

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**.

Colorado Region	1-800-476-2167	Washington Region (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)) 1-800-581-8252 (to speak to a licensed sales specialist Monday - Friday, 8:00 a.m. to 5:00 p.m.), or call Member Services at 1-888-901-4600 , 7 days a week, 8 a.m. to 8 p.m.
Georgia Region	1-800-232-4404	
Mid-Atlantic States Region	1-888-777-5536	
Northwest Region (NW Oregon, SW Washington, and Lane County, OR)	1-877-221-8221	

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

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

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

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

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.

FEHB enrollee's signature or authorized representative*

Today's date (mm/dd/yyyy)

 / /

*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
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 Washington
1300 SW 27th Street
Renton, WA 98057

This booklet gives you details about the Medicare Advantage 2 and High Option Medicare Choice programs offered by Kaiser Foundation Health Plan of Washington. This is an important legal document, so 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 Washington. When it says “programs” or “our programs,” it means Medicare Advantage 2 and High Option Medicare Choice. When this program description says “you,” it means the enrollee (sometimes called a subscriber, federal employee, or annuitant).

We offer the Medicare Advantage 2 and High Option Medicare Choice programs as part of our Federal Employees Health Benefits (FEHB) plan. The program rules are outlined in the FEHB brochure (73-012), Section 9, Medicare Part B reimbursement program.

The Medicare Advantage 2 and High Option Medicare Choice programs are designed to reimburse you for a portion of the monthly Medicare Part B premium you pay. This document explains how you may enroll and disenroll from Medicare Advantage 2 and High Option Medicare Choice programs, as well as how we will reimburse you.

Eligibility and enrollment

To enroll in Medicare Advantage 2:

You must be enrolled in Kaiser Permanente’s FEHB High Option (enrollment codes: 541, 542, and 543) or **Standard Option** (enrollment codes: 544, 545, and 546).

- 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** or call your employing agency or retirement office. Annuitants can contact the Retirement Information Center at **1-888-767-6738** (TTY **711**), Monday through Friday, 7:40 a.m. to 5 p.m. Eastern time.
- **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 **1-800-581-8252** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m.
- If you are already a Medicare Advantage member, you do not need to submit another Medicare Advantage Group Election Request Form.
- **You also must complete and submit a Medicare Advantage 2 Enrollment Application.**

To be enrolled in High Option Medicare Choice:

- **You must be enrolled in Kaiser Permanente FEHB High Option** (enrollment codes 541, 542, and 543).
 - 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** or call your employing agency or retirement office. Annuitants can contact the Retirement Information Center at **1-888-767-6738** or (TTY **711**), Monday through Friday, 7:40 a.m. to 5 p.m. Eastern time.
- You must be enrolled in Medicare Parts A and B.
- You must reside **outside** of our Medicare Advantage service area, which includes the following counties and partial counties: Grays Harbor (ZIP codes: 98541, 98557, 98559, and 98568), Island, King, Kitsap, Lewis, Mason (ZIP codes: 98524, 98528, 98546, 98548, 98555, 98584, 98588, and 98592), Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom.
- We will automatically enroll you in Medicare Choice, so you don’t need to submit an additional enrollment form.

Medicare Part B premium reimbursement:

To receive your reimbursement on Medicare Advantage 2:

- You don’t have to provide any additional paperwork to receive your reimbursement. We’ll automatically send your reimbursement each month. You may receive your first reimbursement within 30 to 60 days depending on the day of the month that you enrolled in Medicare Advantage 2. If you do not receive your first reimbursement

within 30 to 60 days, please contact HealthEquity. You'll receive subsequent reimbursements on or around the first of each month that you remain eligible and enrolled in Medicare Advantage 2.

