

Medicare health plans to help you thrive

Your Medicare overview from Kaiser Permanente



Get care and coverage designed to help make your life easier

With Kaiser Permanente, you get quality care and coverage together.

Your doctors and care team coordinate seamlessly to help keep you healthy. Innovative tools connect you to care whenever you need it. And your personalized treatment plan reflects what's best for you and your unique needs.



The right choice for Medicare starts with understanding your options

Whether you're enrolling in Medicare for the first time or shopping for a new plan to better meet your needs, we can help you make a confident, informed decision.

Here, you'll find valuable information to help you choose the right Medicare coverage. In this booklet, we'll explain the different parts of Medicare, how much they could cost, and how you can sign up. You'll also see how Kaiser Permanente can help you enjoy life to the fullest with care and coverage in one easy-to-use package.

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Medicare: An overview

Understanding Parts A, B, C, and D

Medicare is a federal health insurance program that provides health care coverage to millions of Americans. It's part of Social Security and designed to protect the health and well-being of those who use it.

There are 4 parts to Medicare: A, B, C, and D. Each part covers specific services, from medical care to prescription drugs. In the following section, you can read about each part to better understand what coverage best fits your needs.

Helpful resources

We want you to understand your choices and options. If you have questions, here are some helpful resources:

Medicare

Call **1-800-633-4227**

24 hours a day, 7 days a week

TTY users, call **1-877-486-2048**

Visit **Medicare.gov**¹

Social Security

Call **1-800-772-1213**

8 a.m. to 7 p.m., Monday through Friday

TTY users, call **1-800-325-0778**

Visit **SocialSecurity.gov**¹





Part A

Hospital coverage

Medicare Part A is offered by the federal government to help you pay for your inpatient care (care you get when you stay in a medical facility).

What it covers

Part A covers inpatient care if you meet certain conditions and get the care in Medicare-certified hospitals and other facilities. It includes:

- Inpatient care you get at hospitals and rehabilitation facilities
- Inpatient hospital stays in skilled nursing facilities (not custodial or long-term care)
- Hospice care services
- Home health care services
- Inpatient care in religious, nonmedical health care institutions

How much does it cost?

You typically won't have to pay a premium for Part A, but there are exceptions. If you do have to pay a premium, you may be able to get help from the state to pay for it.

How do I know if I'm eligible for Part A?

If you're 65 or older

You can get Part A without paying a premium if:

- You get retirement benefits from Social Security or the Railroad Retirement Board (RRB)
- You're eligible to get Social Security or RRB benefits but haven't yet filed for them
- You or your spouse worked for at least 10 years and paid Medicare taxes

What to know

Part A provides coverage for hospital services, including skilled nursing and hospice care. If you meet the qualifications, you can get Part A without paying a premium. You must have Parts A and B to get Part C.



If you're younger than 65

You can get Part A without paying a premium if:

- You've had Social Security or RRB disability benefits for 24 months
- You have end-stage renal disease and meet certain requirements

If you don't meet any of those conditions, you may be able to buy Part A if:

- You meet citizenship and residency requirements
- You're 65 or older, and you didn't work or didn't pay enough Medicare taxes while you worked
- You're disabled and have returned to work

If you already get benefits from Social Security or the RRB, your Medicare Part A coverage will automatically start as soon as you qualify. If you aren't getting Social Security benefits (for example, if you're still working), you may need to sign up for Part A, even if you're eligible to get Part A at no cost.

How do I know if I have Part A?

To see if you have Part A coverage, look for "HOSPITAL (PART A)" printed on your red, white, and blue Medicare card.

How do I enroll?

To learn more and enroll, call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), 8 a.m. to 7 p.m., Monday through Friday, or visit **SocialSecurity.gov**.¹

Part B

Medical coverage

Medicare Part B is coverage from the federal government to help you pay for some medical services that aren't covered by Part A.

What it covers

Part B covers a range of outpatient services, including:

- Doctor's office visits
- Specialist visits
- Preventive care, such as flu shots and mammograms
- Lab costs, such as blood work and X-rays
- Medical equipment, such as wheelchairs and walkers
- Physical therapy
- Mental health care
- Ambulance services
- Annual wellness visits

How much does it cost?

Most people pay a monthly premium for Part B, usually deducted from their Social Security checks. Premiums are set each year by the Centers for Medicare & Medicaid Services (CMS). Your yearly income, whether high or low, affects how much you'll have to pay.

2023 Part B premium and deductible:

Average monthly premium = \$164.90

Average yearly deductible = \$226.00

If your yearly income is higher than \$97,000 (\$194,000 per couple), you might have a higher premium.

