

Group & FEHB Enrollment Form

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



KAISER PERMANENTE®

kp.org/medicare

IMPORTANT INFORMATION – Read all pages of the enrollment form before signing

Completing and returning this form is your first step to becoming a Kaiser Permanente Medicare health plan member sponsored by your former employer. If you and your spouse are both applying, you will each need to complete a separate form. If you have any questions concerning benefits and services that are provided by or excluded under this agreement, or for help completing this form, call Member Services, seven days a week, between 8 a.m. and 8 p.m., toll free at **1-888-777-5536**, or **TTY 711** before signing this form.

ELIGIBILITY

You may not enroll in a Kaiser Permanente Medicare health plan if you currently have End-Stage Renal Disease (ESRD) unless:

- You are a member of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. in good standing and were diagnosed with ESRD during your current membership,
- You had a successful kidney transplant 36 or more months ago, or
- You do not need regular dialysis anymore.

Please attach a note or records from your doctor if items b or c above applies to you.

FOR KAISER PERMANENTE MEDICARE PLUS (COST) MEMBERS: We need verification that you are enrolled in Medicare Part B and that you live within our Kaiser Permanente Medicare health plan service area for us to enroll you.

FOR KAISER PERMANENTE MEDICARE ADVANTAGE (HMO) MEMBERS: We need verification that you are enrolled in Medicare Part A and Medicare B and that you live within our Kaiser Permanente Medicare health plan service area for us to enroll you.

HOW TO FILL OUT THIS FORM

- Remove the perforated tab at the top of the page and separate all pages BEFORE filling out the form. Fill out the form completely and **keep the pink copy** for your records. **Mail the white and yellow copies** to Kaiser Permanente in the enclosed postage-paid envelope; OR if so instructed, return the application to your group's benefits administrator.
 - Answer all questions and print your answers using black or blue ink. Fill in check boxes with an X.
 - Sign the form on page 6 and date it. **Make sure you've read all the pages before you sign.**
 - Keep the pink copy for your records.
 - Mail the completed form to Kaiser Permanente in the enclosed postage-paid envelope: OR if so instructed return the application to your group's benefits administrator.
- Do not drop off your application at a Kaiser Permanente Medical Center** as this may delay your enrollment.

When we receive your application, we will verify your eligibility. Upon acceptance, we will send you a letter that tells you the date your coverage becomes effective. Later, we will send your Kaiser Permanente Medicare health plan identification card. You should not disenroll from any Medicare supplemental plan or Medigap or Medicare Select Plan until you receive written notification from us confirming that Medicare has approved your enrollment.

Name

Kaiser Permanente Medical Record Number

A. To Enroll in a Kaiser Permanente Medicare health plan, Please Provide the Following Information:

Please indicate your requested enrollment effective date (mm/dd/yyyy) / /

LAST Name:

Mr. Mrs. Ms.

FIRST Name:

Middle Initial:

Gender:

M F

Phone Number:

- -

Birth Date: (mm/dd/yyyy)

/ /

Permanent Residence Street Address:

City:

County:

State:

ZIP Code:

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

Street Address:

City:

State:

ZIP Code:

E-mail Address:

Name of Employer providing retiree health benefits:

Under Medicare regulations, a Medicare beneficiary can be enrolled in only one Medicare health plan or Medicare Prescription Drug Plan at a time. If you currently have Kaiser Permanente coverage through more than one employer or trust fund, you must choose only one of these coverages for your Medicare health plan. Your other employer may allow you to maintain your non-Medicare coverage as well. We suggest that you contact the benefit administrators at each of your employers or trust funds to understand the employer or trust fund coverage that you are entitled to before you make a decision about which coverage to choose for your Medicare health plan.

Warning MD residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Name

Warning VA residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may have violated the state law.