To receive your reimbursement on High Option Medicare Choice:

- You must provide proof that you pay your Part B reimbursement to get reimbursed
- You must fill out a reimbursement request form and return it to HealthEquity by:
 - Uploading and submitting it through your online account at **HealthEquity.com**
 - Mailing it to HealthEquity, Attn: Reimbursement Accounts, PO Box 14374, Lexington, KY 40512
 - Faxing it to **1-801-999-7929** (make sure to include a cover sheet)

Coverage

When you enroll in Medicare Advantage for Federal Members, you get all the benefits described in the FEHB brochure (73-012) and the Kaiser Permanente Medicare Advantage for Federal Members (HMO) Evidence of Coverage.

By enrolling in the Medicare Advantage 2 program, you and your covered eligible dependents are also enrolled in Kaiser Permanente Medicare Advantage for Federal Members. This means you'll be eligible to receive a reimbursement of \$150 per month for your Medicare Part B premium if you're enrolled in High Option or Standard Option.

If you're enrolled in High Option and are eligible for Medicare Choice, you and your covered eligible dependents who also have Medicare Parts A and B will be eligible to receive a reimbursement of \$50 each month for your Medicare Part B premium.

The reimbursement is solely available to reimburse you or your covered eligible dependent for your Medicare Part B premium payments.

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 plan.

The reimbursement is administered by Health Equity, Inc. It will not be held in trust for you or your dependents; it will not be held in a bank account that belongs to you or your dependents; and it will not earn interest.

If you receive a reimbursement for your Medicare Part B premium and you're later denied eligibility for the reimbursement, then you must refund the reimbursement to Kaiser Permanente to comply with IRS requirements and avoid tax penalties.

Reimbursement of your Medicare Part B premium is available beginning on the effective date of your enrollment in Medicare Advantage 2 or in High Option Medicare Choice. We will send your reimbursement each month by mail or direct deposit. Your first reimbursement may take approximately 30 to 60 days to process.

Disenrollment

We will cancel Medicare Advantage 2 or High Option Medicare Choice enrollment if:

- You submit a written request to cancel Medicare Advantage 2.
- You or the Centers for Medicare & Medicaid Services (CMS) cancels your Medicare Advantage for Federal Members enrollment for any reason, including if you don't pay Medicare Part B premiums.
- You're 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, Medicare Advantage 1 plan, or High Option Medicare Choice plan.

Medicare Advantage 2 and Medicare Choice are offered as part of the FEHB Program. Before making a final decision, please read the FEHB brochure (73-012). All benefits are subject to the definitions, limitations, and exclusions set forth in the brochure.

January 1–December 31, 2024

2024 Summary of Benefits

Kaiser Permanente Medicare Advantage (HMO) 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 Medicare Advantage

About this Summary of Benefits

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

- Benefits and costs
- Additional benefits
- Who can enroll
- Coverage rules
- Getting care

For definitions of some of the terms used in this booklet, see the glossary at the end.

For more details

This document is a summary of 5 Kaiser Permanente Medicare Advantage plans 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 Medicare 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 73-012) and Kaiser Permanente Medicare 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 kpwa.memberdoc.com or request a copy from Member Services by calling **1-888-901-4600**, 7 days a week, 8 a.m. to 8 p.m. (TTY 711).

To receive the Kaiser Permanente Medicare 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 Medicare 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 73-012). 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 Medicare Advantage plans and wish to switch to a different Kaiser Permanente Medicare 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 **1-888-901-4600** (TTY 711).
- 7 days a week, 8 a.m. to 8 p.m.

What's covered and what it costs

*Your plan provider may need to provide a referral.

†Prior authorization may be required.

Benefits and premiums	High Option		Standard Option		Prosper Option
	Medicare Advantage 1	Medicare Advantage 2	Medicare Advantage 1	Medicare Advantage 2	Medicare Advantage
Monthly plan premium 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. ‡We will reimburse up to \$150 per month for your Medicare Part B premium.	You must pay your FEHB monthly contribution.	You must pay your FEHB monthly contribution. ‡We will reimburse up to \$150 per month for your Medicare Part B premium.	You must pay your FEHB monthly contribution.
Deductible	None	None	None	None	None
Your maximum out-of-pocket responsibility	\$1,000	\$2,000	\$1,000	\$3,000	\$5,000
Inpatient hospital coverage*† There's no limit to the number of medically necessary inpatient hospital days.	\$0 copay per admit	\$100 copay per admit	\$100 copay per admit	\$250 copay per admit	\$350 copay per admit up to \$1,050
Outpatient hospital coverage	\$0 copay per surgery	\$75 copay per surgery	\$50 copay per surgery	\$100 copay per surgery	\$200 copay per surgery