Note: The above dollar amounts are for 2023 and may change in 2024.

What to know

If you want coverage for outpatient services, like doctor's office visits, and you meet the qualifications, you can sign up for Part B. In most cases, if you sign up for Part A, you must also sign up for Part B when you're first eligible. If you don't, you may have to pay a late enrollment penalty for as long as you have coverage. However, you can take Part A and defer Part B if you continue to work.



How do I know if I'm eligible for Part B?

If you're 65 or older, you can buy Part B coverage from the federal government. If you already get benefits from Social Security or the RRB, you may be automatically enrolled in Part B. You may also be eligible for Part B if you have certain disabilities, including end-stage renal disease. In most cases, if you get Part A coverage, you must also sign up for Part B coverage during your initial enrollment period or your special enrollment period. If you don't, you may have to pay a late enrollment penalty for as long as you have coverage. This could mean an increase of your monthly premium.

How do I know if I have Part B?

To see if you have Part B coverage, look for "MEDICAL (PART B)" printed on your red, white, and blue Medicare card.

How do I enroll?

To learn more and enroll, call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), 8 a.m. to 7 p.m., Monday through Friday, or visit **SocialSecurity.gov**.¹

Part C

Medicare Advantage

Original Medicare (Parts A and B) doesn't cover all medical costs. You can buy more coverage through private health plans to help cover extra costs.

These Medicare-approved private health plans – called Part C or Medicare Advantage plans – include both Part A and Part B coverage, plus additional benefits. Medicare pays an amount for your coverage each month to these private health plans.

What it covers

In addition to services covered by Parts A and B, Medicare Advantage plans may also cover:

- Emergency and urgent care
- Vision services
- Hearing services
- Dental services
- Health and wellness programs
- Medicare Part D prescription drug coverage

Medicare Advantage HMO plans:

As with Original Medicare, with Medicare Advantage HMO plans, you'll usually use network providers for your care. By getting care in a coordinated network, you'll likely have predictable copays and out-of-pocket expenses. If you go to a non-network provider, you'll probably have to cover the cost.²

What to know

If you want coverage that includes more than what's in Parts A and B, like vision or dental services or prescription drugs, consider Medicare Advantage (Part C).



How much does it cost?

What you pay for coverage depends on:

- If the plan charges a monthly premium in addition to your Part B premium
- If the plan pays any of your monthly Part B premium
- If you have a Part D late enrollment penalty
- Your yearly deductible
- Your copays and coinsurance
- If you have a Part B late enrollment penalty
- The types of services you need
- Whether the plan includes a limit on out-of-pocket costs

How do I know if I'm eligible for Part C (Medicare Advantage)?

In most cases, you can join a Medicare Advantage plan if:

- You have Original Medicare (Parts A and B)
- You live in the plan's service area
- You enroll when the plan is accepting new members

How do I enroll?

Sign up directly with the plan of your choice. For information on Kaiser Permanente Medicare health plans, visit kp.org/medicare.

Medicare Supplement Insurance plans

If you choose Original Medicare, you can purchase Medicare Supplement Insurance plans – also called Medigap plans – to help you pay for care not covered by Parts A and B. Unlike Medicare Advantage, these plans offer limited coverage and don't include prescription drug coverage. You'd pay the Part B premium, a monthly health plan premium, and any coinsurance and deductibles for out-of-network care. Plus, you will need to find a Part D plan and may pay a premium for that too.

Part D

Prescription drug coverage

Part D is an optional plan offered by Medicare-approved private companies and covers some of the costs for prescription drugs. You can sign up for a Part D plan if you have Part A, Part B, or both.

What it covers

Medications covered by your Part D plan vary based on the plan's formulary. A formulary is a list of medications covered by a plan and approved by CMS.

You may be able to request coverage for a Part D drug that's not covered on the plan's formulary.

All Part D prescription drug plans, including Medicare Advantage plans that offer Part D, must provide coverage that's equal to or better than the standard Part D benefits.

These plans can enhance coverage by:

- Lowering deductibles
- Offering a different but equal share of the cost as the standard benefit, or improving your share of the cost
- Covering certain drugs that fall into the coverage gap

How much does it cost?

Your Part D costs depend on which plan you choose.

Standard Part D costs include:

- **Monthly premium** – The amount you pay for your Part D coverage. This varies by plan.
- **Yearly deductible** – The amount you pay for your prescriptions before your plan starts to pay its share. Once you reach your deductible, you'll pay only your copay or coinsurance. Not all Part D plans have a deductible.
- **Copays and coinsurance** – The amount you pay for covered drugs after your plan pays its share. This varies depending on your plan benefits.