B. 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.

You must have Medicare Part B to join a Medicare Cost plan. You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Name (as it appears on your Medicare card):

Medicare Number:

Is Entitled To Hospital (Part A) Effective Date: / /

Medical (Part B) / /

C. Please read and answer these important questions:

1. Do you have End-Stage Renal Disease (ESRD)? Yes No
 If you answered "yes" to this question and you do not need regular dialysis anymore, or have had a successful kidney transplant, **please attach a note or records** from your doctor showing you do not need dialysis or have had a successful kidney transplant.

2. Do you or your spouse work? Yes No

Will you have health coverage through your or your spouse's current or former employer in addition to this Medicare plan? Yes No

If "yes," please provide the following information or attach a copy of both sides of your health insurance card:

Employer Name

Employer Address

Policy Holder Name

Policy Number

Name of other coverage

Effective Date (mm/dd/yyyy) / /

Name

3. Are you enrolled in your State Medicaid program? Yes No

If "yes," please provide your Medicaid number

4. Some individuals may have other drug coverage, including other private insurance such as through an employer or spouse's employer, TRICARE, Federal Employee health benefits coverage, VA benefits or State Pharmaceutical Assistance Programs.

Do you or will you have other prescription drug coverage in addition to Kaiser Permanente? Yes No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage or provide a copy of your prescription drug card:

Name of other coverage	ID # for this coverage	Group # for this coverage
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Have you ever been or are you now a Kaiser Permanente member?

Yes, current member Yes, previous member No

If yes, please list medical record number

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

If "yes," please provide the following information:

Name of institution:

Address of institution (number and street):

Phone number: - -

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

Braille Spanish

Please contact Kaiser Permanente at **1-888-777-5536** if you need information in accessible format or language other than what is listed above. Our office hours are seven days a week, 8 a.m. to 8 p.m. TTY users should call **711**.

Name **D. Please Read the following and Sign on Page 7:**

By completing this enrollment application, I agree to the following:

For Medicare Plus members: Kaiser Permanente Medicare Plus is a Medicare health plan and I will need to keep my Medicare Part B. I can be in only one Medicare health plan at a time. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I know I may disenroll from this plan at any time by sending a written request to Kaiser Permanente or by calling **1-800-MEDICARE, (1-800-633-4227)** anytime, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

For Medicare Advantage members: Kaiser Permanente is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can be in only 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 or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15–December 7 of every year), or under certain special circumstances.

For Medicare Plus and Medicare Advantage FEHB members only: I understand if I disenroll from Kaiser Permanente Medicare Plus or Medicare Advantage for Federal Employees, it means ending my membership in Kaiser Permanente Medicare Plus or Medicare Advantage but continuing to be a member of Kaiser Permanente through the Federal Employees Health Benefits Program (FEHBP). I will continue to receive care from Kaiser Permanente plan providers (although my copays and coinsurance will change). If I wish to discontinue my membership in Kaiser Permanente FEHBP, I must contact my employing office or retirement office to find out how to change to a different FEHBP health plan.

Kaiser Permanente Medicare health plans serve a specific service area. If I move out of the area that my Kaiser Permanente Medicare health plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. I understand that, if I am already a member of a non-Medicare Kaiser Permanente Individual plan, this application does not automatically disenroll me from the plan in which I am enrolled. I will need to place my intent to disenroll from my current Kaiser Permanente plan in writing.

Once I am a member of a Kaiser Permanente Medicare health plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the *Evidence of Coverage* document from Kaiser Permanente when I receive it to know which rules I must follow in order to receive coverage with this Medicare health plan.

Name **FOR RESIDENTS OF VIRGINIA, AND FREDERICK, CARROLL AND CALVERT COUNTIES IN MD:**

I understand that beginning on the date Kaiser Permanente Medicare Plus coverage begins, I must get all of my health care from Kaiser Permanente, except for emergency or urgently-needed services, all of my health care must be provided or arranged by Kaiser Permanente Medicare Plus. If I obtain services not provided or arranged by the plan, I will be responsible for all Medicare deductibles and coinsurance, as well as any additional charges as prescribed by the Medicare program. I may also be liable for charges not covered by Medicare.

