January 1–December 31, 2018

2018 Summary of Benefits

Kaiser Permanente Medicare Advantage Harbor Plan (HMO)

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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:

- Premiums
- Benefits and costs
- Part D prescription drugs
- Optional supplemental dental benefits
- Who can enroll
- Coverage rules (including referrals and prior authorizations)
- 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 send you after you enroll. If you'd like to see it before you enroll, you can go to **kp.org/wa/medicare** or ask for a copy from Member Services by calling **1-888-901-4600** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week.

The plan in this document includes Medicare Part D prescription drug coverage. We also offer a plan without Part D prescription drug coverage called the Kaiser Permanente Medicare Advantage Basic plan. If you'd like more information about the plan, call **1-800-446-8882** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week or go to **kp.org/wa/medicare**.

Have questions?

- If you're not a member, please call **1-800-446-8882** (TTY **711**).
- If you're a member, please call Member Services at **1-888-901-4600** (TTY **711**).
- 8 a.m. to 8 p.m., 7 days a week

What's covered and what it costs

Benefits and premiums	You pay
Monthly plan premium	**$85**
Deductible	None for medical (see Medicare Part D prescription drug coverage)
Your maximum out-of-pocket responsibility Doesn't include Medicare Part D drugs	**$5,900**
Inpatient hospital coverage There's no limit to the number of medically necessary inpatient hospital days.	**$360** per day for days 1 through 4 of your stay and **$0** for the rest of your stay
Outpatient hospital coverage	**$300** per surgery
Doctor's visits • Primary care providers	**$10** per visit
• Specialists	**$45** per visit
Preventive care See the **EOC** for details.	**$0**
Emergency care We cover emergency care anywhere in the world.	**$80** per Emergency Department visit
Urgently needed services We cover urgent care anywhere in the world.	**$25** per urgent care facility visit
Diagnostic services, lab, and imaging • Lab tests	**$10** per visit
• X-rays • Diagnostic tests and procedures (like EKG)	**$20** per test or X-ray
• Other imaging procedures (like MRI, CT, and PET)	**$250** per procedure
Hearing services • Exams to diagnose and treat hearing and balance issues • 1 routine hearing exam per calendar year	• **$10** per primary care visit • **$45** per specialty care visit
Dental services Preventive and comprehensive dental coverage	Not covered unless you sign up for optional dental benefits
Vision services • Visits to diagnose and treat eye diseases and conditions • 1 routine eye exam per calendar year	• **$10** per visit with an optometrist • **$45** per visit with an ophthalmologist
• Preventive glaucoma screening	**$0**

Benefits and premiums	You pay
• Eyeglasses or contact lenses after cataract surgery	**$0** up to Medicare's limit, but you pay any amounts beyond that limit.
• Other eyewear	Not covered
Mental health services • Outpatient group therapy	**$30** per visit
• Outpatient individual therapy	**$40** per visit
Skilled nursing facility Our plan covers up to 100 days per benefit period.	Per benefit period: • **$0** per day for days 1 through 20 • **$150** per day for days 21 through 100
Physical therapy	**$40** per visit
Ambulance	**$250** per one-way trip
Transportation	Not covered
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.	**20%** coinsurance

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/wa/medicare/formulary** or call Member Services to ask for a copy at **1-888-901-4600** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week.
- Your drug quantity (like a 30-day or 90-day supply). Note: A 90-day supply isn't available for all drugs.
- The coverage stage you're in (deductible, initial, coverage gap, or catastrophic coverage stages).

Deductible stage

For drugs in Tiers 2–5, you must pay the full cost for those drugs until you have spent **$325** on your drugs in Tiers 2–5 in 2018. Then you move on to the initial coverage stage for your drugs in Tiers 2–5. For drugs in Tier 1 and Tier 6, there's no drug deductible and you start the year in the initial coverage stage.

Initial coverage stage

You pay the copays and coinsurance shown in the chart below until your total yearly drug costs reach **$3,750**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the $3,750 limit, you move on to the coverage gap stage and your coverage changes.

Drug tier	You pay
Tier 1 (Preferred Generic)	**$5** (up to a 30-day supply)
Tier 2 (Generic)	**$20*** (up to a 30-day supply)
Tier 3 (Preferred Brand)	**$47*** (up to a 30-day supply)
Tier 4 (Nonpreferred Brand)	**$97*** (up to a 30-day supply)
Tier 5 (Specialty Tier)	**25%*** coinsurance
Tier 6 (Vaccines)	**$0**

**After you have met the deductible for drugs in this tier.*

When you get a 31- to 90-day supply, you will pay the following for drugs in Tiers 1-4:

- If you get a 31- to 60-day supply from a plan pharmacy (retail or mail order), you pay 2 copays.
- If you get a 61- to 90-day supply from a plan pharmacy (retail or mail order), you pay 3 copays.

Note: Not all drugs can be mailed.

Coverage gap and catastrophic coverage stages

The coverage gap stage begins if you or a Part D plan spends **$3,750** on your drugs during 2018. You pay the following copays and coinsurance during the coverage gap stage:

Drug tier	You pay
Tiers 1 and 2	**44%** coinsurance
Tiers 3, 4, 5, and 6	**35%** coinsurance and a part of the dispensing fee

If you spend **$5,000** on your Part D prescription drug costs in 2018, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, your copays and coinsurance will change for the rest of the year. To find out what you would pay during this stage, see the **Evidence of Coverage**.

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.

