

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** (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):
<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/> / <input type="text"/>	<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"/> - <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"/> / <input type="text"/>	<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"/> / <input type="text"/>	<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"/> / <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

## Medicare Advantage 2 Program Description

All plans offered and  
underwritten by  
Kaiser Foundation Health Plan  
of the Mid-Atlantic States, Inc.  
2101 East Jefferson St.  
Rockville, MD 20852

This booklet gives you details about the Medicare Advantage 2 Program offered by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. 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 the Mid-Atlantic States, Inc. When it says “program” or “our program,” it means Medicare Advantage 2. When this program description says “you,” it means the enrollee (sometimes called a subscriber, or Federal employee or annuitant).

We offer the Medicare Advantage 2 Program as part of our Federal Employees Health Benefits (FEHB) plan. The program rules are outlined in the FEHB brochure (RI 73-047), Section 9, Medicare Part B reimbursement program.

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

## Eligibility and enrollment

To enroll in Medicare Advantage 2:

- **You must be enrolled in Kaiser Permanente’s FEHB High Option** (enrollment codes: E31, E33, or E32) or **FEHB Standard Option** (enrollment codes: E34, E36, or E35).
  - 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 Medicare Advantage for Federal Members (HMO).**
  - If you are not enrolled in Medicare 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 Medicare Advantage member, you do not need to submit another Medicare Advantage Group Enrollment Form.
- **You also must complete and submit a Medicare Advantage 2 Enrollment Application.**

## Coverage

When you enroll in Medicare Advantage for Federal Members, you get all the benefits described in the FEHB brochure (RI 73-047) and the Kaiser Permanente Medicare Advantage for Federal Members (HMO) **Evidence of Coverage**.

By enrolling in Medicare Advantage 2, you and your covered dependents who are enrolled in Kaiser Permanente Medicare Advantage for Federal Members are 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 \$200 per month of the Medicare Part B premium, including 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 Medicare 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 Medicare 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 Medicare 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 on 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 the 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 Medicare 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 Medicare Advantage 2 enrollment:

- If you submit a written request to cancel Medicare Advantage 2
- If you or the Centers for Medicare & Medicaid Services (CMS) cancels your Medicare 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 Medicare Advantage for Federal Members within 3 months of enrollment in Medicare Advantage 2
- If you are disenrolled from Kaiser Permanente's FEHB High Option or Standard Option

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

Medicare 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 73-047). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure.

# 2024

# Summary of Benefits

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Kaiser Permanente Medicare Advantage (HMO) for Federal Members with Medicare Part D prescription drug coverage

High Option Medicare Advantage 1

High Option Medicare Advantage 2

Standard Option Medicare Advantage 1

Standard Option Medicare Advantage 2

Prosper Medicare Advantage



# About this Summary of Benefits

Thank you for considering Kaiser Permanente Medicare Advantage for Federal Members. You can use this **Summary of Benefits** to learn more about our plans. 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 Medicare Advantage for Federal members, High Option Medicare Advantage 1, High Option Medicare Advantage 2, Standard Option Medicare Advantage 1, Standard Option Medicare Advantage 2, and Prosper. 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 73-047) and Kaiser Permanente Medicare Advantage for Federal members **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](https://kp.org/feds) or request a copy from Member Services by calling **1-888-777-5536**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).

To receive the Kaiser Permanente Medicare Advantage for Federal Members benefits described in this Summary of Benefits, you must be enrolled in Kaiser Permanente through the FEHB Program. As a member of Kaiser Permanente Medicare Advantage 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 73-047). All FEHB benefits are subject to the definitions, limitations, and exclusions set forth in the FEHB brochure.