FOR RESIDENTS OF ANNE ARUNDEL, BALTIMORE, CHARLES, HOWARD, HARFORD, MONTGOMERY, PRINCE GEORGE'S COUNTIES IN MD, THE CITY OF BALTIMORE, AND THE DISTRICT OF COLUMBIA:

I understand that beginning on the date Kaiser Permanente Medicare 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 Kaiser Permanente 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.

Medicare beneficiaries are generally not covered under Medicare while out of the country except for limited coverage in Canada and Mexico. Services authorized by Kaiser Permanente and other services contained in my Kaiser Permanente Medicare health plan *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this extra help, contact your local Social Security office, or call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also apply for extra help online at **www.socialsecurity.gov/prescriptionhelp**.

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 is 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 any misrepresentation of information may void my membership and benefits retroactively to the date Kaiser Permanente benefits began and Kaiser Permanente has the right to pursue payment for services rendered. I will be entitled to a refund of paid premiums from the date of coverage being voided or rescinded.

Name

I understand that my signature (or the signature of the person authorized to act on my behalf under State law 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 by Kaiser Permanente or by Medicare.

Your Signature:

Today's Date: / /

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

Name:

Address:

Phone Number: - -

Relationship to Enrollee:

Office Use Only:

Name of Staff member (if assisted in enrollment):

Plan ID#

PBP# H2150-801 H2150-805 H2150-806 H2150-807
 H2150-017 H2150-030 H2172-802 H2172-805

Group Number Subgroup Number

Employer Subsidy Group Yes No

Part D Group Yes No

IEP AEP SEP (type)

You must continue to pay your Part B premium. In the District of Columbia, Kaiser Permanente is an HMO plan with a Medicare contract. In Maryland, Kaiser Permanente is a Cost plan and an HMO plan with a Medicare contract. In Virginia, Kaiser Permanente is a Cost plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

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 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 <http://www.hhs.gov/ocr/office/file/index.html>.



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Multi-language Interpreter Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-888-777-5536** (TTY: **711**).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-777-5536** (TTY: **711**).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-777-5536** (TTY: **711**)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-777-5536** (TTY: **711**).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-777-5536** (TTY: **711**).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-777-5536** (TTY: **711**)번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-777-5536** (телетайп: **711**).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-888-777-5536** (TTY: **711**) まで、お電話にてご連絡ください。

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-888-777-5536** (TTY: **711**).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-777-5536** (TTY: **711**) पर कॉल करें।

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-888-777-5536** (መስማት ለተሳናቸው: **711**)።

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1-888-777-5536 تماس بگیرید.

Arabic

ملحوظة: إذا كنت تتحدث اذکر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-777-5536 (رقم هاتف الصم والبكم: -711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-777-5536 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-777-5536 (ATS : 711).

Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-777-5536 (TTY: 711).

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-777-5536 (TTY: 711).

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-777-5536 (TTY: 711).

Bengali

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-888-777-5536 (TTY: 711)।

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-888-777-5536 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-777-5536 (TTY: 711).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-777-5536 (TTY: 711).

2019

Summary of Benefits

Kaiser Permanente Medicare Plus (Cost) for Federal Members Basic, Standard and High Options with Medicare Part D prescription drug coverage

Kaiser Permanente Medicare Advantage (HMO) for Federal Members Basic, Standard and High Options with Medicare Part D prescription drug coverage

About this Summary of Benefits

Thank you for considering Kaiser Permanente Medicare Health Plan 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
- 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 three Kaiser Permanente Medicare health plans for Federal members, Basic, Standard and High 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 73-047) and Kaiser Permanente Medicare health plan for Federal members **Evidence of Coverage (EOC)**, which we'll send you after you enroll. If you'd like to see it before you enroll, you can view it online at kp.org/feds or request a copy from Member Services by calling **1-888-777-5536**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).

