January 1–December 31, 2027

# 2027
# Summary of Benefits

Kaiser Permanente Medicare Advantage Centennial (HMO) and
Kaiser Permanente Medicare Advantage Columbia (HMO)

*These plans include Medicare Part D prescription drug coverage and are available in Spokane County.*

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# About this Summary of Benefits

Thank you for considering Kaiser Permanente Medicare Advantage. You can use this **Summary of Benefits** to learn more about our plans. It includes information about:

- Premiums
- Benefits and costs
- Part D prescription drugs
- Optional supplemental benefits (Advantage Plus)
- Additional benefits
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care
- Medicare prescription payment plan

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

## For more details

This document is a summary of 2 Kaiser Permanente Medicare Advantage plans. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at **kp.org/eocwa** or ask for a copy from Member Services by calling **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

The 2 plans in this document include Medicare Part D prescription drug coverage. We also offer a plan without Part D drug coverage. If you'd like information about our other plan, call **1-800-446-8882** (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 **1-800-446-8882** (TTY **711**).
- If you're a member, please call Member Services at **1-888-901-4600** (TTY **711**).
- 7 days a week, 8 a.m. to 8 p.m.

# What's covered and what it costs

*Your plan provider may need to provide a referral.

†Prior authorization may be required.

| **Benefits and premiums** | With our **Centennial Plan**, you pay | With our **Columbia Plan**, you pay |
|---|---|---|
| **Monthly plan premium** | **$0** | **$85** |
| **Deductible** | **$0** | **$0** |
| **Your maximum out-of-pocket responsibility**<br>Includes copays and other costs for medical services for the year.<br>Doesn't include Medicare Part D drugs. | **$6,600** | **$3,950** |
| **Inpatient hospital services***†<br>There's no limit to the number of medically necessary inpatient hospital days. | **$525** per day for days 1 through 5 of your stay and **$0** for the rest of your stay. | **$295** per day for days 1 through 4 of your stay and **$0** for the rest of your stay. |
| **Outpatient hospital services***† | **$0–$450** per visit | **$0–$300** per visit |
| **Ambulatory Surgical Center (ASC)***† | **$400** per visit | **$250** per visit |
| **Doctor visits**<br>• Primary care providers | **$0** | **$0** |
| • Specialists*† | **$50** per visit | **$20** per visit |
| **Preventive care***<br>• Abdominal aortic aneurysm screenings<br>• Alcohol misuse screenings & counseling<br>• Bone mass measurements†<br>• Cardiovascular disease screenings<br>• Cardiovascular disease (behavioral therapy)<br>• Cervical & vaginal cancer screenings<br>• Colorectal cancer screenings†<br>  ○ Blood-based biomarker tests<br>  ○ Colonoscopies | **$0**<br>Any additional preventive services approved by Medicare during the contract year will be covered. See your EOC for frequency of covered services. | **$0**<br>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 | With our **Centennial Plan**, you pay | With our **Columbia Plan**, you pay |
|---|---|---|
| ○ Computed tomography (CT) colonography<br>○ Fecal occult blood tests<br>○ Flexible sigmoidoscopies<br>○ Multi-target stool DNA tests<br>• Counseling to prevent tobacco use & tobacco-caused disease<br>• Depression screenings<br>• Diabetes screenings<br>• Diabetes self-management training†<br>• Glaucoma screenings†<br>• Hepatitis B shots<br>• Hepatitis B virus (HBV) infection screenings†<br>• Hepatitis C virus screenings†<br>• HIV screenings<br>• Lung cancer screenings†<br>• Mammograms (screening)<br>• Medical nutrition therapy services†<br>• Medicare Diabetes Prevention Program†<br>• Obesity behavioral therapy†<br>• One-time “Welcome to Medicare” preventive visit<br>• Pre-exposure prophylaxis (PrEP) for HIV prevention<br>• Prostate cancer screenings†<br>• Sexually transmitted infections screenings & counseling<br>• Shots:<br>○ COVID-19 vaccines<br>○ Flu shots<br>○ Hepatitis B shots<br>○ Pneumococcal shots<br>• Yearly “Wellness” visit | | |
| **Emergency care**<br>We cover emergency care anywhere in the world. | **$130** per Emergency Department visit | **$150** per Emergency Department visit |
| **Urgently needed services** | **$50** per visit | **$20** per visit |