If you are already enrolled in a Kaiser Permanente Medicare Advantage plan for Federal Members and wish to switch to a different Kaiser Permanente Medicare Advantage plan for Federal Members, 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 **1-888-777-5536** (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	FEHB High Option	High Option Medicare Advantage 1	High Option Medicare Advantage 2	FEHB Standard Option	Standard Option Medicare Advantage 1	Standard Option Medicare Advantage 2	FEHB Prosper	Prosper Medicare Advantage
	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
<b>Monthly plan premium</b> 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.	You must pay your FEHB monthly contribution.	You must pay your FEHB monthly contribution  We will reimburse you up to \$200 per month for your Medicare Part B premium.	You must pay your FEHB monthly contribution.	You must pay your FEHB monthly contribution	You must pay your FEHB monthly contribution  We will reimburse you up to \$200 per month for your Medicare Part B premium.	You must pay your FEHB monthly contribution.	You must pay your FEHB monthly contribution
<b>Deductible</b>	None	None	None	None	None	None	\$100 per person up to \$200 per family	None
<b>Your maximum out-of-pocket responsibility</b>	\$2,250/ \$4,500  After your copayments and co-insurance	\$2,250/ \$4,500  After your copayments and co-insurance total	\$2,250/ \$4,500  After your copayments and co-insurance total \$2,250	\$3,500/ \$7,000  After your copayments and coinsurance total \$3,500	\$3,400/ \$7,000  After your copayments and coinsurance total \$3,400	\$3,400/ \$7,000  After your copayments and co-insurance total	\$4,000/ \$8,000  After your copayments and co-insurance	\$4,000/ \$8,000  After your copayments and co-insurance total

<b>Benefits and Premiums</b>	<b>FEHB High Option</b>	<b>High Option Medicare Advantage 1</b>	<b>High Option Medicare Advantage 2</b>	<b>FEHB Standard Option</b>	<b>Standard Option Medicare Advantage 1</b>	<b>Standard Option Medicare Advantage 2</b>	<b>FEHB Prosper</b>	<b>Prosper Medicare Advantage</b>
	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
	total \$2,250 per person or \$4,500 per family enrollment in any calendar year, you do not have to pay any more for certain covered services	\$2,250 per person or \$4,500 per family enrollment in any calendar year, you do not have to pay any more for certain covered services	per person or \$4,500 per family enrollment in any calendar year, you do not have to pay any more for certain covered services	per person or /\$7,000 per family enrollment in any calendar year, you do not have to pay any more for certain covered services	per person or /\$7,000 per family enrollment in any calendar year, you do not have to pay any more for certain covered services	\$3,400 per person or /\$7,000 per family enrollment in any calendar year, you do not have to pay any more for certain covered services	total \$4,000 per person or \$8,000 per family enrollment in any calendar year, you do not have to pay any more for certain covered services	\$4,000 per person or \$8,000 per family enrollment in any calendar year, you do not have to pay any more for certain covered services
<b>Inpatient hospital services *†</b> There is no limit to the number of medically necessary inpatient hospital days.	\$100 per admission, \$0 maternity	\$75 per benefit period, \$0 maternity	\$100 per benefit period, \$0 maternity	\$500 per admission, \$0 maternity	\$150 per benefit period, \$0 maternity	\$250 per benefit period, \$0 maternity	\$750 per admission after deductible	\$250 per benefit period
<b>Outpatient hospital services</b>	\$75 per visit	\$25 per visit	\$50 per visit	\$150 per visit	\$100 per visit	\$125 per visit	\$300 per visit after deductible	\$150 per visit
<b>Ambulatory Surgical Center (ASC)</b>	\$75 per visit	\$25 per visit	\$50 per visit	\$150 per visit	\$100 per visit	\$125 per visit	\$300 per visit after deductible	\$150 per visit

