

# 2019 Summary of Benefits

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Kaiser Permanente Medicare Advantage Vital Plan (HMO), Kaiser Permanente Medicare Advantage Essential Plan (HMO), and Kaiser Permanente Medicare Advantage Optimal Plan (HMO)

*These plans include Medicare Part D prescription drug coverage and are available in King, Kitsap, Lewis, Pierce, Snohomish, and Thurston counties and parts of Grays Harbor and Mason counties (see “Who can enroll” for details).*

## 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 plans. It includes information about:

- Premiums
- Benefits and costs
- Part D prescription drugs
- Optional supplemental dental benefits
- Additional benefits
- Who can enroll
- Coverage rules
- Getting care

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

### For more details

This document is a summary of 3 Kaiser Permanente Medicare Advantage plans. 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 [kp.org/wa/eocs](http://kp.org/wa/eocs) or ask for a copy from Member Services by calling **1-888-901-4600**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).

The 3 plans in this document include Medicare Part D prescription drug coverage. We also offer other plans, including a plan without Part D drug coverage. If you'd like information about our other plans, 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](http://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**).
- 7 days a week, 8 a.m. to 8 p.m.

# What's covered and what it costs

\*Your plan provider may need to provide a referral

†Prior authorization may be required.

Benefits and premiums	Vital plan, you pay	Essential plan, you pay	Optimal plan, you pay
<b>Monthly plan premium</b>	<b>\$28</b>	<b>\$99</b>	<b>\$295</b>
<b>Deductible</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>Your maximum out-of-pocket responsibility</b> Doesn't include Medicare Part D drugs	<b>\$5,900</b>	<b>\$4,300</b>	<b>\$2,000</b>
<b>Inpatient hospital coverage*†</b> There's no limit to the number of medically necessary inpatient hospital days.	<b>\$295</b> per day for days 1 through 6 of your stay and <b>\$0</b> for the rest of your stay	<b>\$215</b> per day for days 1 through 4 of your stay and <b>\$0</b> for the rest of your stay	<b>\$125</b> per day for days 1 and 2 of your stay and <b>\$0</b> for the rest of your stay
<b>Outpatient hospital coverage*†</b>	<b>\$250</b> per visit	<b>\$200</b> per visit	<b>\$100</b> per visit
<b>Doctor's visits</b>			
• Primary care providers	<b>\$10</b> per visit	<b>\$10</b> per visit	<b>\$10</b> per visit
• Specialists*†	<b>\$35</b> per visit	<b>\$35</b> per visit	<b>\$20</b> per visit
<b>Preventive care*†</b> See the <b>EOC</b> for details.	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Emergency care</b> We cover emergency care anywhere in the world.	<b>\$90</b> per Emergency Department visit	<b>\$90</b> per Emergency Department visit	<b>\$90</b> per Emergency Department visit
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	<b>\$25</b> per urgent care facility visit	<b>\$25</b> per urgent care facility visit	<b>\$25</b> per urgent care facility visit