What to know

If you have Medicare Parts A and B through Original Medicare and want prescription drug coverage, consider Part D or a Medicare Advantage plan with Part D coverage. Like Part B, Part D has a late enrollment penalty.



Your costs depend on the coverage stage you're in

When you meet certain dollar limits on Part D drug expenses, you'll move through the Part D coverage stages and pay different copays and coinsurance.

- **Initial coverage stage** – You pay the copays and coinsurance set by your plan after your plan pays its share. Once you reach a certain dollar limit, you move to the coverage gap stage.
- **Coverage gap stage**³ – You pay more for your drugs. Most Medicare health plans with Part D coverage have a coverage gap. This means that after you and your plan have spent a certain amount in drug costs, then you have to pay more for your drugs while you are “in the gap.” The amount you must pay varies by plan. Once you reach a certain dollar limit, you move to the catastrophic coverage stage.
- **Catastrophic coverage stage** – You usually pay a smaller share of the cost, which applies for the rest of the year. Most people never reach this stage.



Generic drugs can save you money

As you look at formularies, you'll often see listings for generic and costlier brand-name prescription drugs.

Generic drugs are required by the Food and Drug Administration to match brand-name drugs in:

- **Ingredients**
- **Quality**
- **Safety**
- **Strength**
- **Performance**

You can keep your costs down by asking your doctor to prescribe you generic medications.

And keep an eye on your formulary – new generic drugs are regularly added.

Getting financial help

If you're on a limited income, you may qualify for Extra Help, which could help you pay part or all of the costs of Part D premiums, deductibles, and your share of prescription drug costs. If you think you might qualify, contact Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), 8 a.m. to 7 p.m., Monday through Friday, or visit **SocialSecurity.gov**.¹

How do I know if I'm eligible for Part D?

You're eligible for Part D if you have Medicare Part A or Part B. If you decide not to sign up during your first enrollment period, you may have to pay a late enrollment penalty, which is 1% of your monthly premium for every month you delayed your enrollment.



How do I enroll?

There are 2 ways to get Medicare Part D prescription drug coverage: Join a Part C plan (a Medicare Advantage or Medicare Cost plan) or a Medicare prescription drug plan.

You can sign up directly with a plan of your choice, or contact Medicare at **1-800-633-4227** (TTY **1-877-486-2048**), 24 hours a day, 7 days a week, or visit **Medicare.gov**.¹

Before you join, please note:

- You can only join, change, or drop Part D plans during certain times of the year or under certain special circumstances
- You can only have one Part D plan at a time
- If you have a Medicare Advantage plan with Part D coverage, joining a Medicare prescription drug plan could make you lose your Medicare Advantage plan



Get more with a Kaiser Permanente HMO Medicare health plan

Our Medicare health plan is here to help you thrive

Why choose Kaiser Permanente?

The high-quality care you deserve. The predictable costs you need. The doctor choice you want. With a Kaiser Permanente Medicare health plan, you'll get benefits that support your goals and help you thrive. Plus, many of our plans include prescription drug coverage, so you can enjoy the convenience of all-in-one coverage in a single plan.⁴

Learn more about the better benefits we offer to help you get care that best fits your life.

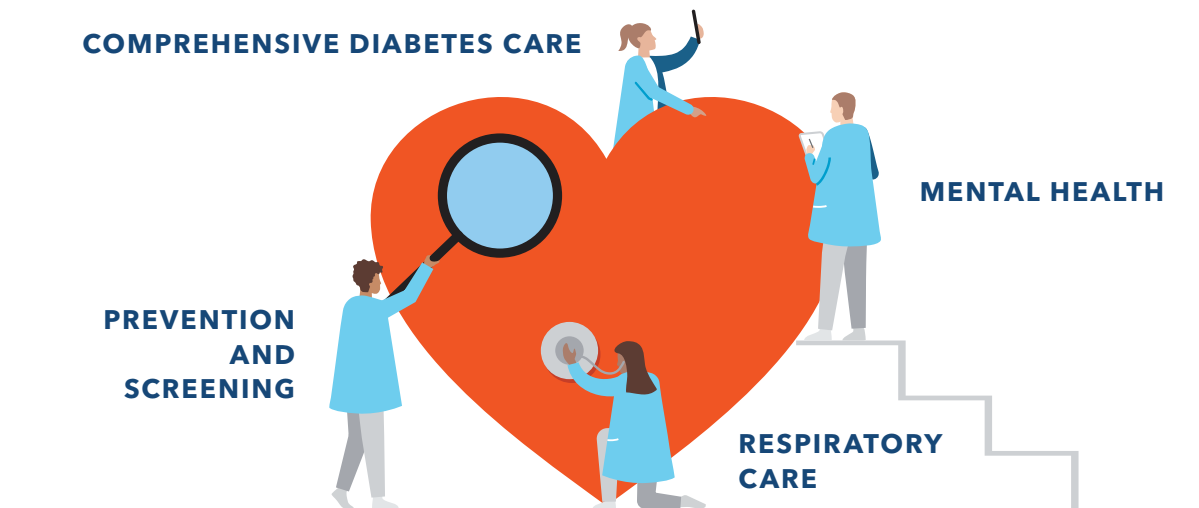
For more information on our Kaiser Permanente Medicare health plans, visit kp.org/medicare.



Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our industry-leading specialty care has you covered.

In 2021, Kaiser Permanente led the nation as the top performer in 42 effectiveness-of-care measures. The closest national competitor led in only 14.⁵



Specialty care when you need it

No matter your needs – mental health, cancer care, heart health, or another specialty – you'll have access to great doctors, advanced technology, and evidence-based care to help you recover quickly.

A comprehensive approach to care

With one of the largest multispecialty medical groups in the country, we can connect you with the right specialist who will create a personalized plan for your care. To learn how our specialists work together in a connected system, visit kp.org/specialtycare.

Support for ongoing conditions

If you have a condition like diabetes or heart disease, you're automatically enrolled in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.

Convenient ways to get care

Same-day, next-day, and weekend care is available at most locations, and by phone and video.⁶



Visit us in person at a location near you.



Talk to a health care professional by phone or video.⁶



24-hour virtual care on your schedule

If a trip to the doctor's office doesn't fit your schedule, it's easy to get fast, personalized support – daytime, nighttime, anytime.

- Schedule a phone or video visit with a doctor or clinician.⁶
- Get 24/7 virtual care (by phone or video), no appointment necessary.
- Email your Kaiser Permanente doctor's office with nonurgent questions.
- Use our e-visit questionnaire to get personalized care advice for certain conditions, order many tests, and get some prescriptions online.

When connecting to care virtually, you may save money as well as time. Telehealth is covered at no cost with most plans.⁷



Prescription delivery

Fill most prescriptions online or with the Kaiser Permanente app.⁸

- Have most delivered directly to your front door.
- Order them for same-day pickup.
- Get same-day or next-day delivery for an additional fee.⁹



Kaiser Permanente app

Manage your health 24/7 with our app. It's an easy, convenient way to do everything described above – anytime, anywhere.¹⁰

Care away from home

You're covered for urgent and emergency care anywhere in the world. And if you're planning to travel, we can help you stay on top of your health when you're away from home. We'll work with you to see if you need a vaccination, refill prescriptions, and more.



Care centered around you

Care at Kaiser Permanente isn't one-size-fits-all. Our physician-led teams work together to make sure the care you get is tailored to your needs. And your care team is connected to your electronic health record, which makes it easy to share information, see your health history, and deliver high-quality, personalized care – when and where you need it.

Your healthy place should reflect all that is you

We believe your story, background, and values are as important as your health history. To help deliver care that's sensitive to your culture, ethnicity, and lifestyle, we:

- Offer phone interpretation services in more than 150 languages
- Helped improve health outcomes among our diverse member populations for conditions like high blood pressure, diabetes, and colon cancer¹¹

Get seamless care with the help of your electronic health record



Share your health history and any concerns with your personal doctor.



Your doctor coordinates your care, so you don't have to worry about where to go or who to call next.



Future care teams have a full picture of your health history – without you having to repeat your story.



With your health records in hand, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

Prescription drug coverage

Benefit

With most of our plans, you'll also get the Kaiser Permanente Medicare prescription drug benefit, which is our Medicare Part D prescription drug coverage. Plus, with our Employer Sponsored Group Medicare plans, there is no coverage gap.³

What's covered

Our plans that include Part D prescription drug coverage have an approved list of drugs (the formulary) to make sure you get the most effective and safe prescription medications available. The formulary is carefully chosen with a team of our health care providers to help manage your prescription drug costs.

Plans don't cover:

- Drugs for cosmetic uses
- Drugs for weight loss or sexual dysfunction
- Drugs that Medicare won't cover

Ordering prescriptions

As a member, you can review your medications and request most refills online or on our mobile app. Then choose whether you want to have it ready for pickup at an in-network pharmacy or have your refill mailed to you at no extra charge. If you choose mail order, you can track your order online.



