Kaiser Permanente

2021
Summary of Benefits

Kaiser Permanente Medicare Advantage (HMO) Group plan

Plan F with D for persons with Medicare Parts A & B

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
A nonprofit corporation

KAISER PERMANENTE®

H2172_EG_20_136

About this Summary of Benefits

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

- Benefits and costs
- Part D prescription drugs
- Who can enroll
- Coverage rules
- Getting care

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

For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which we'll notify you how to view online. If you'd like to see it before you enroll, please ask your group benefits administrator for a copy.

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

January 1, 2021–December 31, 2021

This document is a summary and does not include all plan rules, benefits, limitations, and exclusions. For complete details, please refer to the **Evidence of Coverage (EOC)**, which we'll notify you how to view online. If you would like to review the **EOC** before you enroll, please ask your group benefits administrator for a copy.

*Your plan provider may need to provide a referral
†Prior authorization may be required.

Benefits and premiums	You pay
Monthly plan premium	Your group will notify you if you are required to contribute to your group's premium. If you have any questions about your contribution toward your group's premium and how to pay it, please contact your group's benefits administrator.
Deductible	**None**
Your maximum out-of-pocket responsibility 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).	If you pay $3,400 in copays (a set amount you pay for covered services) or coinsurance (a percentage of the charges that you pay for covered services) during 2021 for services subject to the out-of-pocket maximum, you will not have to pay any more copays or coinsurance for those services for the rest of the year.
Inpatient hospital coverage† A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row.	You pay $100 per benefit period.
Outpatient hospital coverage	You pay $25 per visit.

Benefits and premiums	You pay
Doctor's visits • Primary care providers	You pay $20 per office visit.
• Specialists*	You pay $20 per office visit.
Preventive care* See the **EOC** for details.	**$0**
Emergency care We cover emergency care anywhere in the world.	You pay $50 per Emergency Department visit.
Urgently needed services We cover urgent care anywhere in the world.	You pay $20 per office visit.
Diagnostic services, lab, and imaging* • Lab tests	You pay nothing.
• X-rays	You pay nothing.
• Diagnostic tests and procedures (such as EKG)	You pay nothing.
• Other imaging procedures (such as MRI, CT, and PET)	You pay nothing.
Hearing services* Exams to diagnose and treat hearing and balance issues.	You pay $20 per office visit.

Benefits and premiums	You pay
Dental services Preventive and comprehensive dental coverage	You pay $30 per visit for preventive care (limited to two visits a year for oral exams, teeth cleaning, and bitewing X-rays). The amount you pay for comprehensive dental care varies depending on the service (see dental fee schedule in the **EOC)**.
Vision services Visits to diagnose and treat eye diseases and conditions	You pay $20 per office visit with an optometrist or $20 with an ophthalmologist.
• Routine eye exams	You pay $20 per office visit with an optometrist or $20 with an ophthalmologist.
• Eyeglasses or contact lenses after cataract surgery	You pay 20% coinsurance up to Medicare's limit and you pay any amounts that exceed Medicare's limit.
• Other eyewear allowance	You receive a $100 allowance per calendar year for eyeglasses or contact lenses at Kaiser Permanente Vision Essentials locations.
Mental health services • Outpatient group therapy	You pay $10 per office visit.
• Outpatient individual therapy	You pay $20 per office visit.
Skilled Nursing Facility† Limited to 100 days per benefit period in a plan contracted facility.	**You pay nothing per benefit period.**
Physical therapy	You pay $20 per office visit.
Ambulance	You pay $50 per one-way trip.

Benefits and premiums	You pay
Transportation	You pay $0 per one-way ride. We cover up to 24 one-way rides per calendar year for nonurgent medical appointments at Kaiser Permanente medical centers and contracted facilities. See the **EOC** for details.
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). Drugs that require administration by medical personnel	You pay nothing.
• Up to a 60-day supply of a generic drug	You pay $15 at a preferred network pharmacy or $25 at a standard network pharmacy.
• Up to a 60-day supply of a brand-name drug	You pay $15 at a preferred network pharmacy or $25 at a standard network pharmacy.

Medicare Part D prescription drug coverage†

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

- The tier your drug is in. To find out which of the 6 tiers your drug is in, see our Part D formulary at **kp.org/seniorrx** or call Member Services to ask for a copy at **1-888-777-5536**, seven days a week, 8 a.m. to 8 p.m. (TTY **711**).
- The day supply quantity you receive (like a 30-day or 90-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- The type of network pharmacy that fills your prescription (preferred 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're in (initial or catastrophic coverage stages).

Initial coverage state

You pay the copays and coinsurance shown in the chart below until your total yearly drug costs reach **$6,550**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the $6,550 limit, you move on to the catastrophic stage and your coverage changes.