<b>Benefits and premiums</b>	<b>Vital plan, you pay</b>	<b>Essential plan, you pay</b>	<b>Optimal plan, you pay</b>
<b>Diagnostic services, lab, and imaging*</b>			
<ul style="list-style-type: none"> <li>• Lab tests</li> </ul>	<b>\$10</b> per visit	<b>\$0</b>	<b>\$0</b>
<ul style="list-style-type: none"> <li>• X-rays</li> <li>• Diagnostic tests and procedures (like EKG)</li> </ul>	<b>\$20</b> per visit	<b>\$0</b> per visit	<b>\$0</b> per visit
<ul style="list-style-type: none"> <li>• Other imaging procedures (like MRI, CT, and PET)†</li> </ul>	<b>\$250</b> per visit	<b>\$200</b> per visit	<b>\$50</b> per visit
<b>Hearing services*†</b>			
<ul style="list-style-type: none"> <li>• Evaluations to diagnose medical conditions</li> <li>• Routine hearing exam (1 per calendar year)</li> </ul>	<b>\$10</b> per visit with your PCP or an audiologist, and <b>\$35</b> per visit with other providers	<b>\$10</b> per visit with your PCP or an audiologist, and <b>\$35</b> per visit with other providers	<b>\$10</b> per visit with your PCP or an audiologist, and <b>\$20</b> per visit with other providers
<ul style="list-style-type: none"> <li>• Hearing aid fitting and evaluation exam</li> </ul>	<b>\$0</b> (1 exam per calendar year)	<b>\$0</b> (1 exam per calendar year)	<b>\$0</b> (2 exams per calendar year)
<ul style="list-style-type: none"> <li>• Hearing aids</li> </ul>	<b>\$500 allowance</b> to purchase hearing aids every calendar year. If your hearing aid purchase is more than \$500, <b>you pay the difference.</b>	<b>\$500 allowance</b> to purchase hearing aids every calendar year. If your hearing aid purchase is more than \$500, <b>you pay the difference.</b>	<b>\$500 allowance</b> per ear every calendar year. If your hearing aid costs more than \$500 per ear, <b>you pay the difference.</b>
<b>Dental services</b>			
Preventive and comprehensive dental coverage	Not covered unless you sign up for optional benefits (see “Optional supplemental dental benefits” for details).	Not covered unless you sign up for optional benefits (see “Optional supplemental dental benefits” for details).	Not covered unless you sign up for optional benefits (see “Optional supplemental dental benefits” for details).
<b>Vision services</b>			
<ul style="list-style-type: none"> <li>• Visits to diagnose and treat eye diseases and conditions</li> <li>• Routine eye exam (1 per calendar year)</li> </ul>	<b>\$10</b> per visit with an optometrist or <b>\$35</b> with an ophthalmologist	<b>\$10</b> per visit with an optometrist or <b>\$35</b> with an ophthalmologist	<b>\$10</b> per visit with an optometrist or <b>\$20</b> with an ophthalmologist
<ul style="list-style-type: none"> <li>• Preventive glaucoma screening†</li> </ul>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<ul style="list-style-type: none"> <li>• Eyeglasses or contact lenses after cataract surgery</li> </ul>	<b>\$0</b> up to Medicare’s limit, but you pay any	<b>\$0</b> up to Medicare’s limit, but you pay any	<b>\$0</b> up to Medicare’s limit, but you pay any

<b>Benefits and premiums</b>	<b>Vital plan, you pay</b>	<b>Essential plan, you pay</b>	<b>Optimal plan, you pay</b>
	amounts beyond that limit.	amounts beyond that limit.	amounts beyond that limit.
<ul style="list-style-type: none"> <li>Other eyewear</li> </ul>	<b>\$100 allowance</b> per calendar year. If your eyewear costs more than \$100, <b>you pay the difference.</b>	<b>\$150 allowance</b> per calendar year. If your eyewear costs more than \$150, <b>you pay the difference.</b>	<b>\$150 allowance</b> per calendar year. If your eyewear costs more than \$150, <b>you pay the difference.</b>
<b>Mental health services†</b>			
<ul style="list-style-type: none"> <li>Outpatient group therapy</li> </ul>	<b>\$25</b> per visit	<b>\$25</b> per visit	<b>\$10</b> per visit
<ul style="list-style-type: none"> <li>Outpatient individual therapy</li> </ul>	<b>\$35</b> per visit	<b>\$35</b> per visit	<b>\$20</b> per visit
<b>Skilled nursing facility*†</b> Our plan covers up to 100 days per benefit period.	Per benefit period: <ul style="list-style-type: none"> <li><b>\$0</b> per day for days 1 through 20</li> <li><b>\$160</b> per day for days 21 through 100</li> </ul>	Per benefit period: <ul style="list-style-type: none"> <li><b>\$0</b> per day for days 1 through 20</li> <li><b>\$100</b> per day for days 21 through 100</li> </ul>	Per benefit period: <ul style="list-style-type: none"> <li><b>\$0</b> per day for days 1 through 20</li> <li><b>\$25</b> per day for days 21 through 100</li> </ul>
<b>Physical therapy*†</b>	<b>\$35</b> per visit	<b>\$35</b> per visit	<b>\$10</b> per visit
<b>Ambulance</b>	<b>\$250</b> per one-way trip	<b>\$150</b> per one-way trip	<b>\$100</b> per one-way trip
<b>Transportation</b> To and from plan providers	<b>\$0</b> for up to 4 round trips per calendar year	<b>\$0</b> for up to 6 round trips per calendar year	<b>\$0</b> for up to 8 round trips per calendar year
<b>Medicare Part B drugs†</b> A limited number of Medicare Part B drugs are covered when you get them from a plan provider. See the <b>EOC</b> for details.	<b>20%</b> coinsurance	<b>20%</b> coinsurance	<b>20%</b> 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](http://kp.org/wa/medicare/formulary) or call Member Services to ask for a copy at **1-888-901-4600**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).
- Your drug quantity (like a 30-day or 90-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- When you get a 31- to 90-day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (initial, coverage gap, or catastrophic coverage stage).

