

January 1–December 31, 2025

2025 Summary of Benefits

Kaiser Permanente Dual Essential Plan (HMO D-SNP)

Denver Metropolitan service area

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
- Additional benefits
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care
- Medicare prescription payment plan
- 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/eocco 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 | |
|--|--|--|
| | With full Medicaid cost-sharing assistance | With partial Medicaid cost-sharing assistance |
| Monthly plan premium | \$0 | \$0 |
| Deductible | \$0 | \$0 |
| Your maximum out-of-pocket responsibility 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. | \$4,900 | \$4,900 |
| Inpatient hospital services*† There's no limit to the number of medically necessary inpatient hospital days. | \$0 | \$0** or \$225 per day for days 1– 6 of your stay and \$0 for the rest of your stay. |
| Outpatient hospital services*† | \$0 | \$0** or \$200 per visit |
| Ambulatory Surgical Center (ASC)*† | \$0 | \$0** or \$150 per visit |
| Doctor's visits <ul style="list-style-type: none"> • Primary care providers | \$0 | \$0 |
| <ul style="list-style-type: none"> • Specialists* | \$0 | \$0** or \$5 per specialist visit |
| Preventive care <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screenings & counseling • Blood-based biomarker tests • Bone mass measurements • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical & vaginal cancer screening • Colorectal cancer screenings (barium enemas, colonoscopies, fecal occult | \$0 Any additional preventive services approved by Medicare during the contract year will be covered. See your EOC for frequency of covered services. | \$0 Any additional preventive services approved by Medicare during the contract year will be covered. See your EOC for frequency of covered services. |

| Benefits and premiums | You pay | |
|--|--|---|
| | With full Medicaid cost-sharing assistance | With partial Medicaid cost-sharing assistance |
| blood tests, flexible sigmoidoscopies, and multi-target stool DNA tests) <ul style="list-style-type: none"> • Counseling to prevent tobacco use & tobacco-caused disease • Depression screenings • Diabetes screenings • Diabetes self-management training • Glaucoma screenings • Hepatitis B Virus (HBV) infection screenings • Hepatitis C screening tests • HIV screenings • Lung cancer screenings • Mammograms (screening) • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Obesity behavioral therapy • One-time “Welcome to Medicare” preventive visit • Prostate cancer screenings • Sexually transmitted infections screenings & counseling • Shots that include COVID-19 vaccines, flu shots, Hepatitis B shots and Pneumococcal shots • Yearly “Wellness” visit | | |
| Emergency care We cover emergency care anywhere in the world. | \$0 | \$0** or \$125 per Emergency Department visit |
| Urgently needed services We cover urgent care anywhere in the world. | \$0 | \$0 |
| Diagnostic services, lab, and imaging* <ul style="list-style-type: none"> • Lab tests† • Diagnostic tests and procedures (like EKG)† • X-rays | \$0 | \$0 |

| Benefits and premiums | You pay | |
|--|--|---|
| | With full Medicaid cost-sharing assistance | With partial Medicaid cost-sharing assistance |
| <ul style="list-style-type: none"> Other imaging procedures (like MRI, CT, and PET)† | \$0 | \$0** or \$125 per procedure, per body part studied |
| <ul style="list-style-type: none"> Ultrasounds† | \$0 | \$0** or \$25 per ultrasound |
| Hearing services <ul style="list-style-type: none"> Evaluations to diagnose medical conditions Routine hearing exams Hearing aid fitting or evaluation exam | \$0 | \$0 |
| <ul style="list-style-type: none"> Hearing aids* | \$3,000 allowance to buy 1 aid, per ear every 2 years. If your hearing aid costs more than \$3,000 per ear, you pay the difference. | |
| Dental services Preventive and diagnostic dental care when provided by Delta Dental Medicare Advantage PPO™ dentists (see the Provider Directory for network dentists): <ul style="list-style-type: none"> Oral exam (limited to two oral exams per year) Prophylaxis (limited to two cleanings per year) Topical fluoride (once in 12 months) Full mouth or panoramic X-rays (once per 60 months) Bitewing X-rays (one set per 12 months) Periapical X-rays (four per 12 months) Occlusal X-rays (two per 12 months) Pulp vitality tests | \$0 | \$0 |
| Comprehensive dental care when provided by Delta Dental Medicare Advantage PPO™ dentists (see the Provider Directory for network dentists): <ul style="list-style-type: none"> Covered services include fillings, crowns, extractions, dentures, endodontics, and periodontics. Please see EOC for details. For more information, visit | \$3,000 allowance per calendar year. If the combined preventive and comprehensive dental care you receive costs more than \$3,000, you pay the difference. | |

