none"><li>Primary care providers</li></ul>	<b>\$5 copay</b> per visit	<b>\$15 copay</b> per visit	<b>\$20 copay</b> per visit	<b>\$30 copay</b> per visit	<b>\$10 copay</b> per visit
<ul style="list-style-type: none"><li>Specialists</li></ul> Visits to your primary care physician and some specialists do not require a referral. Please see the <b>EOC</b> for details.	<b>\$15 copay</b> per visit	<b>\$25 copay</b> per visit	<b>\$35 copay</b> per visit	<b>\$40 copay</b> per visit	<b>\$35 copay</b> per visit
<b>Preventive care*</b>  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> We cover emergency care anywhere in the world.	<b>\$60 copay</b> per visit	<b>\$90 copay</b> per visit	<b>\$80 copay</b> per visit	<b>\$90 copay</b> per visit	<b>\$90 copay</b> per visit
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	<b>\$20 copay</b> per visit	<b>\$30 copay</b> per visit	<b>\$40 copay</b> per visit	<b>\$40 copay</b> per visit	<b>\$35 copay</b> per visit
<b>Diagnostic services, lab, and imaging*</b> <ul style="list-style-type: none"><li>Diagnostic x-rays, lab tests† and procedures†</li></ul>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



<ul style="list-style-type: none"><li>Diagnostic radiology services (such as MRI, CT, and PET scans) †</li></ul>	<b>\$100 copay</b> per image	<b>\$125 copay</b> per image	<b>\$150 copay</b> per image	<b>\$150 copay</b> per image	<b>\$250 copay</b> per image
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<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>Prosper Senior Advantage</b>
<b>Hearing services</b> <ul style="list-style-type: none"> <li>Exams to diagnose and treat hearing and balance issues</li> </ul>	<b>\$5 copay</b> per visit	<b>\$15 copay</b> per visit	<b>\$20 copay</b> per visit	<b>\$30 copay</b> per visit	<b>\$10 copay</b> per visit
<ul style="list-style-type: none"> <li>Hearing aids*</li> </ul>	<b>\$1,000 plan coverage limit, every three years</b>	<b>Not covered</b>	<b>Not covered</b>	<b>Not covered</b>	<b>Not covered</b>
<b>Dental Care</b> Preventive and diagnostic dental care: <ul style="list-style-type: none"> <li>Oral exam (limited to two oral exams per year)</li> <li>Prophylaxis (limited to two cleanings per year)</li> <li>Topical fluoride (once in 12 months)</li> <li>Full mouth or panoramic X-rays (once per 60 months)</li> <li>Bitewing X-rays (one set per 12 months)</li> <li>Periapical X-rays (four per 12 months)</li> <li>Occlusal X-rays (two per 12 months)</li> <li>Pulp vitality tests</li> </ul>	<b>\$0</b>	<b>Not covered</b>	<b>Not covered</b>	<b>Not covered</b>	<b>Not covered</b>

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
<p>Comprehensive dental care when provided by Delta Dental PPO™ dentists (see the <b>Provider Directory</b> for network dentists).</p> <p><b>Covered services include fillings, crowns, extractions, dentures, endodontics, and periodontics. Please see EOC for details.</b></p>	<p><b>30%</b> coinsurance for fillings</p> <p><b>50%</b> coinsurance for periodontic services from Delta Dental PPO dentists until the plan has paid <b>\$850 (combined annual benefit limit)</b> for preventive and comprehensive services.</p> <p>When you reach the annual limit, you pay <b>100%</b> for the rest of the year.</p>	<p><b>Not covered</b></p>	<p><b>Not covered</b></p>	<p><b>Not covered</b></p>	<p><b>Not covered</b></p>
<p><b>Vision services</b></p> <p>Routine eye exams with an optometrist</p>	<p><b>\$5 copay</b> per visit</p>	<p><b>\$15 copay</b> per visit</p>	<p><b>\$20 copay</b> per visit</p>	<p><b>\$30 copay</b> per visit</p>	<p><b>\$10 copay</b> per visit</p>
<p>Exams to diagnose and treat diseases and conditions of the eye</p>	<p><b>\$15 copay</b> per visit</p>	<p><b>\$25 copay</b> per visit</p>	<p><b>\$35 copay</b> per visit</p>	<p><b>\$40 copay</b> per visit</p>	<p><b>\$35 copay</b> per visit</p>
<p>Yearly glaucoma screening</p>	<p><b>\$0</b></p>	<p><b>\$0</b></p>	<p><b>\$0</b></p>	<p><b>\$0</b></p>	<p><b>\$0</b></p>