## Initial coverage stage

You pay the copays and coinsurance shown in the chart below until your total yearly drug costs reach **\$3,820**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$3,820 limit, you move on to the coverage gap stage and your coverage changes.

Drug tier	You pay
<b>Tier 1</b> (Preferred Generic)	<b>\$3</b> (up to a 30-day supply)
<b>Tier 2</b> (Generic)	<b>\$7</b> (up to a 30-day supply)
<b>Tier 3</b> (Preferred Brand)	<b>\$45</b> (up to a 30-day supply)
<b>Tier 4</b> (Nonpreferred Brand)	<b>\$95</b> (up to a 30-day supply)
<b>Tier 5</b> (Specialty Tier)	<b>33%</b> coinsurance
<b>Tier 6</b> (Vaccines)	<b>\$0</b>

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 any plan pharmacy (retail or mail order), you pay 2 copays.
- If you get a 61- to 90-day supply from one of our retail pharmacies, you pay 3 copays.
- If you get a 61- to 90-day supply from our mail-order pharmacy, you pay 2 copays.

## Coverage gap and catastrophic coverage stages

The coverage gap stage begins if you or a Part D plan spends **\$3,820** on your drugs during 2019. You pay the following copays and coinsurance during the coverage gap stage:

Drug tier	You pay
<b>Tiers 1, 2, and 6</b>	Same as initial coverage stage or <b>37%</b> coinsurance, whichever is lower
<b>Tiers 3 and 4</b>	<b>25%</b> coinsurance and a part of the dispensing fee
<b>Tier 5</b>	<b>25%</b> coinsurance and a part of the dispensing fee for brand-name drugs and <b>37%</b> for generic drugs

If you spend **\$5,100** on your Part D prescription drug costs in 2019, 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 HMO benefits and premiums (services provided by Delta Dental of Washington)	You pay
<b>Additional monthly premium</b>	<b>\$54</b>
<b>Annual benefit limit for preventive and comprehensive dental care</b>	<b>\$1,500</b> (You pay 100% for the rest of the calendar year after our plan has paid \$1,500 for dental care.)
<b>Annual deductible for comprehensive dental care</b>	<b>\$100</b> (You pay 100% at the beginning of the year for comprehensive dental care until you have spent \$100.)
<b>Preventive/Basic dental</b> <ul style="list-style-type: none"> <li>• Oral exam (2 per calendar year)</li> <li>• Teeth cleaning (2 per calendar year)</li> <li>• Topical fluoride (2 per calendar year)</li> <li>• X-rays (2 per calendar year)</li> </ul>	<b>\$0</b>
<b>Comprehensive/Major dental*†</b> <ul style="list-style-type: none"> <li>• Covered services include fillings, extractions, crowns, endodontics, periodontics, and dentures</li> </ul>	After the deductible is met, <b>20% or 50%</b> coinsurance, depending on the service

## Additional benefits

### Fitness program

You pay no additional cost for basic membership to any of the participating centers in the Silver&Fit® program. Silver&Fit® is a federally registered trademark of American Specialty Health, Inc.