| Benefits and premiums | You pay | |
|--|--|--|
| | With full Medicaid cost-sharing assistance | With partial Medicaid cost-sharing assistance |
| https://healthy.kaiserpermanente.org/colorado/health-wellness/senior-health/extras . | | |
| Vision services <ul style="list-style-type: none"> • Visits to diagnose and treat eye diseases and conditions • Preventive glaucoma screening • Routine eye exams | \$0 | \$0 |
| <ul style="list-style-type: none"> • Eyeglasses or contact lenses after cataract surgery | \$0 up to Medicare's limit, but you pay any amounts beyond that limit. | |
| <ul style="list-style-type: none"> • Other eyewear | \$650 allowance every year. If your eyewear costs more than \$650, you pay the difference. | |
| Mental health services <ul style="list-style-type: none"> • Inpatient mental health*† | \$0 | \$0** or \$225 per day for days 1–6 of your stay and \$0 for the rest of your stay. |
| <ul style="list-style-type: none"> • Outpatient group and individual therapy | \$0 | \$0 |
| Skilled nursing facility*† We cover up to 100 days per benefit period. | \$0 | Per benefit period: <ul style="list-style-type: none"> • \$0 per day for days 1 –20 • \$0** or \$203 per day for days 21–45 • \$0 per day for days 46–100 |
| Physical therapy* | \$0 | \$0 |
| Ambulance† | \$0 | \$0** or 20% |
| Transportation We cover unlimited one-way trips per calendar year (limited to 65 miles one way) to get you to or from a plan provider when provided by our transportation provider. For more information, visit https://healthy.kaiserpermanente.org/colorado/health-wellness/senior-health/extras . | \$0 for unlimited one-way trips per calendar year to get you to and from plan providers. | |

| Benefits and premiums | You pay | |
|---|--|---|
| | With full Medicaid cost-sharing assistance | With partial Medicaid cost-sharing assistance |
| Medicare Part B drugs† Medicare Part B drugs are covered when you get them from a plan provider. See the EOC for details. Drugs that must be administered by a health care professional. | \$0 | 0%–20% coinsurance depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation. |
| <ul style="list-style-type: none"> Up to a 30–day supply of a generic drug | \$0 | <ul style="list-style-type: none"> \$0 at a preferred plan pharmacy \$0** or \$20 at a standard plan pharmacy, except you pay \$0 for Part B insulin drugs furnished through an item of DME. |
| <ul style="list-style-type: none"> Up to a 30–day supply of a brand-name drug | \$0 | <ul style="list-style-type: none"> \$0** or \$10 at a preferred plan pharmacy, except you pay \$0 for Part B insulin drugs furnished through an item of DME. \$0** or \$47 at a standard plan pharmacy, except you pay \$0 for Part B insulin drugs furnished through an item of DME. |

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**.

If you aren't entitled to Extra Help, the amount you pay for drugs will be different depending on:

- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at kp.org/seniorrx or call Member Services to ask for a copy at **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (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 (deductible, initial coverage or catastrophic coverage phase).

Deductible stage

For drugs in Tier 6, there's no drug deductible and you start the year in the initial coverage stage. If you aren't entitled to Extra Help, for drugs in Tiers 1, 2, 3, 4, and 5, there is a deductible stage. For drugs in Tiers 1, 2, 3, 4, and 5, you must pay the full cost of the drugs until you have spent **\$530** for them in 2025. After you have met the deductible, you move on to the initial coverage stage for Tiers 1, 2, 3, 4, and 5 drugs. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.

Initial coverage stage

If you aren't entitled to Extra Help, you pay the coinsurance shown in the chart below until your out-of-pocket costs reach **\$2,000**. If you reach the **\$2,000** limit in 2025, you move on to the catastrophic stage and your coverage changes.

| Drug tier | Retail plan pharmacy | | |
|---------------------------------------|-----------------------|----------------------|----------------------|
| | Up to a 30-day supply | 31- to 60-day supply | 61- to 90-day supply |
| Tier 1 (Preferred generic) | 22% | | |
| Tier 2 (Generic) | 23% | | |
| Tier 3* (Preferred brand-name) | 24% | | |
| Tier 4* (Non-preferred drugs) | 25% | | |
| Tier 5* (Specialty) | 25% | | |
| Tier 6** (Vaccines) | \$0 | N/A | |

*For each insulin product covered by our plan in Tiers 1 – 5, you pay nothing.

