January 1–December 31, 2021

# 2021 Summary of Benefits

Kaiser Permanente Senior Advantage Medicare Medicaid Plan (HMO D-SNP)

Denver Metropolitan service area

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KAISER PERMANENTE®

# About this Summary of Benefits

Thank you for considering Kaiser Permanente Senior 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
- Who can enroll
- Coverage rules
- Getting care
- Summary of Medicaid covered benefits

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 **kp.org/eoccodb** or ask for a copy from Member Services by calling **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

### Have questions?

- If you're not a member, please call **1-877-408-3492** (TTY **711**).
- If you're a member, please call Member Services at **1-800-476-2167** (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.

**If you are eligible for Medicare cost-sharing assistance under Medicaid, **you pay $0**.

| **Benefits and premiums** | **You pay** |
|---|---|
| **Monthly plan premium** | **$0** – **$29.80** depending on your level of Extra Help |
| **Deductible** | **None** |
| **Your maximum out-of-pocket responsibility**<br>If you are eligible for Medicare cost-sharing assistance under Medicaid, you aren't responsible for paying for Medicare Part A and Part B services. Doesn't include Medicare Part D drugs. | **$6,700** |
| **Inpatient hospital coverage***†<br>There’s no limit to the number of medically necessary inpatient hospital days. | **$0**** or **$225** per day for days 1 through 5 of your stay and **$0** for the rest of your stay |
| **Outpatient hospital coverage***† | **$0**** or **$145** per visit |
| **Ambulatory Surgery Center***† | **$0**** or **$145** per visit |
| **Doctor’s visits**<br>Primary care providers or specialists | **$0** |
| **Preventive care**<br>See the **EOC** for details. | **$0** |
| **Emergency care**<br>We cover emergency care anywhere in the world. | **$0**** or **$90** per Emergency Department visit |
| **Urgently needed services**<br>We cover urgent care anywhere in the world. | **$0**** or **$2** per office visit |
| **Diagnostic services, lab, and imaging***<br>• Lab tests<br>• Diagnostic tests and procedures (like EKG)<br>• X-rays | **$0** |
| • Other imaging procedures (like MRI, CT, and PET) | **$0**** or **$1** |
| **Hearing services**<br>• Evaluations to diagnose medical conditions<br>• Routine hearing exams<br>• Hearing aid fitting or evaluation exam | **$0** |
| • Hearing aids ($1,200 allowance to buy 1 aid, per ear every 3 years)* | If your hearing aid costs more than $1,200 per ear, **you pay the difference**. |
| **Dental services**<br>Preventive and comprehensive dental coverage<br>• Oral exam (limited to two oral exams per calendar year). | **$0** |

| Benefits and premiums | You pay |
|---|---|
| • Prophylaxis (limited to two cleanings per calendar year).<br>• Topical fluoride (once in 12 months).<br>• Full mouth or panoramic X-rays (once per 60 months).<br>• Bitewing X-rays (one set per 12 months).<br>• Periapical X-rays (four per 12 months).<br>• Occlusal X-rays (two per 12 months).<br>• Pulp vitality tests. | |
| **Vision services**<br>• Visits to diagnose and treat eye diseases and conditions<br>• Preventive glaucoma screening<br>• Diabetic retinopathy services<br>• Routine eye exams | **$0** |
| • Eyeglasses or contact lenses after cataract surgery | **$0** up to Medicare's limit, but you pay any amounts beyond that limit. |
| • Other eyewear ($200 allowance every 2 years) | If your eyewear costs more than $200, **you pay the difference**. |
| **Mental health services**<br>Outpatient group and individual therapy | **$0** |
| **Skilled nursing facility***†<br>We cover up to 100 days per benefit period. | Per benefit period:<br>• **$0** per day for days 1 through 20<br>• **$0**** or **$176** per day for days 21 through 59<br>• **$0** per day for days 60 through 100 |
| **Physical therapy*** | **$0** |
| **Ambulance** | **$0**** or **20%** |
| **Transportation** | **$0** for up to 18 one-way trips to get you to and from plan providers. |
| **Medicare Part B drugs**†<br>A limited number of Medicare Part B drugs are covered when you get them from a plan provider. See the **EOC** for details. | **$0**** or **$3** |

# Medicare Part D prescription drug coverage†

Most persons who are entitled to Medicaid benefits also get Extra Help from Medicare to pay for their prescription drug plan costs. Medicare provides Extra Help to pay prescription drug costs for people who have limited income and resources. If you are entitled to Extra Help, the deductible and coinsurance discussed below do not apply to you; instead please refer to the **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

You may get up to a 90-day supply from a plan pharmacy, including our mail-order pharmacy except as noted:

- A supply greater than a 30-day supply isn't available for all drugs
- Not all drugs can be mailed
- If you live in a long-term care facility and get your drugs from their pharmacy, you can get up to a 31-day supply
- If you get covered Part D drugs from a non-plan pharmacy, 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

### Deductible stage

You must pay the full cost for your Part D drugs until you have spent **$445** on your drugs in 2021. Then you move on to the initial coverage stage.