Tier	Plan F with Part D				
	Preferred Pharmacy (up to a **60-day** supply)	**Standard Pharmacy** (up to a **60-day** supply)	**OON Pharmacy** (up to a **30-day** supply)	**LTC Pharmacy** (up to a **31-day** supply)	**Mail Order** (up to a **90-day** supply)
Tier 1 (Preferred Generic)	**$15**	**$25**	**$12.50**	**$12.50**	**$10**
Tier 2 (Generic)	**$15**	**$25**	**$12.50**	**$12.50**	**$10**
Tier 3 (Preferred Brand)	**$15**	**$25**	**$12.50**	**$12.50**	**$10**
Tier 4 (Non-Preferred Brand)	**$15**	**$25**	**$12.50**	**$12.50**	**$10**
Tier 5 (Specialty Tier)	**$15**	**$25**	**$12.50**	**$12.50**	**$10**
Tier 6 (Vaccines)	**$0**	**$0**	**$0**	**$0**	**Not Available**

Many drugs can be mailed to you through our network mail-order pharmacy (not all drugs can be mailed).

Catastrophic coverage stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,550, you pay $2 for generic drugs and $7.50 for brand-name drugs and $0 for vaccines.

Long-term care, plan home-infusion, and non-plan pharmacies

- If you live in a **long-term care facility** and get your drugs from their pharmacy, you pay the same as at a retail plan pharmacy and you can get up to a 31-day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail plan pharmacy and you can get up to a 30-day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can't use a network pharmacy, like during a disaster. See the **Evidence of Coverage** for details.

Additional benefits

The Silver&Fit® Healthy Aging and Exercise Program[1]

Silver&Fit	You pay
We've included the following with your Kaiser Permanente Medicare health plan: • Fitness center membership—Reshape your life with membership at a local participating Silver&Fit fitness center. Visit **SilverandFit.com** to find a fitness center near you. • Home Fitness Program—Members may choose two[2] traditional home fitness kits, which may include an instruction DVD and printed guide—and, effective 1/1/21, one Stay Fit kit[2], with your choice of a FitBit®, Garmin®, yoga kit, or strength exercise kit. This benefit also includes website access, online fitness workout classes, educational tools, and a rewards program. For more information about the Silver&Fit program, visit **SilverandFit.com**. [1]The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH and used with permission herein. All programs and services are not available in all areas. Other names or logos may be trademarks of their respective owners. [2]Kits are subject to change.	You pay nothing.

Who can enroll

You can sign up for this plan if:

- You are enrolled in Kaiser Permanente through your group plan and meet your group's eligibility requirements.
- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare.)
- You're a citizen or lawfully present in the United States.
- You live in this plan's service area, which is:
  - o The District of Columbia
  - o These counties in Maryland: Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, Howard, Montgomery, and Prince George's
  - o These ZIP codes in Calvert County, MD: 20639, 20678, 20689, 20714, 20732, 20736, and 20754
  - o These ZIP codes in Charles County, MD: 20601–04, 20607, 20612-13, 20616–17, 20637, 20640, 20643, 20645-46, 20658, 20675, 20677, and 20695
  - o These ZIP codes in Frederick County, MD: 20842, 20871, 21701–05, 21709–10, 21714, 21716–18, 21754–55, 21757–59, 21762, 21769–71, 21774–77, 21787, 21790, and 21791–93
  - o These counties in Virginia: Arlington, Fairfax, Loudoun, Prince William, Spotsylvania, and Stafford
  - o These independent cities in Virginia: Alexandria, Falls Church, Fairfax, Fredericksburg, Manassas, and Manassas Park

Coverage rules

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

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

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers.

For details about coverage rules, including services that aren't covered (exclusions), see the **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 **1-888-777-5536**, 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 may choose any available plan provider to be your personal doctor. You can change your doctor at any time and for any reason. You can choose or change your doctor by calling Member Services or at **kp.org/doctor**.

Help managing conditions

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

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision. If you have a complaint that's not about coverage, you can file a grievance with us. See the **Evidence of Coverage** for details.

Kaiser Foundation Health Plan

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. is a nonprofit corporation with 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.

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 Plus and 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** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, call Member Services at **1-888-777-5536** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 2101 East Jefferson Street, Rockville, MD 20852 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at: U.S. Department of Health and 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**.

KAISER PERMANENTE®

61102310

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 ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ 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 بگیری

Arabic

ملحوظة: إذا كنت تتحدث اذكر 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 করুনঃ 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 નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-777-5536** (TTY: **711**).

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.

KAISER PERMANENTE®

kp.org

♻ **Please recycle.**