<b>Benefits and Premiums</b>	<b>FEHB High Option</b>	<b>High Option Medicare Advantage 1</b>	<b>High Option Medicare Advantage 2</b>	<b>FEHB Standard Option</b>	<b>Standard Option Medicare Advantage 1</b>	<b>Standard Option Medicare Advantage 2</b>	<b>FEHB Prosper</b>	<b>Prosper Medicare Advantage</b>
	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Doctor's Visits</b> - Primary Care	\$10/\$0 for children through age 4 per visit	\$0 per office visit	\$5 per office visit	\$20/\$0 for children through age 17	\$10 per office visit	\$15 per office visit	\$30/\$0 for children through age 4	\$20 per office visit
- Specialist*	\$20 per office visit	\$0 per office visit	\$15 per office visit	\$30 per office visit	\$10 per office visit	\$20 per office visit	\$40 per office visit	\$30 per office visit
<b>Preventive care*</b> Please see the EOC for details.	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
<b>Emergency Care</b> We cover emergency care anywhere in the world.	\$100 per emergency department visit	\$75 per emergency department visit	\$75 per emergency department visit	\$150 per emergency department visit	\$75 per emergency department visit	\$90 per emergency department visit	\$150 after deductible per emergency department visit	\$90 per emergency department visit
<b>Urgently needed services</b> We cover urgent care anywhere in the world	\$20 per office visit	\$0 per office visit	\$15 per office visit	\$30 per office visit	\$10 per office visit	\$20 per office visit	\$40 per office visit	\$30 per office visit
<b>Diagnostic services, lab, and imaging*</b> - Lab tests	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
- X-rays	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	\$40 per procedure	\$40 per radiology visit



<b>Benefits and Premiums</b>	<b>FEHB High Option</b>	<b>High Option Medicare Advantage 1</b>	<b>High Option Medicare Advantage 2</b>	<b>FEHB Standard Option</b>	<b>Standard Option Medicare Advantage 1</b>	<b>Standard Option Medicare Advantage 2</b>	<b>FEHB Prosper</b>	<b>Prosper Medicare Advantage</b>
	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
- Diagnostic tests and procedures (like EKG and ultrasound)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
- Other imaging procedures (like MRI, CT, and PET)	\$75 per procedure	\$0 per procedure	\$0 per procedure	\$100 per procedure	\$50 per procedure	\$50 per procedure	\$100 per procedure after deductible	\$100 per procedure
<b>Hearing services*</b> Exams to diagnose and treat hearing and balance issues	\$10 per office visit or \$20 per office visit with a specialist	\$0 per office visit	\$0 per office visit	\$20 per office visit or \$30 per office visit with a specialist	\$10 per office visit	\$20 per office visit	\$30 per office visit or \$40 per office visit with a specialist	\$30 per office visit
<b>Hearing aids</b>  -Adults over age 19	Not covered	If your hearing aid costs more than \$750 per ear, every three years, you pay the difference	Not covered	Not covered	If your hearing aid costs more than \$500 per ear, every three years, you pay the difference	Not covered	Not covered	Not covered
-Children under age 19	Children through age 19 pay \$0 for hearing aids. Limited to one hearing aid per ear	Children through age 19 pay \$0 for hearing aids. Limited to one hearing aid per ear	Children through age 19 pay \$0 for hearing aids. Limited to one hearing aid per ear every 36 months.	Children through age 19 pay \$0 for hearing aids. Limited to one hearing aid per ear every 36 months.	Children through age 19 pay \$0 for hearing aids. Limited to one hearing aid per ear every 36 months.	Children through age 19 pay \$0 for hearing aids. Limited to one hearing aid per ear every 36 months.	Children through age 19 pay \$0 for hearing aids. Limited to one hearing aid per ear	Children through age 19 pay \$0 for hearing aids. Limited to one hearing aid per ear