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
<ul style="list-style-type: none"> <li>• Eyeglasses or contact lenses after cataract surgery</li> </ul>	<p>You pay any amounts that exceed what Medicare covers</p> <p>Our plan pays up to <b>\$250</b> every two years for contact lenses, eyeglasses (frames and lenses), and eyeglass lenses</p>	<p>You pay any amounts that exceed what Medicare covers</p>	<p>You pay any amounts that exceed what Medicare covers</p>	<p>You pay any amounts that exceed what Medicare covers</p>	<p>You pay any amounts that exceed what Medicare covers</p>
<p><b>Mental health services*†</b></p> <ul style="list-style-type: none"> <li>• Inpatient mental health</li> </ul>	<p><b>\$100 copay</b> per admission</p>	<p><b>\$300 copay</b> per admission</p>	<p><b>\$250 copay</b> for days 1-3</p> <p><b>\$750</b> maximum copay per admission</p>	<p><b>\$250 copay</b> for days 1-3</p> <p><b>\$750</b> maximum copay per admission</p>	<p><b>\$275 copay</b> for days 1-4</p> <p><b>\$1,100</b> maximum copay per admission</p>
<ul style="list-style-type: none"> <li>• Outpatient individual therapy</li> </ul>	<p><b>\$2 copay</b> per visit</p>	<p><b>\$7 copay</b> per visit</p>	<p><b>\$10 copay</b> per visit</p>	<p><b>\$15 copay</b> per visit</p>	<p><b>\$5 copay</b> per visit</p>
<ul style="list-style-type: none"> <li>• Outpatient individual therapy</li> </ul>	<p><b>\$5 copay</b> per visit</p>	<p><b>\$15 copay</b> per visit</p>	<p><b>\$20 copay</b> per visit</p>	<p><b>\$30 copay</b> per visit</p>	<p><b>\$10 copay</b> per visit</p>

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
<b>Skilled nursing facility*†</b> We cover up to 100 days per benefit period.	<b>You pay nothing</b> per day for <b>days 1 through 100</b>	<b>You pay nothing</b> per day for <b>days 1 through 100</b>	<b>You pay nothing</b> per day for <b>days 1 through 100</b>	<b>You pay nothing</b> per day for <b>days 1 through 100</b>	<b>You pay nothing</b> per day for <b>days 1 through 20;</b> <b>\$100 copay</b> per day for <b>days 21-100</b> Not to exceed <b>\$850</b> per admission.
<b>Physical therapy and speech and language therapy*</b>	<b>\$5 copay</b> per visit	<b>\$15 copay</b> per visit	<b>\$20 copay</b> per visit	<b>\$30 copay</b> per visit	<b>\$10 copay</b> per visit
<b>Ambulance†</b>	<b>\$100 copay</b> per one-way trip	<b>\$150 copay</b> per one-way trip	<b>\$195 copay</b> per one-way trip	<b>\$200 copay</b> per one-way trip	<b>\$235 copay</b> per one-way trip

# Part B Prescription Drug Benefits

	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
<p>How much do I pay?</p> <p>(Up to a 60-day supply)</p>	<ul style="list-style-type: none"> <li>For Part B drugs such as chemotherapy drugs: <b>\$0–\$40 copay</b>, depending on the drug</li> <li>Other Part B drugs: <b>\$0–\$40 copay</b>, depending on the drug</li> </ul> <p>The \$0 copay listed applies to certain clinically administered drugs and home dialysis drugs covered by Medicare Part B. The maximum copay applies to brand-name drugs covered by Medicare Part B.† Except you pay \$35 for Part B insulin drugs furnished through an item of DME</p>	<ul style="list-style-type: none"> <li>For Part B drugs such as chemotherapy drugs: <b>\$0–\$60 copay</b>, depending on the drug</li> <li>Other Part B drugs: <b>\$0–\$60 copay</b>, depending on the drug</li> </ul> <p>The \$0 copay listed applies to certain clinically administered drugs and home dialysis drugs covered by Medicare Part B. The maximum copay applies to brand-name drugs covered by Medicare Part B.† Except you pay \$35 for Part B insulin drugs furnished through an item of DME</p>	<ul style="list-style-type: none"> <li>For Part B drugs such as chemotherapy drugs: <b>\$0–\$60 copay</b>, depending on the drug</li> <li>Other Part B drugs: <b>\$0–\$60 copay</b>, depending on the drug</li> </ul> <p>The \$0 copay listed applies to certain clinically administered drugs and home dialysis drugs covered by Medicare Part B. The maximum copay applies to brand-name drugs covered by Medicare Part B.† Except you pay \$35 for Part B insulin drugs furnished through an item of DME</p>	<ul style="list-style-type: none"> <li>For Part B drugs such as chemotherapy drugs: <b>\$0–\$100 copay</b>, depending on the drug</li> <li>Other Part B drugs: <b>\$0–\$100 copay</b>, depending on the drug</li> </ul> <p>The \$0 copay listed applies to certain clinically administered drugs and home dialysis drugs covered by Medicare Part B. The maximum copay applies to brand-name drugs covered by Medicare Part B.† Except you pay \$35 for Part B insulin drugs furnished through an item of DME</p>	<ul style="list-style-type: none"> <li>For Part B drugs such as chemotherapy drugs: <b>\$0–\$75 copay</b>, depending on the drug</li> <li>Other Part B drugs: <b>\$0–\$75 copay</b>, depending on the drug</li> </ul> <p>The \$0 copay listed applies to certain clinically administered drugs and home dialysis drugs covered by Medicare Part B. The maximum copay applies to brand-name drugs covered by Medicare Part B.† Except you pay \$35 for Part B insulin drugs furnished through an item of DME</p>