| **Benefits and premiums** | With our **Centennial Plan**, you pay | With our **Columbia Plan**, you pay |
|---|---|---|
| We cover urgent care anywhere in the world. | | |
| **Diagnostic services, lab, and imaging***<br>• Lab tests<br>• X-rays | **$0** | **$0** |
| • Diagnostic tests and procedures (like EKG)† | **$20** per visit | **$0** |
| • Other imaging procedures (like MRI, CT, and PET) and ultrasounds† | **$355** per visit | **$195** per visit |
| **Hearing services**<br>• Evaluations to diagnose medical conditions*†<br>• Routine hearing exam (1 per calendar year) | **$0** with an audiologist or **$50** per visit with other providers | **$0** with an audiologist or **$20** per visit with other providers |
| • Hearing aid fitting and evaluation exam (2 exams per calendar year)*†<br>Note: If you sign up for optional supplemental benefits, you receive additional hearing benefits (see Advantage Plus for details). | **$0** | **$0** |
| **Dental services**<br>Preventive and diagnostic dental services:<br>• Oral exams (2 per calendar year)<br>• Prophylaxis (cleanings), (2 per calendar year)<br>• X-rays (every 1 to 3 calendar years, depending on the type)<br>• Fluoride treatments (2 per calendar year)<br>• Palliative treatment of dental pain<br>See the **EOC** for details.<br>Dental care is provided by Delta Dental of Washington. Dental services must be received from Delta Dental PPO Plus Premier network providers for coverage to | **$0** | **$0** |

| **Benefits and premiums** | With our **Centennial Plan**, you pay | With our **Columbia Plan**, you pay |
|---|---|---|
| apply. For information about dental providers, please visit www.DeltaDentalWA.com.<br>Note: If you sign up for optional supplemental benefits, you receive additional dental benefits (see Advantage Plus for details). | | |
| **Vision services**<br>• Visits to diagnose and treat eye diseases and conditions<br>• Routine eye exam (1 per calendar year) | **$0** with an optometrist or **$50** per visit with an ophthalmologist | **$0** with an optometrist or **$20** per visit with an ophthalmologist |
| • Preventive glaucoma screening*†<br>• Diabetic retinopathy services | **$0** | **$0** |
| • Eyeglasses or contact lenses after cataract surgery | **$0** up to Medicare's limit, but you pay any amounts beyond that limit | **$0** up to Medicare's limit, but you pay any amounts beyond that limit |
| • Other eyewear | Not covered | **$200** allowance per calendar year. If your eyewear costs more than $200, you pay the difference. |
| **Mental health services**<br>• Inpatient mental health*† | You pay **$470** per day for days 1–5 (**$0** for the rest of your stay) | You pay **$295** per day for days 1–4 (**$0** for the rest of your stay) |
| • Outpatient group therapy | **$30** per visit | **$25** per visit |
| • Outpatient individual therapy | **$40** per visit | **$35** per visit |
| **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>• **$218** per day for days 21 through 100 | **Per benefit period:**<br>• **$0** per day for days 1 through 20<br>• **$218** per day for days 21 through 100 |
| **Physical therapy***† | **$40** per visit | **$35** per visit |
| **Ambulance**† | **$395** per one-way trip | **$250** per one-way trip |
| **Transportation**<br>• **Routine:** Rides provided to and from a network provider by taxis, rideshare services, vans, and | Not covered | **$0** for **12** round trips per calendar year. |

| Benefits and premiums | With our **Centennial Plan**, you pay | With our **Columbia Plan**, you pay |
|---|---|---|
| medical transport as determined by our designated transportation provider. | | |
| • **Non-routine:** Medically necessary, non-emergency medical transportation to home (within 100 miles), a skilled nursing facility (SNF), or another higher level of care, immediately following an inpatient hospitalization or after certain emergency, urgent care, or outpatient hospital encounters, **when ordered by a network provider**. Refer to the **EOC** for more details. | **$0** | **$0** |
| **Medicare Part B drugs**†<br>We cover Medicare Part B drugs listed below when you get them from a plan provider. See the EOC for details.<br>• Chemotherapy drugs<br>• Antigens (allergy shots)<br>• All other Part B drugs | **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.<br>Note: Insulin cost-sharing is subject to a coinsurance cap of **$35** for a one-month's supply of insulin. | **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.<br>Note: Insulin cost-sharing is subject to a coinsurance cap of **$35** for a one-month's supply of insulin. |

# Medicare Part D prescription drug coverage†

The amount you pay for drugs will be different depending on:

- The plan you enroll in (Centennial or Columbia).
- 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 **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 100-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- The type of plan pharmacy that fills your prescription (preferred pharmacy, standard pharmacy, or our mail-order pharmacy). To find our pharmacy locations, see the **Pharmacy Directory** at **kp.org/directory**. Note: Not all drugs can be mailed.
- When you get a 31- to 100-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 stages).