<b>Benefits and Premiums</b>	<b>FEHB High Option</b>	<b>High Option Medicare Advantage 1</b>	<b>High Option Medicare Advantage 2</b>	<b>FEHB Standard Option</b>	<b>Standard Option Medicare Advantage 1</b>	<b>Standard Option Medicare Advantage 2</b>	<b>FEHB Prosper</b>	<b>Prosper Medicare Advantage</b>
	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
	every 36 months.	every 36 months.					every 36 months.	every 36 months.
<b>Dental services</b>  Preventive dental coverage	\$30 per office visit	\$30 per office visit	\$30 per office visit	\$30 per office visit	\$30 per office visit	\$30 per office visit	Not covered	\$30 per office visit
<b>Vision services</b> - Visits to diagnose and treat diseases and conditions of the eye	\$10 per office visit with an optometrist or \$20 with an ophthalmologist	\$0 per office visit	\$5 per office visit with an optometrist or \$15 with an ophthalmologist	\$20 per office visit with an optometrist or \$30 with an ophthalmologist	\$10 per office visit	\$15 per office visit with an optometrist or \$20 with an ophthalmologist	\$30 per office visit with an optometrist or \$40 with an ophthalmologist	\$20 per office visit with an optometrist or \$30 with an ophthalmologist
- Routine eye exams	\$10 per office visit with an optometrist or \$20 with an ophthalmologist	\$0 per office visit	\$5 per office visit with an optometrist or \$15 with an ophthalmologist	\$20 per office visit with an optometrist or \$30 with an ophthalmologist	\$10 per office visit	\$15 per office visit with an optometrist or \$20 with an ophthalmologist	\$30 per office visit with an optometrist or \$40 with an ophthalmologist	\$20 per office visit with an optometrist or \$30 with an ophthalmologist
- Preventive glaucoma screening	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
- Eyeglasses or contact lenses after cataract surgery	NA	20% of the cost	20% of the cost	NA	20% of the cost	20% of the cost	NA	20% of the cost

<b>Benefits and Premiums</b>	<b>FEHB High Option</b>	<b>High Option Medicare Advantage 1</b>	<b>High Option Medicare Advantage 2</b>	<b>FEHB Standard Option</b>	<b>Standard Option Medicare Advantage 1</b>	<b>Standard Option Medicare Advantage 2</b>	<b>FEHB Prosper</b>	<b>Prosper Medicare Advantage</b>
	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<p>- Eyeglass lenses and frames</p> <p>OR</p> <p>- Contact lenses</p>	<p>All charges in excess of \$100 for eyeglasses or \$50 for contact lenses package every 12 months.</p> <p>Children through age 19 pay \$0 for eyeglasses or regular contact lenses.</p>	<p>All charges in excess of \$100 for eyeglasses or \$50 for contact lenses package every 12 months.</p> <p>Children through age 19 pay \$0 for eyeglasses or regular contact lenses.</p>	<p>All charges in excess of \$100 for eyeglasses or \$50 for contact lenses package every 12 months.</p> <p>Children through age 19 pay \$0 for eyeglasses or regular contact lenses.</p>	<p>All charges in excess of \$100 for eyeglasses or \$50 for contact lenses package every 12 months.</p> <p>Children through age 19 pay \$0 for eyeglasses or regular contact lenses.</p>	<p>All charges in excess of \$100 for eyeglasses or \$50 for contact lenses package every 12 months.</p> <p>Children through age 19 pay \$0 for eyeglasses or regular contact lenses.</p>	<p>All charges in excess of \$100 for eyeglasses or \$50 for contact lenses package every 12 months.</p> <p>Children through age 19 pay \$0 for eyeglasses or regular contact lenses.</p>	<p>All charges in excess of \$100 for eyeglasses or \$50 for contact lenses package every 12 months.</p> <p>Children through age 19 pay \$0 for eyeglasses or regular contact lenses.</p>	<p>All charges in excess of \$100 for eyeglasses or \$50 for contact lenses package every 12 months.</p> <p>Children through age 19 pay \$0 for eyeglasses or regular contact lenses.</p>
<p><b>Mental health services</b></p> <p>- Outpatient group therapy</p>	<p>\$5 per office visit, \$0 for children through age 4 per visit</p>	<p>\$0 per office visit</p>	<p>\$0 per office visit</p>	<p>\$10 per office visit, \$0 for children through age 17 per visit</p>	<p>\$10 per office visit</p>	<p>\$10 per office visit</p>	<p>\$15 per office visit, \$0 for children through age 4 per visit</p>	<p>\$15 per office visit</p>
<p>- Outpatient individual therapy</p>	<p>\$10 per office visit, \$0 for children through age 4 per visit</p>	<p>\$0 per office visit</p>	<p>\$0 per office visit</p>	<p>\$20 per office visit, \$0 for children through age 17 per visit</p>	<p>\$10 per office visit</p>	<p>\$15 per office visit</p>	<p>\$30 per office visit, \$0 for children through age 4 per visit</p>	<p>\$20 per office visit</p>