To receive the Kaiser Permanente Medicare Health Plan for Federal Members benefits described in this Summary of Benefits, you must be enrolled in Kaiser Permanente through the FEHB Program and meet the eligibility requirements described in your FEHB brochure (RI 73-047). As a member of Kaiser Permanente Medicare Health Plan 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 Health Plan for Federal Members and wish to switch to a different Kaiser Permanente Medicare Health 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.

Summary of Benefits

*Your plan provider may need to provide a referral

†Prior authorization may be required.

Benefits	FED High Option YOU PAY	FED/Medicare Plus High Option YOU PAY	FED Standard Option YOU PAY	FED/Medicare Plus Standard Option YOU PAY	FED Basic Option YOU PAY	FED/Medicare Plus Basic Option YOU PAY
<p>Monthly plan premium</p> <p>You must continue to pay your Medicare Part B premium and any other applicable Medicare premium(s), if not otherwise paid by Medicaid or another third party.</p>	<p>You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for membership in Kaiser Permanente Medicare Health Plan for Federal Members.</p>	<p>You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for membership in Kaiser Permanente Medicare Health Plan for Federal Members.</p>	<p>You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for membership in Kaiser Permanente Medicare Health Plan for Federal Members.</p>	<p>You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for membership in Kaiser Permanente Medicare Health Plan for Federal Members.</p>	<p>You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for membership in Kaiser Permanente Medicare Health Plan for Federal Members.</p>	<p>You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for membership in Kaiser Permanente Medicare Health Plan for Federal Members.</p>
Deductible	None.	None.	None.	None.	\$100 per person up to \$200 per family	None.

Benefits	FED High Option YOU PAY	FED/Medicare Plus High Option YOU PAY	FED Standard Option YOU PAY	FED/Medicare Plus Standard Option YOU PAY	FED Basic Option YOU PAY	FED/Medicare Plus Basic Option YOU PAY
<p>Your maximum out-of-pocket responsibility</p> <p>The amount you pay for premiums, Medicare Part D drugs, and certain services does not apply to this maximum (see the Evidence of Coverage for details).</p>	<p>\$2,250/\$4,500</p> <p>After your copayments and coinsurance 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</p>	<p>\$2,250/\$4,500</p> <p>After your copayments and coinsurance 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</p>	<p>\$3,500/\$7,000</p> <p>After your copayments and coinsurance total \$3,500 per person or \$7,000 per family enrollment in any calendar year, you do not have to pay any more for certain covered services</p>	<p>\$3,400/\$7,000</p> <p>After your copayments and coinsurance total \$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</p>	<p>\$4,000/\$8,000</p> <p>After your copayments and coinsurance 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</p>	<p>\$4,000/\$8,000</p> <p>After your copayments and coinsurance 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</p>
<p>Inpatient hospital coverage *†</p>	<p>\$100 per admission \$0 maternity</p>	<p>\$75 per benefit period</p>	<p>\$500 per admission \$0 maternity</p>	<p>\$150 per benefit period</p>	<p>\$750 per admission after deductible</p>	<p>\$250 per benefit period</p>
<p>Doctor's visits</p> <ul style="list-style-type: none"> Primary care 	<p>\$10/\$0 for children through age 4 per visit</p>	<p>You pay \$0 per office visit.</p>	<p>\$20/\$0 for children through age 17 per visit</p>	<p>\$10/\$0 for children through age 17 per visit</p>	<p>\$30/\$0 for children through age 17 per visit</p>	<p>\$20/\$0 for children through age 17 per visit</p>