Note: 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 cost-sharing below may not apply to you; instead, please refer to the **EOC Rider for People Who Get Extra Help Paying for Prescription Drugs**.

## Deductible stage

Because we have no deductible, this payment stage does not apply to you and you start the year in the initial coverage stage.

## Initial coverage stage

You pay the copays and coinsurance shown in the chart below until your total out-of-pocket costs reach **$2,400**. If you reach the $2,400 limit in 2027, 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 100-day supply | |
| | **Preferred pharmacy** | **Standard pharmacy** | **Preferred pharmacy** | **Standard pharmacy** | **Preferred pharmacy** | **Standard pharmacy** |
| **Tier 1** (Preferred generic) | **$0** | **$10** | **$0** | **$20** | **$0** | **$30** |
| **Tier 2** (Generic) | **$7** | **$20** | **$14** | **$40** | **$21** | **$60** |
| **Tier 3** (Preferred brand-name) | **$47** | | **$94** | | **$141** | |
| **Tier 4** (Nonpreferred) | **$99** | | **$198** | | **$297** | |
| **Tier 5** (Specialty-tier) | **31%** | | | | | |
| **Tier 6*** (Part D vaccines) | **$0** | | **N/A** | | | |

*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 100-day supply |
| **Tier 1** (Preferred generic) | **$0** | | |
| **Tier 2** (Generic) | **$7** | **$0** | |
| **Tier 3** (Preferred brand-name) | **$47** | **$94** | **$117.50** |
| **Tier 4** (Nonpreferred) | **$99** | **$198** | **$247.50** |
| **Tier 5** (Specialty-tier) | **31%** | | |

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

**Important message about what you pay for insulin:** You won't pay more than **$35** for up to a one-month supply, **$70** for up to a two-month supply or **$105** for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

## Catastrophic coverage stage

If you or others on your behalf spend **$2,400** on your Part D prescription drugs in 2027, you'll enter the catastrophic coverage stage. If you reach the catastrophic coverage stage, you pay nothing for your covered Part D drugs for the remainder of the year.

## 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 **EOC** for details.

# Advantage Plus (optional supplemental benefits)

In addition to the benefits that come with your plan, you can choose to buy an optional 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 **EOC** for details.

| Advantage Plus Option 1 benefit and premium | You pay |
|---|---|
| **Additional monthly premium** | **$60** |
| **Annual benefit limit for comprehensive dental care** | **$1,500** (You pay **100%** for the rest of the calendar year after our plan has paid $1,500 for dental care.) |
| **Annual deductible for comprehensive dental care** | **$100** (You pay **100%** at the beginning of the year for comprehensive dental care until you have spent $100.) |
| **Dental Services**<br>• Additional diagnostic and preventive dental services. | **$0** |
| • Comprehensive dental services:<br>  ○ Restorative services<br>  ○ Endodontic services<br>  ○ Periodontic services<br>  ○ Prosthodontic services<br>  ○ Oral surgery services<br>See the **EOC** for details.<br>Dental care is provided by Delta Dental of Washington. Dental services must be received from Delta Dental PPO Plus Premier network providers for coverage to apply. For information about dental providers, please visit www.DeltaDentalWA.com. | After a **$100 deductible**, you pay **50% coinsurance** up to the **$1,500** annual benefit maximum.<br>After you reach your annual benefit maximum, you pay **100%** of the costs for the rest of the calendar year. |

| Advantage Plus Option 2 benefits and premium | You pay |
|---|---|
| **Additional monthly premium** | **$26** |
| **Combined acupuncture, chiropractic, and alternative care benefit** | **$15** copay for acupuncture, nonspinal chiropractic, and naturopathy care for up to a combined 25 visit total per year |
| **Hearing aids** | **$3,000** allowance<br>If your hearing aid purchase is more than $3,000, you pay the difference. |

| Advantage Plus Option 2 benefits and premium | You pay |
|---|---|
| **$3,000** allowance for both ears combined every 36 months. This is the maximum allowance for hearing aids for both ears combined, not per ear.<br>Note: This hearing aid benefit may not be available next year. | |