Benefits and premiums	High Option		Standard Option		Prosper Option
	Medicare Advantage 1	Medicare Advantage 2	Medicare Advantage 1	Medicare Advantage 2	Medicare Advantage
Ambulatory Surgery Center (ASC)	\$0 copay per surgery	\$75 copay per surgery	\$50 copay per surgery	\$100 copay per surgery	\$200 copay per surgery
Doctor's visits <ul style="list-style-type: none"> Primary care providers 	\$0 copay per visit	\$15 copay per visit	\$10 copay, \$0 for children per visit	\$20 copay, \$0 for children per visit	\$10 copay per visit
<ul style="list-style-type: none"> Specialists* 	\$0 copay per visit	\$15 copay per visit	\$10 copay per visit	\$25 copay per visit	\$35 copay per visit
Preventive care* See the EOC for details.	\$0	\$0	\$0	\$0	\$0
Emergency care We cover emergency care anywhere in the world.	\$50 copay per emergency department visit	\$65 copay per emergency department visit	\$50 copay per emergency department visit	\$65 copay per emergency department visit	\$125 copay per emergency department visit
Urgently needed services We cover urgent care anywhere in the world.	\$0 copay per visit per office visit	\$10 copay per visit per office visit	\$10 copay per visit, \$0 copay for children per primary care visit	\$20 copay per visit primary care, \$0 copay for children per visit / \$25 copay per visit specialty care	\$10 copay per visit primary care / \$35 copay per visit specialty care
Diagnostic services, lab, and imaging* <ul style="list-style-type: none"> Lab tests 	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
<ul style="list-style-type: none"> Diagnostic tests and procedures (like EKG) 	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$50 copay per visit
<ul style="list-style-type: none"> X-rays 	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$50 copay per visit
<ul style="list-style-type: none"> Other imaging procedures (like MRI, CT, and PET) 	\$0 copay per procedure	\$0 copay per procedure	\$0 copay per procedure	\$0 copay per procedure	\$150 copay per procedure

Benefits and premiums	High Option		Standard Option		Prosper Option
	Medicare Advantage 1	Medicare Advantage 2	Medicare Advantage 1	Medicare Advantage 2	Medicare Advantage
<ul style="list-style-type: none"> • Ultrasounds 	\$0 copay per ultrasound	\$0 copay per ultrasound	\$0 copay per ultrasound	\$0 copay per ultrasound	\$50 copay per ultrasound
Hearing services* <ul style="list-style-type: none"> • Exams to diagnose and treat hearing and balance issues • Routine hearing exams 	\$0 copay per visit	\$15 copay per visit	\$10 copay per visit, \$0 copay for children per primary care visit	\$20 copay per visit primary care, \$0 copay for children per visit / \$25 copay per visit specialty care	\$10 copay per visit primary care / \$35 copay per visit specialty care
<ul style="list-style-type: none"> • Hearing aids allowance (per 36 month period) 	If your hearing aids cost more than \$3,000 per ear , you pay the difference.	If your hearing aids cost more than \$3,000 per ear , you pay the difference.	If your hearing aids cost more than \$3,000 per ear , you pay the difference.	If your hearing aids cost more than \$3,000 per ear , you pay the difference.	If your hearing aids cost more than \$3,000 per ear , you pay the difference.
Dental services Preventive and comprehensive dental coverage	Not covered	Not covered	Not covered	Not covered	Not covered
Vision services <ul style="list-style-type: none"> • Visits to diagnose and treat eye diseases and conditions 	You pay \$0 copay per office visit	You pay \$15 copay per office visit	You pay \$10 copay per office or \$0 copay for children per primary care visit	You pay \$20 copay per office visit with an optometrist or \$25 copay with an ophthalmologist, \$0 copay for children	You pay \$10 copay per office visit with an optometrist or \$35 copay with an ophthalmologist
<ul style="list-style-type: none"> • Routine eye exams 	\$0 copay per visit	\$15 copay per visit	\$10 copay , \$0 copay for children per primary care visit	\$20 copay primary care, \$0 copay for children / \$25 copay specialty care	\$10 copay primary care / \$35 copay specialty care