Benefits	FED High Option YOU PAY	FED/Medicare Plus High Option YOU PAY	FED Standard Option YOU PAY	FED/Medicare Plus Standard Option YOU PAY	FED Basic Option YOU PAY	FED/Medicare Plus Basic Option YOU PAY
<ul style="list-style-type: none"> Specialty care* 	You pay \$20 per office visit.	You pay \$0 per office visit	You pay \$30 per office visit.	You pay \$10 per office visit	You pay \$40 per office visit.	You pay \$30 per office visit.
Preventive care* Please see the EOC to learn which services are covered.	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.
Emergency care Our plan covers emergency care anywhere in the world.	You pay \$100 per Emergency Department visit.	You pay \$75 per Emergency Department visit.	You pay \$150 per Emergency Department visit.	You pay \$75 per Emergency Department visit.	You pay \$150 after deductible per Emergency Department visit.	You pay \$100 per Emergency Department visit.
Urgently needed services Our plan covers urgent care anywhere in the world.	You pay \$20 per office visit.	You pay \$0 per office visit.	You pay \$30 per office visit.	You pay \$10 per office visit.	You pay \$40 per office visit.	You pay \$30 per office visit.

Benefits	FED High Option YOU PAY	FED/Medicare Plus High Option YOU PAY	FED Standard Option YOU PAY	FED/Medicare Plus Standard Option YOU PAY	FED Basic Option YOU PAY	FED/Medicare Plus Basic Option YOU PAY
Diagnostic services, lab, and imaging* • Lab tests	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.
• X-rays	You pay nothing	You pay nothing	You pay nothing	You pay nothing	\$40 per procedure	\$40 per radiology visit
• Diagnostic tests and procedures (such as EKG)	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.	You pay nothing.
• Other imaging procedures (such as MRI, CT, and PET)	You pay \$75 per procedure	You pay \$0 per procedure	You pay \$100 per procedure	You pay \$50 per procedure	\$100 per procedure after the deductible	You pay \$100 per procedure

Benefits	FED High Option YOU PAY	FED/Medicare Plus High Option YOU PAY	FED Standard Option YOU PAY	FED/Medicare Plus Standard Option YOU PAY	FED Basic Option YOU PAY	FED/Medicare Plus Basic Option YOU PAY
Hearing services* Exams to diagnose and treat hearing and balance issues	You pay \$10 per office visit.	You pay \$0 per office visit.	You pay \$20 per office visit.	You pay \$10 per office visit.	You pay \$30 per office visit.	You pay \$30 per office visit.
Dental services Preventive and comprehensive dental coverage	You pay \$30 per visit	You pay \$30 per visit	You pay \$30 per visit	You pay \$30 per visit	Not covered	You pay \$30 per visit
Vision services • Visits to diagnose and treat diseases and conditions of the eye	You pay \$20 per visit in a specialty care department.	You pay \$0 per office visit with an optometrist or \$0 with an ophthalmologist	You pay \$30 per visit in a specialty care department.	You pay \$10 per office visit with an optometrist or \$10 with an ophthalmologist	You pay \$40 per visit in a specialty care department.	You pay \$20 per office visit with an optometrist or \$30 with an ophthalmologist

Benefits	FED High Option YOU PAY	FED/Medicare Plus High Option YOU PAY	FED Standard Option YOU PAY	FED/Medicare Plus Standard Option YOU PAY	FED Basic Option YOU PAY	FED/Medicare Plus Basic Option YOU PAY
<ul style="list-style-type: none"> Routine eye exams 	<p>You pay \$10 per office visit with an optometrist or \$20 with an ophthalmologist</p>	<p>You pay \$0 per office visit.</p>	<p>You pay \$20 per office visit with an optometrist or \$30 with an ophthalmologist</p>	<p>You pay \$10 per office visit.</p>	<p>You pay \$30 per office visit with an optometrist or \$40 with an ophthalmologist</p>	<p>You pay \$20 per office visit with an optometrist and \$30 with an ophthalmologist</p>
<ul style="list-style-type: none"> Preventive glaucoma screening 	<p>You pay nothing.</p>	<p>You pay nothing.</p>	<p>You pay nothing.</p>	<p>You pay nothing.</p>	<p>You pay nothing.</p>	<p>You pay nothing.</p>

