

January 1–December 31, 2023

# 2023 Summary of Benefits

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Kaiser Permanente Senior Advantage Liberty (HMO)

*This plan doesn't include Medicare Part D prescription drug coverage*



## 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
- Optional supplemental benefits (Advantage Plus)
- Additional benefits
- Who can enroll
- Coverage rules
- Getting care

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

### For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at **kp.org/eocga** or ask for a copy from Member Services by calling **1-800-232-4404 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

This plan does not include Medicare Part D prescription drug coverage. We also offer other plans that do include Part D drug coverage. If you'd like information about our other plans, call **1-877-408-3493 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week or go to **kp.org/medicare**.

### Have questions?

- If you're not a member, please call **1-877-408-3493 (TTY 711)**.
- If you're a member, please call Member Services at **1-800-232-4404 (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	You pay
<b>Monthly plan premium</b>	<b>\$0</b>
<b>Deductible</b>	<b>None</b>
<b>Your maximum out-of-pocket responsibility</b> Includes copays and other costs for medical services for the year. Doesn't include Medicare Part D drugs.	<b>\$6,000</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>Outpatient hospital coverage†</b>	<b>\$0–\$275</b> per visit
<b>Ambulatory Surgery Center†</b>	<b>\$275</b> per visit
<b>Doctor's visits</b>	
<ul style="list-style-type: none"> <li>Primary care providers</li> </ul>	<b>\$0</b>
<ul style="list-style-type: none"> <li>Specialists*</li> </ul>	<b>\$40</b> per visit
<b>Preventive care</b> See the <b>EOC</b> for details.	<b>\$0</b>
<b>Emergency care</b> We cover emergency care anywhere in the world.	<b>\$110</b> per Emergency Department visit
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	<b>\$40</b> per visit
<b>Diagnostic services, lab, and imaging*†</b>	<ul style="list-style-type: none"> <li><b>\$0</b> per encounter in a medical office</li> <li><b>\$35</b> per encounter in an outpatient hospital department</li> </ul>
<ul style="list-style-type: none"> <li>Lab tests</li> <li>Diagnostic tests and procedures (like EKG)</li> </ul>	<ul style="list-style-type: none"> <li><b>\$0</b> per encounter in a medical office</li> <li><b>\$50</b> per encounter in an outpatient hospital department</li> </ul>
<ul style="list-style-type: none"> <li>X-rays</li> </ul>	<ul style="list-style-type: none"> <li><b>\$0</b> per encounter in a medical office</li> <li><b>\$50</b> per encounter in an outpatient hospital department</li> </ul>
<ul style="list-style-type: none"> <li>MRI, CT, and PET</li> </ul>	<ul style="list-style-type: none"> <li><b>\$180</b> per encounter in a medical office</li> <li><b>\$245</b> per encounter in an outpatient hospital department</li> </ul>
<b>Hearing services</b>	<b>\$40</b> per visit
<ul style="list-style-type: none"> <li>Evaluations to diagnose medical conditions</li> <li>1 routine hearing exam per calendar year</li> </ul>	<b>\$0</b>
Hearing aids and related exams aren't covered unless you sign up for optional benefits (see Advantage Plus for details).	

Benefits and premiums	You pay
<b>Dental services</b> <ul style="list-style-type: none"> <li>Preventive – Two oral exams, two teeth cleanings, and two X-rays per calendar year.</li> </ul>	<b>\$0</b>
<ul style="list-style-type: none"> <li>Comprehensive*† – refer to the <b>Evidence of Coverage</b> for the list of covered services.</li> </ul> <p>Note: You receive additional comprehensive dental when you sign up for optional benefits (see Advantage Plus for details).</p>	<b>\$0-\$580</b> , depending on the service
<b>Vision services</b> <ul style="list-style-type: none"> <li>Visits to diagnose and treat eye diseases and conditions</li> </ul>	<b>\$40</b> per visit
<ul style="list-style-type: none"> <li>1 routine eye exam per calendar year</li> <li>Preventive glaucoma screening and diabetic retinopathy services</li> </ul>	<b>\$0</b>
<ul style="list-style-type: none"> <li>Eyeglasses or contact lenses after cataract surgery</li> </ul>	<b>20%</b> coinsurance up to Medicare's limit and you pay any amounts beyond that limit.
<ul style="list-style-type: none"> <li>Other eyewear (\$500 allowance to purchase eyewear every 2 years)</li> </ul>	If your eyewear costs more than <b>\$500, you pay the difference.</b>
<b>Mental health services</b> <ul style="list-style-type: none"> <li>Outpatient group therapy</li> </ul>	<b>\$20</b> per visit
<ul style="list-style-type: none"> <li>Outpatient individual therapy</li> </ul>	<b>\$40</b> per visit
<b>Skilled nursing facility*†</b> We cover 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>\$196</b> per day for days 21 through 100</li> </ul>
<b>Physical therapy*</b>	<b>\$40</b> per visit
<b>Ambulance</b>	<b>\$225</b> per one-way trip
<b>Transportation</b> To get you to and from plan providers.	<b>\$0</b> for 18 one-way 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. <ul style="list-style-type: none"> <li>Drugs that must be administered by a health care professional</li> </ul>	<b>0%</b> or <b>20%</b> coinsurance depending on the drug
<ul style="list-style-type: none"> <li>Up to a 30-day supply from a plan pharmacy</li> </ul>	<ul style="list-style-type: none"> <li><b>\$0</b> for generic drugs</li> <li><b>\$47</b> for brand-name drugs</li> </ul>

## Advantage Plus (optional benefits)

In addition to the benefits that come with your plan, you can choose to buy a supplemental benefit package called Advantage Plus. Advantage Plus gives you extra coverage for an additional monthly cost that's added to your monthly plan premium. See the **Evidence of Coverage** for details.