Silver&Fit®	<b>You pay</b>
Includes the Premium Fitness network (new member initiation fees may apply at some Premium Fitness centers)	<b>\$0</b>

### Alternative Care

Alternative care includes:	Vital plan, you pay	Essential plan, you pay	Optimal plan, you pay
<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Naturopathy care</li> <li>Non-spinal chiropractic care</li> </ul>	Not covered	Not covered	<b>\$10</b> copay, up to 12 visits per year combined

## 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 includes:
  - All of King, Kitsap, Lewis, Pierce, Snohomish, and Thurston 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 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.

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](http://wa-medicare.kp.org/providers) 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 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** ([kp.org/wa/eocs](http://kp.org/wa/eocs)) 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, which includes parts of Grays Harbor and Mason counties and all of King, Kitsap, Lewis, Island, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties.

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 Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable federal civil rights laws and does 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 help ensure effective communication, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, and accessible electronic 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 Kaiser Permanente.

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. Please call us if you need help submitting a grievance. The Civil Rights Coordinator will be notified of all grievances related to discrimination.

### **Kaiser Permanente**

Phone: 206-630-4600

Toll-free: 1-888-901-4600

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Electronically: [kp.org/wa/feedback](https://kp.org/wa/feedback)

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** at [kp.org/wa/medicare-privacy](http://kp.org/wa/medicare-privacy) 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.

This information is not a complete description of benefits. Call **1-888-901-4600 (TTY 711)** for more information. For information about Original Medicare, refer to your “**Medicare & You**” handbook. You can view it online at [medicare.gov](http://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

If you sign up for optional supplemental dental benefits, it's the amount you must pay for comprehensive dental services before our plan begins to pay.

### 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.

**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.

**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.

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-888-901-4600**, (TTY **711**) from 8 a.m. to 8 p.m., 7 days a week.

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **kp.org/wa/eocs** or call **1-888-901-4600**, (TTY **711**) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

**Kaiser Permanente Medicare Advantage  
(HMO)  
Monthly Plan Premium for People who get Extra Help from Medicare  
to Help Pay for their Prescription Drug Costs**

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our plan.

This table shows you what your monthly plan premium will be if you get extra help.

Your level of extra help	Monthly premium for Vital Plan*	Monthly premium for Essential Plan*	Monthly premium for Optimal Plan*
100%	\$28.00	\$65.20	\$261.20
75%	\$28.00	\$73.60	\$269.60
50%	\$28.00	\$82.10	\$278.10
25%	\$28.00	\$90.50	\$286.50

\*This does not include any Medicare Part B premium you may have to pay.

Kaiser Permanente Medicare Advantage’s premium includes coverage for both medical services and prescription drug coverage.

If you aren’t getting extra help, you can see if you qualify by calling:

- **1-800-Medicare** or TTY users call **1-877-486-2048** (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at **1-800-772-1213**. TTY users should call **1-800-325-0778** between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Services at **1-888-901-4600**, (TTY: **711**) from 8 a.m. to 8 p.m., 7 days a week, Pacific time.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

## LANGUAGE ASSISTANCE SERVICES

**English: ATTENTION:** If you speak a language other than 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): រយ័ត្ត៖** បើសិនអ្នកនិយាយ, សំឡេងខ្មែរ ឬ យមិនគិតល គឺចូនសំបុំ អ្នក។ ចូរទូរស័ព្ទ 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) ፡ ማሰታወሻ፡** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው፡ 1-800-833-6388 / 711)።

**Oromiffa (Oromo): XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 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।

**العربية (Arabic):** لديك 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: (711 / 1-800-833-6388).

**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, ຄຸ່ມນີ້ມີພ້ອມໃຫ້ທ່ານ. ໂທ 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. یا 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.

**[kp.org/wa/medicare](http://kp.org/wa/medicare)**

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