**Our plan covers most Part D vaccines at no cost to you.

| Drug tier | Mail-order plan pharmacy | | |
|---------------------------------------|--------------------------|----------------------|----------------------|
| | Up to a 30-day supply | 31- to 60-day supply | 61- to 90-day supply |
| Tier 1 (Preferred generic) | 22% | | |
| Tier 2 (Generic) | 23% | | |
| Tier 3* (Preferred brand-name) | 24% | | |
| Tier 4* (Non-preferred drugs) | 25% | | |
| Tier 5* (Specialty) | 25% | | |

Note: Tier 6 (vaccines) are not available through mail order.

*For each insulin product covered by our plan in Tiers 1 – 5, you pay nothing.

Catastrophic coverage stage

If you or others on your behalf spend **\$2,000** on your Part D prescription drugs in 2025, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay nothing for covered Part D drugs in 2025.

Long-term care, plan home-infusion, 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 retail plan pharmacy and you can get up to a 31–day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail 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.

Additional benefits

*Your plan provider may need to provide a referral.

†Prior authorization may be required.

| These benefits are available to you as a plan member: | You pay |
|--|--|
| <p>Fitness benefit — One Pass™ You have access to the One Pass complete fitness program for the body and mind. One Pass includes:</p> <ul style="list-style-type: none"> • A large premium gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location. • Live, on-demand, and digital fitness programs at home. • Social clubs and activities available on the One Pass member website and mobile app. • One home fitness kit annually for strength, yoga, or dance. • Online brain health cognitive training programs. <p>For more information about participating gyms and fitness locations, the program's benefits, or to set up your online account, visit YourOnePass.com or call 1-877-614-0618 (TTY 711), Monday through Friday, 7 a.m. to 8 p.m.</p> | <p>\$0</p> |
| <p>Home medical care not covered by Medicare (Advanced Care at Home) *† 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 acute care in a hospital and post-acute care services in the home to support your recovery. Prior authorization and referral required. See the EOC for details.</p> | <p>\$0 when prescribed as part of your home treatment plan, otherwise you pay the applicable cost share</p> |
| <p>In-home support We cover 60 hours of non-medical, in-home support services per year to address assistance with Activities of</p> | <p>\$0</p> |

| These benefits are available to you as a plan member: | You pay |
|---|---|
| Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) within the home. Each visit must be at least 3 hours and there is a maximum of 8 hours per shift. See the EOC for details. For more information, visit https://healthy.kaiserpermanente.org/colorado/health-wellness/senior-health/extras . | |
| Over-the-counter (OTC) items 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) up to the quarterly benefit limit shown in the right column. Each order must be at least \$35. For more information, visit https://healthy.kaiserpermanente.org/colorado/health-wellness/senior-health/extras . | \$0 up to the \$100 quarterly benefit limit. |

Member discounts for products and services

Kaiser Permanente partners with leading companies to support your health, safety, and well-being — and offer substantial savings and discounts.

Lively™ Mobile Plus

Get a personal emergency response system that provides 24/7 help with the push of a button. Receive a reduced one-time device fee and choice of two monthly service plans (coverage limits may apply). Visit greatcall.com/KP or call **1-800-205-6548** (TTY **711**) for more information.

CareLinx

Kaiser Permanente has partnered with CareLinx to provide you with a discount for purchasing non-medical, in-home help with daily activities. Your caregiver can help you live an independent lifestyle in your own home by assisting with light housekeeping, meal preparation, companionship and more.

Visit <https://www.carelinx.com/kaiserpermanente> or call toll-free **1-844-636-4592** Monday-Friday, 7 a.m. – 6 p.m. MST, and on weekends, 9 a.m. – 5 p.m. MST.

Comfort Keepers® in-home care and assistance

In-home care services to help you maintain independence at home with everything from 24-hour care, respite and personal care, meal preparation, and light housekeeping. Receive a discount on all services and get a free in-home safety assessment. Visit comfortkeepers.com/kaiser-permanente or call **1-800-611-9689** (TTY **711**) for more information.

Mom's Meals® healthy meal delivery

Getting the right nutrition is essential to achieving and maintaining good health. Receive delivery of refrigerated ready-to-heat-and-eat meals to homes nationwide. Crafted by chefs and registered dietitians, meals are medically tailored to support most major chronic conditions and overall wellness. Kaiser

Permanente members enjoy discounted pricing and free shipping from Mom's Meals. Visit www.momsmealsnc.com/kp/home/asp or call **1-866-224-9483** (TTY 711) for more information.