Benefits and Premiums	FEHB High Option	High Option Medicare Advantage 1	High Option Medicare Advantage 2	FEHB Standard Option	Standard Option Medicare Advantage 1	Standard Option Medicare Advantage 2	FEHB Prosper	Prosper Medicare Advantage
	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
-Inpatient mental health	\$100 per admission	\$75 per benefit period	\$100 per benefit period	\$500 per admission	\$150 per benefit period	\$250 per benefit period	\$750 per admission after deductible	\$250 per benefit period
<b>Skilled nursing facility†</b>	\$100 per admission covered up to 100 days per calendar year	\$0 per benefit period <b>Limited to 100 days per benefit period in a plan contracted facility</b>	\$0 per benefit period <b>Limited to 100 days per benefit period in a plan contracted facility</b>	\$500 admission covered up to 100 days per calendar year	\$0 per benefit period <b>Limited to 100 days per benefit period in a plan contracted facility</b>	\$0 per benefit period <b>Limited to 100 days per benefit period in a plan contracted facility</b>	\$750 per admission after deductible covered up to 100 days per calendar year	\$0 per benefit period <b>Limited to 100 days per benefit period in a plan contracted facility</b>
<b>Physical therapy*</b>	\$20 per office visit  Limited to up to 30 visits per condition, per year	\$0 per office visit.  Unlimited number of visits as medically necessary	\$15 per office visit.  Unlimited number of visits as medically necessary	\$30 per office visit  Limited to up to 30 visits per condition, per year	\$10 per office visit.  Unlimited number of visits as medically necessary	\$20 per office visit.  Unlimited number of visits as medically necessary	\$40 per office visit  Limited to up to 30 visits per condition, per year	\$30 per office visit.  Unlimited number of visits as medically necessary
<b>Ambulance</b>	Nothing	Nothing	Nothing	\$100 per trip	\$50 per one-way trip	\$100 per one-way trip	\$100 per trip after deductible	\$100 per one-way trip
<b>Trans- portation</b> See the EOC for details.	Not covered	\$0 for 24 one-way trips per calendar year	\$0 for 24 one-way trips per calendar year	Not covered	\$0 for 24 one-way trips per calendar year	\$0 for 24 one-way trips per calendar year	Not covered	\$0 for 24 one-way trips per calendar year

Benefits and Premiums	FEHB High Option	High Option Medicare Advantage 1	High Option Medicare Advantage 2	FEHB Standard Option	Standard Option Medicare Advantage 1	Standard Option Medicare Advantage 2	FEHB Prosper	Prosper Medicare Advantage
	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
<b>Medicare Part B drugs †</b> Medicare Part B drugs are covered when you get them from a network provider. See the <b>EOC</b> for details. - Up to a 30-day supply from a plan pharmacy		\$3.50 copay for generic drugs \$20 copay for brand- name drugs	\$7 copay for generic drugs \$20 copay for brand- name drugs		\$10 copay for generic drugs \$30 copay for brand- name drugs	\$10 copay for generic drugs \$30 copay for brand- name drugs		\$10 copay for generic drugs \$35 copay for brand- name drugs
- Drugs that must be administered by a health care professional		Nothing	Nothing		Nothing	Nothing		Nothing

## Medicare Part D prescription drug coverage†

The amount you pay for drugs differs depending upon:

- The Kaiser Permanente Medicare Advantage plan you enroll in (High Option Medicare Advantage 1, High Option Medicare Advantage 2, Standard Option Medicare Advantage 1, Standard Option Medicare Advantage 2, or Prosper Medicare Advantage).
- The tier that 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 **1-888-777-5536** (TTY **711**), seven days a week, 8 a.m. to 8 p.m.
- The day supply 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.
- The type of network pharmacy that fills your prescription (preferred pharmacy, standard pharmacy, or our mail-order pharmacy). See the **Pharmacy Directory** for our list of network pharmacies at [kp.org/directory](http://kp.org/directory).
- The coverage stage you are in (deductible, initial, 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 following copays and coinsurance shown in the chart below at preferred pharmacies unless you pay **\$8,000** in 2024. If you spend \$8,000 in 2024, you move on to the catastrophic coverage stage and your coverage changes.

Tier	FEHB High Option	High Option Medicare Advantage 1	High Option Medicare Advantage 2	FEHB Standard Option	Standard Option Medicare Advantage 1	Standard Option Medicare Advantage 2	FEHB Prosper	Prosper Medicare Advantage
	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY		YOU PAY	YOU PAY
<b>Tier 1</b> (preferred generic)	\$7 up to a 30-day supply	\$3.50 up to a 30-day supply	\$7 up to a 30-day supply	\$10 up to a 30-day supply	\$10 up to a 30-day supply	\$10 up to a 30-day supply	\$10 up to a 30-day supply	\$10 up to a 30-day supply
<b>Tier 2</b> (generic)		\$3.50 up to a 30-day supply	\$7 up to a 30-day supply		\$10 up to a 30-day supply	\$10 up to a 30-day supply		\$10 up to a 30-day supply
<b>Tier 3*</b> (preferred brand name drugs)	\$30 for up to a 30-day supply	\$20 for up to a 30-day supply	\$20 for up to a 30-day supply	\$40 for up to a 30-day supply	\$30 for up to a 30-day supply	\$35 for up to a 30-day supply	\$45 for up to a 30-day supply	\$35 for up to a 30-day supply
<b>Tier 4*</b> (nonpreferred brand name drugs)	\$45 for up to a 30-day supply	\$20 for up to a 30-day supply	\$20 for up to a 30-day supply	\$60 for up to a 30-day supply	\$30 for up to a 30-day supply	\$45 for up to a 30-day supply	\$65 for up to a 30-day supply	\$35 for up to a 30-day supply
<b>Tier 5*</b> (specialty tier)	\$100 for up to a \$30 supply	\$75 up to a 30-day supply	\$100 up to a 30-day supply	\$150 up to a 30-day supply	\$125 up to a \$30 day supply	\$150 up to a 30 day supply	\$200 for up to a \$30 supply	\$150 for up to a \$30 supply
<b>Tier 6**</b> (vaccines)		\$0	\$0		\$0	\$0		\$0

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

When you get a 31- to 90-day supply of drugs in Tiers 1-4, 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 90-day supply from one of our retail pharmacies, you pay 3 copays.
- If you get a 61- to 90-day supply from our mail-order pharmacy, you pay 2 copays.

## Catastrophic coverage

If you or others on your behalf spend **\$8,000** on your Part D prescription drugs in 2024, you'll enter the catastrophic coverage state. Most people never reach this stage, but if you do, you will 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 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

### The Silver&Fit® Healthy Aging and Exercise Program<sup>1</sup>

Silver&Fit	You pay
<p>We've included the following with your Kaiser Permanente Medicare health plan:</p> <ul style="list-style-type: none"><li>• Fitness center membership—Reshape your life with membership at a local participating Silver&amp;Fit fitness center. Visit <b>SilverandFit.com</b> to find a fitness center near you.</li><li>• Digital Fitness Choices and Home Fitness Tools – Members may select one<sup>2</sup> Home Fitness Kit per calendar year. Choose from Wearable Fitness Tracker, Pilates, Strength, Swin, and Yoga Kit options. This benefit also includes access to digital workout videos, The Get Started Program, Healthy Aging educational materials, newsletters, online classes, and other helpful features.</li></ul> <p>For more information about the Silver&amp;Fit program, visit <b>SilverandFit.com</b>.</p> <p><sup>1</sup>The Silver&amp;Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&amp;Fit is a registered trademark of ASH and used with permission herein. All programs and services are not available in all areas. Participating fitness centers and fitness chains may vary by location and are subject to change.</p> <p><sup>2</sup>Kits are subject to change and once selected cannot be exchanged.</p>	Nothing

# 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](https://greatcall.com/KP) or call **1-800-205-6548** (TTY **711**) for more information.