## Medicare Part D prescription drug coverage†

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

- The Kaiser Permanente Senior Advantage plan you enroll in: High Option Senior Advantage 1, High Option Senior Advantage 2, Standard Option Senior Advantage 1, Standard Option Senior Advantage 2, and Prosper Senior Advantage.
- 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 **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 90 day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- When you get a 31- to 90 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 (deductible, initial coverage or catastrophic coverage stages).

### Deductible stage

Because we have no deductible, this payment stage does not apply to you and you start the year in the initial coverage stage.

## Initial coverage stage

You pay the copays and coinsurance shown in the chart below until you have spent **\$8,000** in 2024. If you spend **\$8,000** in 2024, you move on to the catastrophic coverage stage and your coverage changes.

### Initial Coverage

You may get your drugs at network retail pharmacies and mail order pharmacies. Not all drugs can be mailed.

Network Pharmacy Cost-Sharing	High Option Senior Advantage 1		High Option Senior Advantage 2		Standard Option Senior Advantage 1		Standard Option Senior Advantage 2		Prosper Senior Advantage	
	30-day supply	90-day mail order	30-day supply	90-day mail order	30-day supply	90-day mail order	30-day supply	90-day mail order	30-day supply	90-day mail order
<b>Preventive Maintenance</b>	Not Applicable	Not Applicable	Not Applicable	Not Applicable	\$5 copay	Not Applicable	\$5 copay	Not Applicable	\$5 copay	Not Applicable
<b>Generic</b>	\$5 copay	\$10 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$15 copay	\$30 copay
<b>Brand-name*</b>	\$20 copay	\$40 copay	\$40 copay	\$80 copay	\$40 copay	\$80 copay	\$40/ \$60 copay Preferred/ Non- preferred	\$80/ \$120 copay Preferred/ Non- preferred	\$50 copay	\$100 copay
<b>Specialty*</b>	\$40 copay	\$80 copay	\$60 copay	\$120 copay	\$60 copay	\$120 copay	\$100 copay	\$200 copay	\$75 copay	\$150 copay
<b>Vaccines*</b>	\$0	Not Applicable	\$0	Not Applicable	\$0	Not Applicable	\$0	Not Applicable	\$0	Not Applicable

\* For each insulin product covered by our plan, you will not pay more than **\$35** for a 30-day supply, **\$70** for a 31- to 60-day supply, and **\$105** for a 61- to 90-day supply of, regardless of the tier. For mail orders, you won't pay more than **\$35** for a 30-day supply, **\$70** for a 31- to 60-day supply, and **\$105** for a 61- to 90-day supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

\*\*Our plan covers most Part D vaccines at no cost to you.



## Catastrophic coverage stage

If you or others on your behalf spend **\$8,000** on your Part D prescription drugs in 2024, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay nothing for covered Part D drugs in 2024.

## 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 **Evidence of Coverage** for details.

## Additional benefits

Benefits & Premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
<b>Acupuncture not covered by Medicare</b>	<b>\$15 copay</b> per visit, up to 20 visits total	<b>Not covered</b>	<b>Not covered</b>	<b>Not covered</b>	<b>Not covered</b>
<b>In-Home Support</b> We cover up to 8 hours of non-medical, in-home support services every month to address assistance with ADLs and IADLs within the home.	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Non-emergent Transportation</b> Transportation (limited to 55 miles one-way) is either to or from a network provider when provided by our designated transportation provider.	<b>\$0</b> up to 20 one-way trips per calendar year	<b>\$0</b> up to 20 one-way trips per calendar year	<b>\$0</b> up to 20 one-way trips per calendar year	<b>\$0</b> up to 20 one-way trips per calendar year	<b>\$0</b> up to 20 one-way trips per calendar year
<b>Over the Counter (OTC) Items</b> We cover OTC items listed in our OTC catalog for free home delivery. You may order OTC items each quarter of the year	<b>\$70</b> quarterly benefit limit	<b>\$70</b> quarterly benefit limit	<b>\$70</b> quarterly benefit limit	<b>\$70</b> quarterly benefit limit	<b>\$70</b> quarterly benefit limit

<p>(January, April, July, October) up to the quarterly benefit limit shown in the right column. Each order must be at least <b>\$35</b>.</p> <p>To view our catalog and place an order online, please visit <a href="http://kp.org/otc/co">kp.org/otc/co</a>. You may place an order over the phone or request a printed catalog be mailed to you by calling 1-833-238-6616 (TTY 711), 6 a.m. to 5 p.m. MST, Monday through Friday.</p>					
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## Member discounts for products and services

Kaiser Permanente partners with leading companies to support your health, safety, and well-being — and offer substantial savings and discounts.