Kaiser Permanente members may continue to use or select these products or services from any company of their choice but Kaiser Permanente discounts are only available with the partner listed above. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Dual Essential grievance process. BEST BUY HEALTH, GREATCALL, LIVELY and LINK are trademarks of Best Buy and its affiliated companies. ©2022 Best Buy. All rights reserved.

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, Jefferson and Park 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. 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, 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 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.

Medicare prescription payment plan

The Medicare Prescription Payment Plan is a new payment option for 2025 that can help you manage your drug costs by spreading them out during the year as monthly payments. This program is available to anyone with Medicare Part D and works with your drug coverage. It can be especially helpful to people with high drug cost sharing earlier in the plan year and help manage out-of-pocket drug costs, but it doesn't save you money or lower your drug costs. Contact us or visit [Medicare.gov](https://www.medicare.gov) to learn more about this program.

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered by submitting a claim to us within a specific time period that includes the date you received the item or service. 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.

Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** at 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 **1-800-221-3943** or toll-free **1-800-221-3943** if outside the Denver Metropolitan area. TTY users should call **711**.

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

*Your plan provider may need to provide a referral.

| Benefit | Medicaid State Plan | Kaiser Permanente Senior Advantage Dual Essential Plan | |
|--------------------------------|--|--|---|
| | | With full Medicaid cost-sharing assistance | With partial Medicaid cost-sharing assistance |
| Inpatient Hospital Care | \$0 . No limits. | \$0 | Per admission, you pay \$0** or \$225 copay per day for days 1–6. You pay nothing per day for days 7 and beyond. |
| Inpatient Mental Health Care | \$0 . No limits. | \$0 | \$0** or \$225 copay per day for days 1–6. You pay nothing per day for days 7–90. |
| Skilled Nursing Facility (SNF) | Covered. | \$0 | Per benefit period, you pay nothing for days 1–20. \$0** or \$203 copay per day for days 21–45 per benefit period. \$0 per day for days 46–100. |
| Home Health Care | \$0 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 | \$0 | \$0 |

| Benefit | Medicaid State Plan | Kaiser Permanente Senior Advantage Dual Essential Plan | |
|---------------------------------|---|--|---|
| | | With full Medicaid cost-sharing assistance | With partial Medicaid cost-sharing assistance |
| | issue or a current problem gets worse. 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. | | |
| Hospice | \$0. No more than 9 months. | \$0 | \$0 |
| Doctor Office Visits | \$0. One visit to a provider for the same issue per day. | \$0 | \$0 |
| • Specialists* | | \$0 | \$0** or \$5 per specialist visit |
| Podiatry Services* | Routine Foot Care: \$0. 1 service every 60 days. Acute care (serious) issues allow any amount of medically necessary podiatric services. | \$0 per visit for services covered by Medicare. \$0 for up to 4 routine podiatry visits every year. | \$0** or \$5 per visit for services covered by Medicare. \$0 for up to 4 routine podiatry visits every year. |
| Outpatient Mental Health Care | \$0. No limits. | \$0 | \$0 |
| Outpatient Substance Abuse Care | \$0. No limits. | \$0 | \$0 |
| Outpatient Services/Surgery | \$0. No limits. | \$0 | \$0** or \$150 copay at Ambulatory Surgery Center. \$0** or \$200 copay at Outpatient Hospital. |
| Ambulance Services | \$0. No limits. | \$0 | 0%** or 20% coinsurance. |

| Benefit | Medicaid State Plan | Kaiser Permanente Senior Advantage Dual Essential Plan | |
|--|---|--|--|
| | | With full Medicaid cost-sharing assistance | With partial Medicaid cost-sharing assistance |
| Emergency Department visits | \$0 if determined an emergency; \$8 per visit if not emergency. No limits. | \$0 | \$0** or \$125 copay. |
| Urgently Needed Care | \$0 if not part of an emergency room. No limits. | \$0 | \$0 |
| Outpatient Rehabilitation Services | \$0 . Some daily and annual limits apply. | \$0 | \$0 |
| Durable Medical Equipment | \$0 . No limits. | \$0 | 0%** or 20% coinsurance. |
| Diagnostic Tests, X-Rays, Lab Services, and Radiology Services | \$0 . No limits. Dental X-rays do not have a copayment. | \$0 | <ul style="list-style-type: none"> • \$0 for Lab tests, Diagnostic tests and procedures (like EKG)† and X-rays • \$0** or \$125 per procedure, per body part studied for Other imaging procedures (like MRI, CT, and PET)† • \$0** or \$25 per ultrasound† |
| Colorectal Screening Exams | \$0 . No limits. | \$0 | \$0 |
| Immunizations (no travel immunizations) | \$0 | \$0 | \$0 |
| Mammograms | \$0 . 1 screening per year. | \$0 | \$0 |
| Pap Smears and Pelvic Exams | \$0 . 1 test/exam per year. | \$0 | \$0 |
| Prostate Cancer Screening Exams | \$0 . 1 exam per year. | \$0 | \$0 |
| Prescription Drugs | \$0 | \$0 | 22% – 25% for Medicare Part D drugs during the Initial Coverage Phase if you |