## **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](https://comfortkeepers.com/kaiser-permanente) or call **1-800-611-9689** (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/kaiserpermanente-affinity](https://carelinx.com/kaiserpermanente-affinity) or call toll-free **1-855-271-2656** 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](https://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](https://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 Medicare 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 are eligible for membership if you:

- Must be enrolled in Kaiser Permanente through the FEHB Program.
- You have Medicare Part A and Medicare Part B or Medicare 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 live in the service area for this plan, which is:
  - The District of Columbia
  - These counties in Maryland: Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, Howard, Montgomery, and Prince George's
  - These zip codes in Calvert County, MD: 20639, 20678, 20689, 20714, 20732, 20736, and 20754
  - These zip codes in Charles County, MD: 20601–04, 20607, 20612–13, 20616–17, 20637, 20640, 20643, 20645–46, 20658, 20675, 20677, and 20695
  - These zip codes in Frederick County, MD: 20842, 20871, 21701–05, 21709–10, 21714, 21716–18, 21754–55, 21757–59, 21762, 21769–71, 21774–77, 21787, 21790, and 21791–93
  - These counties in Virginia: Arlington, Fairfax, Loudoun, Prince William, Spotsylvania, and Stafford
  - These independent cities in Virginia: Alexandria, Falls Church, Fairfax, Fredericksburg, Manassas, and Manassas Park

## 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

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 services that aren't covered (exclusions) see the **Evidence of Coverage**.

## Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, 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 **1-888-777-5536 (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 help you coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You must choose one of our available plan providers to be your personal doctor. You can change your doctor at any time and for any reason. You can choose to change your doctor by calling Member Services or at [kp.org/doctor](http://kp.org/doctor).

## 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 the Mid-Atlantic States, Inc. is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Medicare Advantage.

### Privacy

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

## **Evidence of Coverage**

A document that explains in detail your plan benefits and how your plan works.

## **Maximum out-of-pocket responsibility**

The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the year.

## **Medically necessary**

Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

## **Non-plan provider**

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

## **Plan**

Kaiser Permanente Medicare Advantage for Federal Members

## **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.

**Preferred pharmacy**

A plan pharmacy where you can get your prescriptions at preferred copays. These pharmacies are usually located at plan medical offices (see the **Pharmacy Directory** for locations). The amount you pay at these pharmacies is less than you pay at other plan pharmacies that only offer standard copays, which are referred to in this document as standard pharmacies.

**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.

**Standard pharmacy**

A plan pharmacy where you can get your prescriptions at standard copays. These pharmacies aren't usually located at plan medical offices (see the **Pharmacy Directory** for locations). The amount you pay at these pharmacies is more than you pay at plan pharmacies that only offer preferred copays, which are referred to in this document as preferred pharmacies.

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 **1-888-777-5536 (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 2101 East Jefferson Street, Rockville, MD 20852 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 Hum Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 1-800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



**Multi-Language Insert**  
**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-888-777-5536 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-888-777-5536 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-888-777-5536 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-888-777-5536 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-888-777-5536 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-888-777-5536 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-888-777-5536 (TTY 711)**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-888-777-5536** (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-888-777-5536** (TTY 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-888-777-5536** (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-888-777-5536** (TTY 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-888-777-5536** (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-888-777-5536** (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-888-777-5536** (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-888-777-5536 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-888-777-5536 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-888-777-5536 (TTY 711)** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



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

Have questions?

Please call Member Services at **1-888-777-5536** (TTY  
**711**) toll free Seven days a week, 8 a.m. to 8 p.m.

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



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