Benefits	FED High Option YOU PAY	FED/Medicare Plus High Option YOU PAY	FED Standard Option YOU PAY	FED/Medicare Plus Standard Option YOU PAY	FED Basic Option YOU PAY	FED/Medicare Plus Basic Option YOU PAY
<ul style="list-style-type: none"> • Eyeglasses or contact lenses after cataract surgery 	N/A	20% of the cost	N/A	20% of the cost	N/A	20% of the cost
<ul style="list-style-type: none"> • Eyeglasses lenses and frames 	75% of allowance	75% of allowance	75% of allowance	75% of allowance	75% of allowance	75% of allowance
<ul style="list-style-type: none"> • Contact lenses 	75% of allowance	75% of allowance	75% of allowance	75% of allowance	75% of allowance	75% of allowance
Mental Health Services <ul style="list-style-type: none"> • Outpatient group therapy 	You pay \$5 per office visit, \$0 for children through age 4 per visit.	You pay \$0 per office visit.	You pay \$10 per office visit, \$0 for children through age 17 per visit.	You pay \$10 per office visit.	You pay \$15 per office visit, \$0 for children through age 17 per visit.	You pay \$15 per office visit.
<ul style="list-style-type: none"> • Outpatient individual therapy 	You pay \$10 per office visit, \$0 for children through age 4 per visit.	You pay \$0 per office visit.	You pay \$20 per office visit, \$0 for children through age 17 per visit.	You pay \$10 per office visit.	You pay \$30 per office visit, \$0 for children through age 17 per visit.	You pay \$20 per office visit.

Benefits	FED High Option YOU PAY	FED/Medicare Plus High Option YOU PAY	FED Standard Option YOU PAY	FED/Medicare Plus Standard Option YOU PAY	FED Basic Option YOU PAY	FED/Medicare Plus Basic Option YOU PAY
Skilled Nursing Facility†	<ul style="list-style-type: none"> \$100 per admission covered up to 100 days per calendar year. 	<ul style="list-style-type: none"> \$0 copay if Original Medicare would cover the stay \$75 copay for a medically necessary admission of Original Medicare would not cover the stay <p>There is a limit of 100 days for each benefit period</p>	<ul style="list-style-type: none"> \$500 admission covered up to 100 days per calendar year 	<ul style="list-style-type: none"> \$0 copay if Original Medicare would cover the stay \$150 copay for a medically necessary admission of Original Medicare would not cover the stay <p>There is a limit of 100 days for each benefit period</p>	<ul style="list-style-type: none"> \$750 per admission after deductible covered up to 100 days per calendar year. 	<ul style="list-style-type: none"> \$0 copay if Original Medicare would cover the stay \$250 copay for a medically necessary admission of Original Medicare would not cover the stay <p>There is a limit of 100 days for each benefit period</p>

Benefits	FED High Option YOU PAY	FED/Medicare Plus High Option YOU PAY	FED Standard Option YOU PAY	FED/Medicare Plus Standard Option YOU PAY	FED Basic Option YOU PAY	FED/Medicare Plus Basic Option YOU PAY
Physical Therapy*	You pay \$20 per office visit. Limited to up to 30 visits per condition, per year.	You pay \$0 per office visit. Unlimited number of visits as medically necessary	You pay \$30 per office visit. Limited to up to 30 visits per condition, per year.	You pay \$10 per office visit. Unlimited number of visits as medically necessary	You pay \$40 per office visit. Limited to up to 30 visits per condition, per year.	You pay \$30 per office visit. Unlimited number of visits as medically necessary
Ambulance	You pay nothing.	You pay nothing.	\$100 per service	\$50 per one-way trip	\$100 per service after deductible per one-way trip	\$100 per one-way trip