| Benefit | Medicaid State Plan | Kaiser Permanente Senior Advantage Dual Essential Plan | |
|-----------------|---|---|---|
| | | With full Medicaid cost-sharing assistance | With partial Medicaid cost-sharing assistance |
| | | | do not qualify for “Extra Help.” |
| Dental Services | Covered. No annual limit. | \$0 for preventive and diagnostic services (such as cleanings) and comprehensive dental services (such as fillings, crowns, extractions, dentures, endodontics, and periodontics. Please see EOC for details). \$3,000 allowance per calendar year for combined preventive and comprehensive dental services. | \$0 for preventive and diagnostic services (such as cleanings) and comprehensive dental services (such as fillings, crowns, extractions, dentures, endodontics, and periodontics. Please see EOC for details). \$3,000 allowance per calendar year for combined preventive and comprehensive dental services. |
| Hearing Aids | \$0 Hearing aids: 1 set per 3–5 years. Covers supplies. Replacements expected every 3–5 years. Hearing aids may be replaced when they no longer fit or have been lost or stolen. No ear molds for swimming/noise reduction. Replacement for current cochlear implant if broken/lost. | Hearing aid fitting/evaluation: \$0 Hearing aid: \$3,000 per ear every two years. If the hearing aid you purchase costs more than \$3,000 per ear, you pay the difference. | Hearing aid fitting/evaluation: \$0 Hearing aid: \$3,000 per ear every two years. If the hearing aid you purchase costs more than \$3,000 per ear, you pay the difference. |
| Vision Services | \$0 . No limit. Vision care benefit includes medically necessary eye exams, glasses and contact lenses only after surgery. | Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 Routine eye exam: \$0 Eyeglasses or contact lenses after cataract | Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 Routine eye exam: \$0 Eyeglasses or contact lenses after cataract |

| Benefit | Medicaid State Plan | Kaiser Permanente Senior Advantage Dual Essential Plan | |
|---------------------------|--|--|--|
| | | With full Medicaid cost-sharing assistance | With partial Medicaid cost-sharing assistance |
| | | surgery: \$0 up to Medicare's limit. Eyeglasses or contact lenses: \$650 allowance per year. You pay any amounts that exceed \$600 . | surgery: \$0 up to Medicare's limit. Eyeglasses or contact lenses: \$650 allowance per year. You pay any amounts that exceed \$600 . |
| Preventive physical exams | \$0 1 annual physical per year. | \$0 | \$0 |
| Transportation | \$0 Non-Emergent Medical Transport is only available when member has no other means of transportation. Rides to medical appointments. | \$0 for unlimited one-way trips to get you to and from plan providers. | \$0 for unlimited one-way trips to get you to and from plan providers. |

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.

Primary care provider

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. You must choose one of our available Colorado Permanente Medical Group plan providers to be your personal doctor.

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. 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**.

Notice of Nondiscrimination

Kaiser Permanente complies with applicable Federal and Colorado state 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, gender expression, or any other basis protected by applicable federal or state laws.

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 **1-800-632-9700** (TTY **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or gender expression, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**). 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**, (TTY **1-800-537-7697**). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Kaiser Permanente is an HMO, HMO-POS, and PPO plan with Medicare contracts. Enrollment in Kaiser Permanente depends on contract renewal.

Multi-Language Insert

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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 فوري، ليس عليك سوى الاتصال بنا على **1-800-476-2167 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه 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 **1-800-476-2167 (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 **1-800-476-2167 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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、**1-800-476-2167 (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。

kp.org/medicare

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Kaiser Foundation Health Plan of Colorado. A nonprofit corporation and Health Maintenance Organization (HMO)