Advantage Plus benefits and premiums	You pay
<b>Additional monthly premium</b>	<b>\$9</b>
<b>Hearing aids†</b> \$500 allowance to buy 1 aid, per ear every 3 years	If your hearing aid costs more than \$500 per ear, <b>you pay the difference.</b>
<b>Dental care - comprehensive*†</b> DeltaCare® USA Dental HMO Program	Varies depending on the comprehensive dental service. See the <b>Evidence of Coverage</b> for details.

## Additional benefits

These benefits are available to you as a plan member:	You pay
<b>Home medical care not covered by Medicare (acute medical care at home)**</b>  We cover medical care in your home that is not otherwise covered by Medicare when found medically appropriate by a physician based on your health status, to provide you with an alternative to receiving or continuing to receive acute care in a hospital. Referral and prior authorization are required. See the <b>EOC</b> for details.	<b>\$0</b> when prescribed as part of your home treatment plan, otherwise you pay the applicable cost share
<b>Over-the-Counter (OTC) items</b>  We cover OTC items listed in our OTC catalog for free home delivery. You may order OTC items each quarter of the year (January, April, July, October). The catalog lists the price of each item. Each order must be at least <b>\$20</b> . Any unused portion of the quarterly benefit limit doesn't carry forward to the next quarter.  To view our catalog and place an order online, please visit <a href="http://kp.org/otc/ga">kp.org/otc/ga</a> . You may place an order over the phone or request a printed catalog be mailed to you by calling <b>1-844-232-6906</b> (TTY <b>711</b> ), 8 a.m. to 8 p.m., Monday through Friday.	<b>\$0</b> up to the <b>\$150</b> quarterly benefit limit.
<b>Special Supplemental Benefits for the Chronically III (Healthy Food Card)**</b>  Eligible members with certain chronic conditions receive a quarterly allowance to purchase approved foods, such as produce.	Members that meet the criteria for this benefit will receive a pre-loaded debit card with a quarterly allowance of <b>\$150</b> to purchase approved healthy foods.

These benefits are available to you as a plan member:	You pay
<p>This benefit will be available only to plan-identified members who have been diagnosed with:</p> <ul style="list-style-type: none"> <li>• Chronic alcohol and other drug dependence.</li> <li>• Autoimmune disorders.</li> <li>• Cancer.</li> <li>• Cardiovascular disorders.</li> <li>• Chronic heart failure.</li> <li>• Dementia.</li> <li>• Diabetes.</li> <li>• End-stage liver disease.</li> <li>• End-stage renal disease (ESRD).</li> <li>• Severe hematologic disorders.</li> <li>• HIV/AIDS.</li> <li>• Chronic lung disorders.</li> <li>• Chronic and disabling mental health conditions.</li> <li>• Neurologic disorders.</li> <li>• Stroke.</li> </ul> <p>Any unused allowance does not carry over to the next quarter. See the <b>EOC</b> for details.</p>	

\*\*The benefit mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

## 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're a citizen or lawfully present in the United States.
- You live in our plan's service area, which includes:
  - Barrow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Newton, Rockdale, Spalding, and Walton
  - These ZIP codes in Paulding County: 30127, 30134, and 30141

## 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**. 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 Southeast Permanente Medical Group network physician in our Western Metro Atlanta service area

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers. If you receive non-covered care or services, you must pay the full cost.

For details about coverage rules, including non-covered services (exclusions), see the **Evidence of Coverage**.

## Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care and lab work. To find our provider locations, see our **Provider Directory** at [kp.org/directory](http://kp.org/directory) or ask us to mail you a copy by calling Member Services at **1-800-232-4404** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

The 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 or at [kp.org](http://kp.org).

## Help managing conditions

If you have more than one ongoing health condition and need help managing your care, we can help. Our case management programs bring together nurses, social workers, and your personal doctor to help you manage your conditions. The program provides education and teaches self-care skills. If you're interested, please ask your personal doctor for more information.

## Notices

### Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.



If you have a complaint that's not about coverage, you can file a grievance with us. See the **Evidence of Coverage** for details about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

## **Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-232-4404 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-232-4404 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-232-4404 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-232-4404 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-232-4404 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-232-4404 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-232-4404 (TTY 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-232-4404 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-232-4404 (TTY 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-232-4404 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه . سيقوم شخص ما يتحدث العربية(711 TTY) **1-800-232-4404** فوري، ليس عليك سوى الاتصال بنا على خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-232-4404 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-232-4404 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-232-4404 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-232-4404 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-232-4404 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-232-4404 (TTY 711)** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

## **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, sexual orientation, gender identity. 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 **1-800-232-4404** (TTY **711**), 8 a.m. to 8 p.m., 7 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 Attention: Member Services, Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305 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**, **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/privacy](http://kp.org/privacy) to learn more.

## 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.

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

For information about Original Medicare, refer to your “**Medicare & You**” handbook. You can view it online at [medicare.gov](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**.



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

Kaiser Foundation Health Plan of Georgia, Inc.  
3495 Piedmont Road NE  
Atlanta, GA 30305

Kaiser Foundation Health Plan of Georgia, Inc. A nonprofit corporation and Health Maintenance Organization (HMO)

 **Please recycle.**