### Initial and catastrophic coverage stages

During the initial coverage stage, you pay **25%** coinsurance for your Part D drugs during 2021 unless you reach the catastrophic coverage stage.

If you spend **$6,550** on your Part D prescription drugs in 2021, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay the following copays per prescription during the catastrophic coverage stage:

| Drug | You pay |
|---|---|
| **Generic drugs** | **5%** coinsurance or **$3.70**, whichever is greater |
| **Brand-name drugs** | **5%** coinsurance or **$9.20**, whichever is greater |

## Who can enroll

You can sign up for this plan 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 have Medicaid benefits.
- You're a citizen or lawfully present in the United States.
- You live in the service area for this plan, which includes all of Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, and Jefferson 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 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
  - Routine care from a Colorado Permanente Medical Group (CPMG) physician at a Kaiser Permanente medical office in our Northern or Southern Colorado service areas

  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 Directory** or **Pharmacy Directory** at **kp.org/directory** or ask us to mail you a copy by calling Member Services at **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

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 **1-855-208-7221** (TTY **711**), weekdays 7 a.m. to 5:30 p.m. or at **kp.org**.

## 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.

## Language assistance services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-476-2167** (TTY: **711**).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-476-2167** (TTY: **711**).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-476-2167**（TTY：**711**）。

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-476-2167** (TTY: **711**).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-476-2167** (TTY: **711**).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-476-2167** (TTY: **711**)번으로 전화해 주십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-476-2167** (телетайп: **711**).

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-476-2167**（TTY:**711**）まで、お電話にてご連絡ください。

**Farsi:** **توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-476-2167** (TTY: **711**) تماس بگیرید.

**Arabic**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1**-800-476-2167 (رقم هاتف الصم والبكم: -**711**).

**Amharic:** ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-476-2167** (መስማት ለተሳናቸው: **711**).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-476-2167** (TTY: **711**).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-476-2167** (ATS : **711**).

**Yoruba:** AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-476-2167** (TTY: **711**).

**Cushite-Oromo:** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-476-2167** (TTY: **711**).

**Nepali**: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् **1-800-476-2167** (टिटिवाइ: **711**) ।

## Notice of nondiscrimination

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

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

If you need these services, call Member Services at **1-800-476-2167** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 2500 South Havana, Aurora, CO 80014 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 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/privacy** to learn more.

# Summary of Medicaid-covered benefits

The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Medicaid covers and what our plan covers. What you pay for covered services may depend on

your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Health First Colorado (Colorado's Medicaid program) at **303-866-3513** or toll-free **1-800-221-3943** if outside the Denver Metropolitan area. TTY users should call **711**.

| Benefit | Medicaid State Plan | Kaiser Permanente Senior Advantage Medicare Medicaid Plan |
|---|---|---|
| Inpatient Hospital Care | $10 per covered day or 50% of the averaged allowable daily rate, whichever is less. No limits.<br>Children under age of 19 and pregnant women do not have co-pays. | Per admission, you pay $0 or $225 copay per day for days 1 through 5. You pay nothing per day for days 6 and beyond. |
| Inpatient Mental Health Care | $0 copay. No limits. | $0 or $225 copay per day for days 1 through 5. You pay nothing per day for days 6 through 90. |
| Skilled Nursing Facility (SNF) | $0 copay.<br>Medicaid covers additional days. Medicare covers up to 100 days per benefit period. | Per benefit period, you pay nothing for days 1 through 20.<br>$0 or $176 copay per day for days 21 through 59 per benefit period. $0 remainder of covered stay. |
| Home Health Care | $0 copay.<br>For a member’s acute care home health needs lasting 60 days or less, members can get all necessary services without prior authorization or approval. Members can get longer home health if you develop a new issue or a current problem gets worse.<br>For member’s long-term home health needs, you must get prior authorization or approval. Prior authorization is approved for 6-12 months at a time, but a client can get an unlimited number of prior authorizations. | $0 copay. |
| Hospice | $0 copay. No more than 9 months. | $0 copay. |
| Doctor Office Visits | $2 per visit. One visit to a provider for the same issue per day.<br>Children under age 19 and pregnant women do not have copayments | $0 copay. |

| Benefit | Medicaid State Plan | Kaiser Permanente Senior Advantage Medicare Medicaid Plan |
|---|---|---|
| Podiatry Services | $2 per visit. 1 service every 60 days.<br>Children under age 19 and pregnant women do not have copayments. | $0 copay per visit for services covered by Medicare.<br>$0 copay for up to 4 routine podiatry visits every year. |
| Outpatient Mental Health Care | $0 copay. No limits. | $0 copay. |
| Outpatient Substance Abuse Care | $0 copay. No limits. | $0 copay. |
| Outpatient Services/Surgery | $0 per visit at Ambulatory Surgery Center. $4 per visit at Outpatient Hospital. No limits.<br>Children under age 19 and pregnant women do not have copayments. | $0 or $145 copay. |
| Ambulance Services | $0 copay. No limits. | 0% or 20% coinsurance. |
| Emergency Department visits | $0 copay if determined an emergency; $6 per visit if not emergency. No limits.<br>Children under age of 19 and pregnant women do not have copayments. | $0 or $90 copay. |
| Urgently Needed Care | $2 per visit if not part of an emergency room. No limits.<br>Children under age of 19 and pregnant women do not have copayments. | $0 or $2 copay per provider office visit. |
| Outpatient Rehabilitation Services | $4 per visit in outpatient hospital.<br>$2 per visit in physician office.<br>No co-pay in therapy clinic or rehab agency.<br>Some daily and annual limits apply. Children under age of 19 and pregnant women do not have copayments. No limits for children. | $0 copay. |
| Durable Medical Equipment | Some durable medical equipment may have $1 a day copayment. No limits.<br>$0 copay for anyone 19 or younger; $0 copay for pregnant women. | 0% or 20% of the cost. |