Optional supplemental dental benefits

In addition to the benefits that come with your plan, you can choose to buy an optional supplemental dental benefit for an additional monthly cost that's added to your monthly plan premium. See the **Evidence of Coverage** for details.

Dental benefits and premiums	You pay
Additional monthly premium	**$54**
Dental HMO (services provided by Delta Dental of Washington) • Annual benefit limit for preventive and comprehensive dental care	**$1,500** (You pay 100% for the rest of the calendar year after our plan has paid $1,500 for dental care.)
• Annual deductible for comprehensive dental care	**$100** (You pay 100% at the beginning of the year for comprehensive dental care until you have spent $100.)
• Preventive dental: o Oral exam (2 per calendar year) o Teeth cleaning (2 per calendar year) o Topical fluoride (2 per calendar year) o X-rays (2 per calendar year)	**$0**
• Comprehensive dental (covered services include fillings, extractions, crowns, endodontics, periodontics, and dentures)	After the deductible is met, **20% or 50%** coinsurance, depending on the service

Who can enroll

You can sign up for one of our plans if:

- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay our plan.)
- You're a citizen or lawfully present in the United States.
- You don't have end-stage renal disease (ESRD) unless you got ESRD when you were already a member of one of our plans or you were a member of a different plan that ended.
- You live in the service area for these plans, which is all of Island, San Juan, Skagit, and Whatcom counties.

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 and Pharmacy Directory**. But there are exceptions to this rule. We also cover:
  - Care from plan providers in another Kaiser Permanente Region

- Emergency care
- Out-of-area dialysis care
- Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
- Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

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

Referrals

Your plan provider must make a referral before you can get most services or items. But a referral **isn't** needed for the following:

- Chiropractic care provided by a plan provider
- Emergency services
- Flu shots, hepatitis B vaccinations, and pneumonia vaccinations given by a plan provider
- Kidney dialysis services that you get at a Medicare-certified dialysis facility when you're temporarily outside our service area
- Routine eye or hearing exams provided by a plan provider
- Routine women's health care provided by a plan provider
- Urgently needed services from plan providers
- Urgently needed services from non-plan providers when plan providers are temporarily unavailable or inaccessible — for example, when you're temporarily outside of our service area

Prior authorization

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). These are some services and items that require prior authorization:

- Durable medical equipment
- Nonemergency ambulance services
- Post-stabilization care following emergency care from non-plan providers
- Prosthetic and orthotic devices
- Referrals to non-plan providers if services aren't available from plan providers
- Specialty care
- Skilled nursing facility care
- Transplants

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. To find our provider locations, see our **Provider and Pharmacy Directory** at **wa-medicare.kp.org/providers** or ask us to mail you a copy by calling Member Services at **1-888-901-4600** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week.

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.

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 Washington is a nonprofit corporation and a Medicare Advantage plan. We offer several Kaiser Permanente Medicare Advantage plans in our larger Washington Region's service area, which you can read about in the **Evidence of Coverage**.

Each plan has different benefits, copays, coinsurance, premiums, and plan service areas. But you can get care from plan providers anywhere in our Washington Region's service area.

If you move from your plan's service area to another service area in our Washington Region, you'll have to enroll in a Kaiser Permanente Medicare Advantage plan in your new service area.

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and doesn't discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente doesn't exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente:

- Provides 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)
- Provides free language services to people whose primary language isn't English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact Kaiser Permanente Member Services at the numbers listed below.

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 by phone, mail, fax, or email. If you need help filing a grievance, a Kaiser Permanente Member Services Representative is available to help you. Language assistance is provided free of charge. The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

- Contact Member Services at:
    - Call toll-free 1-888-901-4600, 7 days a week, 8 a.m. to 8 p.m. (TTY 711)
    - Fax 1-888-874-1765
    - Email address csforms@ghc.org
- Write to our Civil Rights Coordinator at:
    - Kaiser Foundation Health Plan of Washington Civil Rights Coordinator, Quality GNE-D1E-07
      P.O. Box 9812
      Renton, WA 98057-9054

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**.

Privacy

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

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.

The benefit information provided is a brief summary, not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. If you receive Extra Help to pay for Medicare Part D prescription drug coverage, premiums and cost sharing will vary based on the level of Extra Help you receive. Please contact the plan for further details.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. 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)

Allowance

A dollar amount you can use toward the purchase of an item. If the price of the item is more than the allowance, you pay the excess.

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 before our plan begins to pay for specified Part D drugs and optional dental benefits.

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 premium

The amount you pay for your Kaiser Permanente Medicare Advantage health care and prescription drug coverage.

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.

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.

Service area

The geographic area where we offer Kaiser Permanente Medicare Advantage plans. To enroll and remain a member of our plan, you must live in one of our Kaiser Permanente Medicare Advantage plan's service area.

LANGUAGE ACCESS SERVICES

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

中文 **(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 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

Filipino (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

ភាសាខ្មែរ (Khmer)**៖ ប្រយ័ត្ន៖** បើសិនអ្នកនិយាខែរ, សេជំនួយែផក យេមិនគិតល គឺចនសំប់បំរេអក។ ចូរទូរស័ព 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

日本語 (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。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

አማርኛ (Amharic)፥ ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711).

Oromiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

العربية (Arabic): لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 (رقم هاتف الصم والبكم: 1-800-833-6388 / 711).

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Adamawa (Fulfulde): MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.

kp.org/wa/medicare

Kaiser Foundation Health Plan of Washington
601 Union St., Suite 3100, Seattle, WA 98101-1374

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