Benefits and premiums	High Option		Standard Option		Prosper Option
	Medicare Advantage 1	Medicare Advantage 2	Medicare Advantage 1	Medicare Advantage 2	Medicare Advantage
<ul style="list-style-type: none"> Preventive glaucoma screening 	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
<ul style="list-style-type: none"> Eyeglasses or contact lenses after cataract surgery 	\$0 up to Medicare's limit, but you pay any amounts beyond that limit.	\$0 up to Medicare's limit, but you pay any amounts beyond that limit.	\$0 up to Medicare's limit, but you pay any amounts beyond that limit.	\$0 up to Medicare's limit, but you pay any amounts beyond that limit.	\$0 up to Medicare's limit, but you pay any amounts beyond that limit.
<ul style="list-style-type: none"> Other eyewear every 24 months 	If your eyewear costs more than \$100 , you pay the difference.	Not covered	If your eyewear costs more than \$100 , you pay the difference.	Not covered	Not covered
Mental health services <ul style="list-style-type: none"> Inpatient mental health 	\$0 copay per admission	\$100 copay per admission	\$100 copay per admission	\$250 copay per admission	\$350 copay per day up to \$1,050
<ul style="list-style-type: none"> Outpatient group therapy 	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
<ul style="list-style-type: none"> Outpatient individual therapy 	\$0 copay per visit	\$15 copay per visit	\$10 copay , \$0 copay for children per visit	\$20 copay , \$0 copay for children per visit	\$10 copay per visit
Skilled nursing facility† We cover up to 100 days per benefit period.	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit	\$0 copay per visit
Physical therapy* Note: You pay \$0 for services provided in a CORF +1/2 copay for group visit	\$0 copay per visit	\$15 copay per visit	\$10 copay per visit, \$0 copay for children primary care per visit	\$20 copay per visit primary care, \$0 copay for children primary care per visit / \$25 copay specialty care per visit	\$10 copay primary care per visit / \$35 copay specialty care per visit