| Benefit | Medicaid State Plan | Kaiser Permanente Senior Advantage Medicare Medicaid Plan |
|---|---|---|
| Prosthetic Devices | Some prosthetic devices may have $1 a day copayment. No limits.<br>$0 copay for anyone 19 or younger; $0 copay for pregnant women. | 0% or 20% of the cost. |
| Diagnostic Tests, X-Rays, Lab Services, and Radiology Services | $1 per date of service. No limits.<br>Dental x-rays do not have a copayment.<br>Children under age of 19 and pregnant women do not have copayments. | Diagnostic or therapeutic radiology services (such as MRIs and CT scans or radiation treatment): $0 or $1 copay.<br>Diagnostic tests and procedures, lab services, or outpatient X-rays: $0 copay. (Dental X-rays are not covered.) |
| Colorectal Screening Exams | Members do not have to pay a copayment for a screening colonoscopy but do have to pay a $2 copayment for a diagnostic or treatment colonoscopy. No limits.<br>Children under age of 19 and pregnant women do not have copayments. | $0 copay. |
| Immunizations (no travel immunizations) | $0 copay. | $0 copay. |
| Mammograms | $0 copay. 1 screening per year. | $0 copay. |
| Pap Smears and Pelvic Exams | $0 copay. 1 test/exam per year. | $0 copay. |
| Prostate Cancer Screening Exams | $0 copay. 1 exam per year. | $0 copay. |
| Prescription Drugs | For brand name or generic medicines, adults pay $3 per prescription or refill. Pregnant women and children do not have to pay copayments for prescription drugs. | Depending upon your level of Extra Help, you pay $0-$3.70 for generics and $0-$9.20 for brand-name drugs or 15% for Medicare Part D drugs during the Initial Coverage Stage. |
| Dental Services | $0 copay for adults (21 years and older) up to a $1,500 benefit limit per state | Preventive services (such as cleanings) and comprehensive |

| Benefit | Medicaid State Plan | Kaiser Permanente Senior Advantage Medicare Medicaid Plan |
|---|---|---|
| | fiscal year, which runs from July 1-June 30. Emergency and dentures benefits are not subject to this limit. There is no benefit limit for children's services (21 years old and under). | services (such as fillings and crowns) are not covered. |
| Hearing Aids | $0 copay.<br>Hearing aids: 1 set per 3-5 years.<br>Audiology benefit includes hearing aids for ages 20 and under. Covers supplies. Replacements expected every 3-5 years. Hearing aids may be replaced when they no longer fit, have been lost or stolen, or the current hearing aid is no longer medically appropriate for the child. No ear molds for swimming/noise reduction.<br>Covers Cochlear implants for only ages 20 and under, replacement when current unit is broken/non-functional.<br>All ages: Replacement for current cochlear implant if broken/lost. | Hearing aid fitting/evaluation: $0 copay.<br>Hearing aid: If the hearing aid you purchase costs more than $1,200 per ear, you pay the difference. We provide the allowance for one hearing aid, per ear every three years. |
| Vision Services | $2 per visit. No limit.<br>Adult vision care benefit includes medically necessary eye exams, glasses and contact lenses only after surgery.<br>Children under age of 19 and pregnant women do not have copayments. | Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $0 copay.<br>Routine eye exam: $0 copay.<br>Eyeglasses or contact lenses: You pay any amounts that exceed $200 every two years.<br>Eyeglasses or contact lenses after cataract surgery: $0 copay up to Medicare's limit. |
| Preventive physical exams | $0 copay.<br>1 adult annual physical per year. | $0 copay. |
| Transportation | $0 copay. Non-Emergent Medical Transport is only available when member has no other means of transportation. | $0 copay for up to 18 one-way trips to get you to and from plan providers. |

| Benefit | Medicaid State Plan | Kaiser Permanente Senior Advantage Medicare Medicaid Plan |
|---|---|---|
| | Rides to medical appointments. | |

There may be limits and exclusions for some Medicaid State Plan benefits.

# 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 difference.

**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**

It's 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 Senior Advantage.

**Plan premium**
The amount you pay for your Senior 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.

Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the state Medicaid program. 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**.

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 **1-800-476-2167**, (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/medicare or call 1-800-476-2167, (TTY: **711**) from 8 a.m. to 8 p.m., 7 days a week, 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).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Kaiser Permanente is an HMO SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Kaiser Permanente depends on contract renewal.



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