### Lively™ Mobile Plus

Get a personal emergency response system that provides 24/7 help with the push of a button. Receive a reduced one-time device fee and choice of two monthly service plans (coverage limits may apply). Visit [greatcall.com/KP](http://greatcall.com/KP) or call **1-800-205-6548 (TTY 711)** for more information.

### CareLinx

Kaiser Permanente has partnered with CareLinx to provide you with a discount for purchasing non-medical, in-home help with daily activities. Your caregiver can help you live an independent lifestyle in your own home by assisting with light housekeeping, meal preparation, companionship and more.

Visit [carelinx.com/kpco](http://carelinx.com/kpco) or call toll-free 1-844-636-4592 Monday-Friday, 7 a.m. – 6 p.m., and on weekends, 9 a.m. – 5 p.m.

### Comfort Keepers in-home care and assistance

In-home care services to help you maintain independence at home with everything from 24-hour care, respite, meal preparation, and light housekeeping. Receive a discount on all services and get a free in-home safety assessment. Visit [comfortkeepers.com/kaiser-permanente](http://comfortkeepers.com/kaiser-permanente) or call **1-800-611-9689 (TTY 711)** for more information.

### Mom's Meals healthy meal delivery

Getting the right nutrition is essential to achieving and maintaining good health. Receive delivery of refrigerated ready-to-heat-and-eat meals to homes nationwide. Crafted by chefs and registered dietitians, meals are medically tailored to support most major chronic conditions and overall wellness. Kaiser Permanente members enjoy discounted pricing and free shipping from Mom's Meals. Visit [momsmealsnc.com](http://momsmealsnc.com) or call **1-866-224-9483 (TTY 711)** for more information.

Kaiser Permanente members may continue to use or select these products or services from any company of their choice but Kaiser Permanente discounts are only available with the partner listed above. The products and services described above are neither offered nor guaranteed under our

contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Senior Advantage grievance process. BEST BUY HEALTH, GREATCALL, LIVELY and LINK are trademarks of Best Buy and its affiliated companies. ©2022 Best Buy. All rights reserved.

## Who can enroll

You can sign up for this plan if:

- Must be enrolled in Kaiser Permanente through the FEHB Program.
- 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. These are separate from the premiums you pay for your FEHB plan.)
- You're a citizen or lawfully present in the United States.
- You live in the Medicare service area for this plan, which is:
  - **Denver Metropolitan:** Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson and Park counties.
  - **Southern Colorado:** El Paso, Fremont, Pueblo and Teller counties.
  - **Northern Colorado:** Larimer and Weld counties.

## Coverage rules

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

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider Directory** and **Pharmacy Directory**. But there are exceptions to this rule. We also cover:
  - Care from plan providers in another Kaiser Permanente Region
  - Emergency care
  - Out-of-area dialysis care
  - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
  - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing
  - Routine care from a Colorado Permanente Medical Group (CPMG) physician at a Kaiser Permanente medical office in any of our Colorado service areas

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers. If you receive non-covered care or services, you must pay the full cost.

For details about coverage rules, including non-covered services (exclusions), see the **Evidence of Coverage**.

## Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. You aren't restricted to a particular plan facility or pharmacy, and we encourage you to use the plan facility or pharmacy that will be most convenient for you. To find our provider locations, see our **Provider Directory** or **Pharmacy Directory** at [kp.org/directory](http://kp.org/directory) or ask us to mail you a copy by calling Member Services at **1-800-476-2167**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).

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

## Your personal doctor

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

## Help managing conditions

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

## Notices

### Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.

If you have a complaint that's not about coverage, you can file a grievance with us. See the **Evidence of Coverage** for details about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

### Kaiser Foundation Health Plan

Kaiser Foundation Health Plan of Colorado 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](http://kp.org/privacy) to learn more.

## Helpful definitions (glossary)

### **Benefit period**

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

### **Calendar year**

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

### **Coinsurance**

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

### **Copay**

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

### **Deductible**

It's the amount you must pay for Medicare Part D drugs before you will enter the initial coverage stage.

### **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 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.

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**.

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

Kaiser Foundation Health Plan of Colorado  
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Denver, CO 80247

Kaiser Foundation Health Plan of Colorado  
A nonprofit corporation and Health Maintenance Organization (HMO)