Benefits and premiums	High Option		Standard Option		Prosper Option
	Medicare Advantage 1	Medicare Advantage 2	Medicare Advantage 1	Medicare Advantage 2	Medicare Advantage
Up to 60 visits (combined with rehabilitation)					
Ambulance	\$0 copay per one-way trip	10% coinsurance	\$0 copay per one-way trip	10% coinsurance up to \$100 per one-way trip	20% coinsurance
Transportation	\$0 for 6 round trips	\$0 for 6 round trips	\$0 for 6 round trips	\$0 for 6 round trips	\$0 for 6 round trips
Medicare Part B drugs† A limited number of Medicare Part B drugs are covered when you get them from a plan provider. See the EOC for details. <ul style="list-style-type: none"> • Drugs that must be administered by a health care professional 	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Outpatient prescription drug tier					
Value Tier (VBID)	Not applicable	Not applicable	Not applicable	30-day supply \$5 copay 90-day mail order supply \$10 copay	30-day supply \$5 copay 90-day mail order supply \$10 copay
Tier 1 (Preferred generic)	30-day supply \$20 copay 90-day mail order \$40 copay	30-day supply \$20 copay 90-day mail order \$40 copay	30-day supply \$3 copay 90-day mail order \$6 copay	30-day supply \$20 copay 90-day mail order \$40 copay	30-day supply \$20 copay 90-day mail order \$40 copay
Tier 2 (Preferred brand)	30-day supply \$40 copay 90-day mail order \$80 copay	30-day supply \$40 copay 90-day mail order \$80 copay	30-day supply \$30 copay 90-day mail order \$60 copay	30-day supply \$40 copay 90-day mail order \$80 copay	30-day supply \$60 copay 90-day mail order \$120 copay
Tier 3 (Nonpreferred generic and brand)	30-day supply \$60 copay 90-day mail order \$120 copay	30-day supply \$60 copay 90-day mail order \$120 copay	30-day supply \$40 copay 90-day mail order \$80 copay	30-day supply \$60 copay 90-day mail order \$120 copay	30-day supply \$100 copay 90-day mail order \$200 copay
Tier 4 (Preferred specialty)	30-day supply 25% up to \$200	30-day supply 25% up to \$200	30-day supply 25% up to \$200	30-day supply 25% up to \$200	30-day supply 35% up to \$300
Tier 5 (Nonpreferred specialty)	30-day supply 50% up to \$500	30-day supply 50% up to \$500	30-day supply 50% up to \$500	30-day supply 50% up to \$500	30-day supply 50% up to \$500
Alternative care					
Acupuncture	\$0/8 visits	\$15/8 visits	\$10, \$0 for children/ 8 visits	\$20, \$0 for children/ 8 visits	\$10/8 visits
Naturopathy care	\$0/3 visits	\$15/3 visits	\$10, \$0 for children for primary care/ 3 visits	\$20, \$0 for children for primary care or \$25 specialty care/ 3 visits	\$10 primary care or \$35 specialty care/ 3 visits
Non-spinal chiropractic care	\$0/20 visits	\$15/20 visits	\$10, \$0 for children for primary care/ 20 visits	\$20, \$0 for children for primary care or \$25 specialty care/ 20 visits	\$10 primary care or \$35 specialty care/ 20 visits

<p>Massage therapy† From a licensed massage therapist Up to 60 visits (combined with rehabilitation)</p>	\$0 /visit	\$15 /visit	\$10, \$0 for children for primary care/visit	\$20, \$0 for children for primary care or \$25 specialty care/visit	\$10 primary care or \$35 specialty care/visit
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Additional benefits

Fitness benefit – The Silver&Fit® Program is available to you as a member	You pay
<p>Fitness benefit – Silver&Fit® Healthy Aging and Exercise Program</p> <p>You pay no additional cost for a Standard network fitness center membership in the Silver&Fit program. You can select one Home Fitness Kit per calendar year from many Home Fitness Kits to help you stay fit at home. An expanded network of fitness centers is included as part of your standard fitness center access. (Fees may apply for some select fitness locations in the expanded network.)</p> <p>Visit kp.org/SilverandFit or call Silver&Fit Customer Service at 1-877-750-2746 (TTY 711), Monday through Friday, 5 a.m. to 6 p.m.</p> <p>The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. Participating fitness centers and fitness chains may vary by location and are subject to change.</p>	\$0 copay

Who can enroll

You can sign up for this plan if:

- You are enrolled in Kaiser Permanente through the FEHB Program.
- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay 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 includes Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom. Our service area includes these parts of counties in the state of Washington: Grays Harbor, the following ZIP codes only 98541, 98557, 98559, and 98568; Mason, the following ZIP codes only 98524, 98528, 98546, 98548, 98555, 98584, 98588, and 98592.

Coverage rules

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

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider 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 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 or ask us to mail you a copy by calling Member Services at **1-888-901-4600**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).

The 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.

Help managing conditions

If you have more than one 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 Washington is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Medicare Advantage.

Notice of nondiscrimination

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

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

If you need these services, contact Member Services at **1-888-901-4636 (TTY 711)**.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance by mail, phone, or online at **kp.org/wa/feedback**. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201
- 1-800-368-1019, 1-800-537-7697 (TDD)
- Complaint forms are available at www.hhs.gov/ocr/office/file/index.html Privacy

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

Helpful definitions (glossary)

Allowance

A dollar amount you can use to help pay for items and services.

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 Medicare 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](https://www.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**.

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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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、**1-888-901-4600 (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。

kp.org/feds

Kaiser Foundation Health Plan of Washington
1300 SW 27th St.
Renton, WA 98057

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

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