<p>Medicare Part B drugs†</p> <p>A limited number of Medicare Part B drugs are covered when you get them from a network provider. See the EOC for details.</p> <ul style="list-style-type: none"> • Drugs that must be administered by a health care professional • Up to a 30-day supply from a plan pharmacy 	<p>Deductible: \$0</p> <p>30-day supply (up to a 90-day supply for three copayments from a Plan pharmacy or through our mail order program for two copayments.)</p> <p>\$7 generic; 30 preferred brand; \$45 non-preferred brand; \$100 specialty</p>	<p>\$0 copay</p> <ul style="list-style-type: none"> • \$3.50 copay for generic drugs • \$20 copay for brand-name drugs 	<p>Deductible: \$0</p> <p>30-day supply (up to a 90-day supply for three copayments from a Plan pharmacy or through our mail order program for two copayments.)</p> <p>\$10 generic; \$40 preferred brand; \$60 non-preferred brand; \$150 specialty</p>	<p>\$0 copay</p> <ul style="list-style-type: none"> • \$10 copay for generic drugs • \$30 copay for brand-name drugs 	<p>Deductible: \$0</p> <p>30-day supply (up to a 90-day supply for three copayments from a Plan pharmacy or through our mail order program for two copayments.)</p> <p>\$10 generic; \$45 preferred brand; \$65 non-preferred brand; \$200 specialty</p>	<p>\$0 copay</p> <ul style="list-style-type: none"> • \$10 copay for generic drugs • \$35 copay for brand-name drugs
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January 1, 2019–December 31, 2019

Kaiser Permanente Medicare Plus is a Cost plan offered by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

This document is a summary of what we cover and what you pay. It does not include all plan rules, benefits, limitations, and exclusions. For complete details, please refer to both your FEHB brochure (RI 73-047) and Kaiser Permanente Medicare plus **Evidence of Coverage (EOC)**, which we will send you after you enroll. If you would like to review the **EOC** before you enroll, you can view it online at **kp.org/feds** or request a copy from Member Services by calling **1-888-777-5536**, seven days a week, 8 a.m. to 8 p.m. (TTY **711**).

To receive the Kaiser Permanente Medicare Plus benefits described in this **Summary of Benefits**, you must be enrolled in Kaiser Permanente through the FEHB Program and meet the eligibility requirements described in your FEHB brochure (RI 73-047). As a member of Kaiser Permanente Medicare Plus (Cost) 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 one of our Kaiser Permanente Medicare Plus plans and wish to switch to a different Kaiser Permanente Medicare Plus 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.

Medicare Part D prescription drug coverage†

The amount you pay for drugs differs depending upon the following:

- The drug tier that your drug is in. There are a total of six tiers, please refer to our Part D formulary to locate your drug's tier on our website at kp.org/seniorrx or call Member Services to request a copy at **1-888-777-5536**, seven days a week, 8 a.m. to 8 p.m. (TTY **711**).
- The day supply you receive.
- The type of network pharmacy that fills your prescription (preferred retail pharmacy, standard retail pharmacy, or our mail-order pharmacy). See the **Pharmacy Directory** for our list of network pharmacies at kp.org/directory.
- The coverage stage you are in (initial or catastrophic coverage stages).

Initial Coverage Stage

You pay the following copays and coinsurance shown in the chart below at network pharmacies unless you pay **\$5,100** in a calendar year, in which case, you will enter the Catastrophic Coverage Stage and your copays will change (please refer to the Medicare Plus **Evidence of Coverage** for more information).

Tier	FED High Option YOU PAY (up to a 30-day supply)	FED/Medicare Plus High Option YOU PAY (up to a 30-day supply)	FED Standard Option YOU PAY (up to a 30-day supply)	FED/Medicare Plus Standard Option YOU PAY (up to a 30-day supply)	FED Basic Option YOU PAY (up to a 30-day supply)	FED/Medicare Plus Basic Option YOU PAY (up to a 30-day supply)
Tiers 1 (preferred generic)	\$7 up to a 30 day supply	\$3.50 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
Tier 2 (Generic)		\$3.50 up to a 30 day supply		\$10 up to a 30 day supply		\$10 up to a 30 day supply

