January 1–December 31, 2024

2024
Summary of Benefits

Kaiser Permanente Medicare Advantage (HMO) Group plan 1

KAISER PERMANENTE®

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. 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 is located on our website at **kpwa.memberdoc.com**, or ask for a copy from Member Services by calling **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m. If you'd like to see it before you enroll, please ask your group benefits administrator for a copy.

This plan does not include Medicare Part D prescription drug coverage. The drug coverage offered by this plan is creditable coverage and equal to or better than Part D coverage. Enrollment into a Medicare Prescription Drug Plan (PDP) or Medicare Advantage Prescription Drug Plan (MA-PD) could jeopardize your enrollment in this Medicare Advantage Employer Group MA Plan.

Have questions?

- Please call Member Services at **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- If you're not a member, please call **1-800-581-8252** (TTY **711**), Monday through Friday, 8 a.m. to 5 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	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 Doesn't include Medicare Part D drugs	**$2,500**
Inpatient hospital coverage*† There's no limit to the number of medically necessary inpatient hospital days.	$200 per day for days 1 through 5 of your stay and $0 for the rest of your stay
Outpatient hospital coverage*†	$200 per procedure
Ambulatory surgery center*†	$200 per visit
Doctor's visits • Primary care providers	$20 per visit
• Specialists*†	$20 per visit
Preventive care*† See the **EOC** for details.	**$0**
Preventive care • Abdominal aortic aneurysm screening • Alcohol misuse screenings & counseling • Bone mass measurements (bone density) • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical & vaginal cancer screening • Colorectal cancer screenings (barium enemas, colonoscopies, fecal occult blood tests, flexible sigmoidoscopies, and multi-target stool DNA tests) • Depression screenings • Diabetes screenings	**$0** Any additional preventive services approved by Medicare during the contract year will be covered. See your EOC for frequency of covered services.

• Diabetes self-management training • Glaucoma tests • Hepatitis B Virus (HBV) infection screenings • Hepatitis C screening tests • HIV screenings • Lung cancer screenings • Mammograms (screening) • Medicare Diabetes Prevention Program • Nutrition therapy services • Obesity screenings & counseling • One-time "Welcome to Medicare" preventive visit • Prostate cancer screenings • Sexually transmitted infections screenings & counseling • Shots that include COVID-19 vaccines, flu shots, Hepatitis B shots and Pneumococcal shots • Tobacco use cessation counseling • Yearly "Wellness" visit	
Emergency care We cover emergency care anywhere in the world.	$75 per emergency department visit
Urgently needed services We cover urgent care anywhere in the world.	$20 per visit
Diagnostic services, lab, and imaging* • Lab tests	$0 per visit
• Diagnostic tests and procedures (like EKG)†	$0 per visit
• X-rays	$0 per visit
• Other imaging procedures (like MRI, CT, and PET)†	$0 per procedure

Benefits and premiums	You pay
Hearing services • Evaluations to diagnose medical conditions*†	$20 per visit

• Hearing aids	$500 combined allowance to purchase hearing aids every calendar year. If your hearing aid purchase is more than the **$500 allowance, you pay the difference.**
Dental services Preventive and comprehensive dental coverage	Not covered
Vision services • Visits to diagnose and treat eye diseases and conditions	$0–$20 per visit
• Routine eye exams	$20 per visit
• Eyeglasses or contact lenses after cataract surgery	**$0** up to Medicare's limit, but you pay any amounts beyond that limit
• Other eyewear (**$150** allowance every 12 months)	If your eyewear costs more than **$150**, **you pay the difference.**
Mental health services† • Inpatient mental health	$200 per day for days 1 through 5 of your stay and $0 for the rest of your stay
• Outpatient group therapy	$20 per visit
• Outpatient individual therapy	$20 per visit
Skilled nursing facility*† We cover up to 100 days per benefit period.	$0 per day for days 1 through 100
Physical therapy*†	$20 per visit
Ambulance	$150 per one-way trip
Transportation	$0 for 6 round trips
Medicare Part B drugs† Medicare Part B drugs are covered when you get them from a plan provider. See the **EOC** and the **Pharmacy Directory** for preferred and standard plan pharmacy locations for details. • Drugs that must be administered by a health care professional	$0 copay
Outpatient prescription drugs Outpatient prescription drug cost shares do not apply to your maximum out of pocket responsibility. • Up to a 30-day supply from a plan pharmacy	$20 for preferred generic drugs in tier 1 $40 for preferred brand-name drugs in tier 2
• Mail order	2 copays for a 3-month supply in tiers 1 and 2

Additional benefits

Alternative care

Alternative care includes:	You pay
Acupuncture	$20 copay, up to 8 visits per year
Naturopathic care	$20 copay, up to 3 visits per year
Nonspinal chiropractic care	$20 copay, up to 10 visits per year
Massage therapy† From a licensed massage therapist	$20 copay, up to 10 visits per year.

Fitness benefit

This benefit is available to you as a plan member:	You pay
Fitness benefit – Silver&Fit® Healthy Aging and Exercise Program 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.) 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. 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.	$0

Member discounts for products and services

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

Lively™ Mobile Plus

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

CareLinx

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

Visit **carelinx.com/kp-affinity** or call toll-free 1-844-636-4592 Monday-Friday, 7 a.m. – 6 p.m., and on weekends, 9 a.m. – 5 p.m.

Comfort Keepers in-home care and assistance

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

Mom's Meals healthy meal delivery

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

Kaiser Permanente members may continue to use or select these products or services from any company of their choice but Kaiser Permanente discounts are only available with the partner listed above. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Medicare Advantage grievance process. BEST BUY HEALTH, GREATCALL, LIVELY and LINK are trademarks of Best Buy and its affiliated companies.

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 the service area for this plan, which includes:
    - Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties
    - These ZIP codes in Grays Harbor County: 98541, 98557, 98559, and 98568
    - These ZIP codes in Mason County: 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
    - Covered care from designated providers in Maricopa and Pima counties in Arizona

    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:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
    - Assistive devices (magnifiers, Pocket Talkers, and other aids)

- Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- 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

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.

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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 facilities.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. This contract is renewed annually by the Centers for Medicare & Medicaid Services (CMS). By law, our plan or CMS can choose not to renew our Medicare contract.

For information about Original Medicare, refer to your **"Medicare & You"** handbook. You can view it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227),** 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048.**

kp.org/medicare

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