Save time and money with mail order

Get your prescriptions delivered to your front door. For most drugs, you can get a 3-month supply for just 2 copays when you use our mail-order pharmacy.¹²

Manage your prescriptions online

On our member website, you'll also be able to see your prescription and claim history, and you'll find a link to look up pricing information and find pharmacies in your network.

For drug costs, please check your summary of benefits or *Evidence of Coverage*.

Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient features and extras available to members.¹³ Many of these resources are available at no additional cost.



Acupuncture, massage therapy, chiropractic care

Enjoy reduced rates on services to help you stay healthy.



Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more.



Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone.

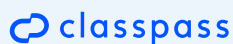
Extras for your total health



Members can use meditation and mindfulness to build mental resilience, reduce stress, and improve sleep.



Members can set mental health goals, track progress, and get support managing depression, anxiety, and more.



Choose from thousands of on-demand workout videos and get reduced rates on livestream and in-person classes.



Text one-on-one with an emotional support coach anytime, anywhere.

Convenient locations nationwide

You can find Kaiser Permanente medical facilities, doctors' offices, labs, pharmacies, and other health care services throughout the country:



California



Hawaii



Virginia



Colorado



Maryland



Washington



Georgia



Oregon



Washington,
D.C.

We're here to help

To learn more about the advantages of enrolling in a Kaiser Permanente Medicare health plan, call a Kaiser Permanente Medicare specialist at **1-866-680-1523** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week. For our Group members who are enrolled in an employer-sponsored plan, contact your employer's or union's benefits administrator.



We're part of your community

Our members enjoy a coordinated approach to care and coverage, combined with the convenience of treatment close to home. Kaiser Permanente has medical facilities, doctors' offices, labs, pharmacies, and other health care services throughout the country.

**Kaiser Foundation
Health Plan, Inc.**
393 E. Walnut St.
Pasadena, CA 91188-8514

**Kaiser Foundation
Health Plan of Colorado**
10350 E. Dakota Ave.
Denver, CO 80247

**Kaiser Foundation
Health Plan of Georgia, Inc.**
Nine Piedmont Center
3495 Piedmont Rd. NE
Atlanta, GA 30305

**Kaiser Foundation
Health Plan, Inc.**
711 Kapiolani Blvd.
Honolulu, HI 96813

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

**Kaiser Foundation
Health Plan of the Northwest**
500 NE Multnomah St.
Suite 100
Portland, OR 97232

**Kaiser Foundation
Health Plan of Washington**
1300 SW 27th Street
Renton, WA 98057



1. Kaiser Permanente is not responsible for the content or policies of external sites. 2. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. 3. Most Medicare Advantage Group Plans, offered by your employer or union, do not include a coverage gap stage. Please review your *Evidence of Coverage* for your Part D copay structure. 4. All-in-one coverage includes Medicare Parts A, B, and D in a single plan. 5. Kaiser Permanente 2021 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2021 and is used with the permission of NCQA. Quality Compass 2021 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. 6. When appropriate and available. If you travel out of state, phone appointments, video visits, and e-visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 7. High deductible health plans may require a copay or coinsurance for phone appointments and video visits. 8. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. 9. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescriptions. 10. These features are available when you get care from Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org. 11. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. 12. For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 3-5 days. If not, please call: Northern California: **1-888-218-6245** (TTY 711), Monday through Friday, 8 a.m. to 6 p.m.; Southern California: **1-866-206-2983** (TTY 711), Monday through Friday, 7 a.m. to 7 p.m.; Colorado: **1-866-523-6059** (TTY 711), Monday through Friday, 8 a.m. to 6 p.m.; Georgia: **770-434-2008** or toll-free **1-800-733-6345** (TTY 711), 7 days a week, 24 hours; Hawaii: **808-643-7979** (TTY 711), Monday through Friday, 8:00 a.m. to 5 p.m.; Maryland, Virginia, and the District of Columbia: toll-free **1-800-733-6345** (TTY 711), Monday through Friday, 8 a.m. to 7 p.m.; Washington and Oregon: **1-800-548-9809** (TTY 711), Monday through Friday, 8 a.m. to 5:30 p.m. 13. Some of these services may not be covered under your health plan benefits or subject to the terms set forth in your *Evidence of Coverage* or other plan documents. Services that aren't health plan benefits may be discontinued at any time without notice.

In California, Hawaii, and Washington, Kaiser Permanente is an HMO plan with a Medicare contract. In Colorado, Oregon, Southwest Washington, Georgia, Maryland, Virginia, and the District of Columbia, Kaiser Permanente is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

kp.org/medicare