Tiers 3 (preferred brand-name drugs)	\$30 up to a 30 day supply	\$20 up to a 30 day supply	\$40 up to a 30 day supply	\$30 up to a 30 day supply	\$45 up to a 30 day supply	\$35 up to a 30 day supply
Tiers 4 (nonpreferred brand-name drugs)	\$45 up to a 30 day supply	\$20 up to a 30 day supply	\$60 up to a 30 day supply	\$30 up to a 30 day supply	\$65 up to a 30 day supply	\$35 up to a 30 day supply
Tier 5 (Specialty Tier)	\$100 up to a 30 day supply	\$75 up to a 30 day supply	\$150 up to a 30 day supply	\$125 up to a 30 day supply	\$200 up to a 30 day supply	\$150 up to a 30 day supply from a preferred pharmacy
Tier 6 (Vaccines)		\$0		\$0		\$0

You can get up to a **90-day supply** for many drugs (a 90-day supply is not available for all drugs):

- You will pay 3x the 30-day copay for up to a 90 day supply of of generic or brand-name drugs filled at a plan pharmacy or affiliated network pharmacy. You may pay lower cost-sharing by using our mail service delivery program.
- Many drugs can be mailed to you through our network mail-order pharmacy (not all drugs can be mailed).

If you reside in a long-term care facility, you pay the same as at an affiliated network retail pharmacy.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$5,100**, you pay \$2 for generic drugs and \$8 for brand-name drugs and \$0 for vaccines.

Long-term care 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 plan pharmacy and you can get up to a 31-day supply. If you get covered Part D drugs from a non-plan pharmacy, you pay the same as at a 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.

Who can enroll

You are eligible for membership if you:

- Must be enrolled in Kaiser Permanente through the FEHB Program and meet the eligibility requirements described in your FEHB brochure (RI 73-047).
- Have both Medicare Part A and Medicare Part B or Medicare Part B only.
- Are a citizen or lawfully present in the United States.
- Do not have end-stage renal disease (ESRD), with limited exceptions, such as if you developed ESRD when you were already a member of one of our plans or you were a member of a different plan that was terminated.
- You live in the service area for this plan.

The Kaiser Permanente Medicare Advantage (HMO) service area for this plan includes the District of Columbia and these cities and counties in Maryland: The City of Baltimore, Anne Arundel County, Baltimore County, Harford County, Howard County, Montgomery County, and Prince George's County. Also, our service area includes these parts of counties in Maryland, in the following ZIP codes only:

Charles County: 20601, 20602, 20603, 20604, 20612, 20616, 20617, 20637, 20640, 20643, 20646, 20658, 20675, 20677, and 20695.

The Kaiser Permanente Medicare Plus (Cost) service area includes these cities and counties: Maryland: Carroll County; Virginia: The cities of Falls Church, Fairfax, Alexandria, Manassas, and Manassas Park; the counties of Arlington, Fairfax, Prince William, and Loudoun. Also, our service area includes these parts of counties in Maryland, in the following ZIP codes only:

Calvert County: 20639, 20678, 20689, 20714, 20732, 20736, and 20754.

Frederick County: 21701, 21702, 21703, 21704, 21705, 21709, 21710, 21714, 21716, 21717, 21718, 21754, 21755, 21758, 21759, 21762, 21769, 21770, 21771, 21774, 21775, 21777, 21790, 21792, and 21793.

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 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.

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. 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 **1-888-777-5536**, 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 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 or change your doctor by calling Member Services or at **kp.org**.

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.

Kaiser Foundation Health Plan

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. is a nonprofit corporation with a Medicare Cost plan called Kaiser Permanente Medicare Plus 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** to learn more.

In the District of Columbia, Kaiser Permanente is an HMO plan with a Medicare contract. In Maryland, Kaiser Permanente is a Cost plan and an HMO plan with a Medicare contract. In Virginia, Kaiser Permanente is a Cost 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.

This information is not a complete description of benefits. Call **1-888-777-5536** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m., for more information.

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**.

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 Health Plan 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 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

 Please recycle.