# 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 |
|---|---|
| **Diabetic supplies, including therapeutic shoes/inserts†**<br>• Supplies to monitor your blood glucose: blood glucose monitor, blood glucose test strips, lancet devices, lancets, and glucose-control solutions for checking the accuracy of test strips and monitors.<br>• For people with diabetes who have severe diabetic foot disease: one pair per calendar year of therapeutic custom-molded shoes (including inserts provided with such shoes) and 2 additional pairs of inserts, or one pair of depth shoes and 3 pairs of inserts (not including the noncustomized removable inserts provided with such shoes). Coverage includes fitting. | **$0** |
| **Fitness benefit – One Pass®**<br>You have access to the One Pass complete fitness program for the body and mind. One Pass includes:<br>• A large core and premium gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location.<br>• Live, on-demand, and digital fitness programs at home.<br>• Social clubs and activities available on the One Pass member website and mobile app.<br>• One home fitness kit annually for strength, yoga, or dance.<br>• Online brain health cognitive training programs.<br>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, 6 a.m. to 7 p.m., PT. | **$0** |
| **Medicare-covered Acupuncture***<br>• for chronic low back pain | **$15** per visit |
| **Medicare-covered Chiropractic services** | **$15** per visit |

| These benefits are available to you as a plan member: | You pay |
|---|---|
| • manual manipulation of the spine to correct subluxation | |

# 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 **shop.lively.com/pages/kp** or call **1-800-205-6548** (TTY **711**) for more information Monday-Friday, 6 a.m. to 6 p.m. PT, and on weekends, 6 a.m. to 5 p.m. PT.

**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 24 hours a day, 7 days a week.

**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 **momsmeals.com/kaiser** or call **1-866-224-9483** (TTY **711**) for more information Monday-Friday, 5 a.m. to 4 p.m. PST.

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 Medicare Advantage 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 one of our plans if:

- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay our plan.)
- You're a United States citizen or national, or an eligible noncitizen.
- You live in the service area for these plans, which is all of Spokane County.

# 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
    - Covered care from designated providers in Maricopa and Pima counties in Arizona
    - Emergency care
    - Out-of-area dialysis care
    - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
    - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

    Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers. 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** and **Pharmacy Directory** at **kp.org/directory** or ask us to mail you a copy by calling Member Services at **1-888-901-4600** (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 Member Services.

## 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 payment option 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** 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 (kp.org/eocwa)** 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.

## Kaiser Foundation Health Plan

Kaiser Foundation Health Plan of Washington is a nonprofit corporation and a Medicare Advantage plan. We offer several Kaiser Permanente Medicare Advantage plans in our larger Washington Region's service area, which you can read about in the **Evidence of Coverage**.

Each plan has different benefits, copays, coinsurance, premiums, and plan service areas. But you can get care from plan providers anywhere in our Washington Region's service area, which includes parts of Grays Harbor and Mason counties and all of King, Kitsap, Lewis, Pierce, Snohomish, Spokane, and Thurston counties.

If you move from your plan's service area to another service area in our Washington Region, you'll have to enroll in a Kaiser Permanente Medicare Advantage plan in your new service area.

## Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** at **kp.org/privacy** to learn more.

# Helpful definitions (glossary)

**Allowance**

A dollar amount you can use to help pay for items and services.

**Benefit period**

The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

**Calendar year**

The year that starts on January 1 and ends on December 31.

**Coinsurance**

A percentage you pay of our plan's total charges for certain services or prescription drugs. For example, a **20%** coinsurance for a **$200** item means you pay **$40**.

**Copay**

The set amount you pay for covered services — for example, a **$20** copay for an office visit.

**Deductible**

If you sign up for optional supplemental dental benefits (Advantage Plus Option 1), it's the amount you must pay for comprehensive dental services before our plan begins to pay.

**Evidence of Coverage**

A document that explains in detail your plan benefits and how your plan works.

**Maximum out-of-pocket responsibility**

The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the year.

**Medically necessary**

Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

**Non-plan provider**

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

**Plan**

Kaiser Permanente Medicare Advantage.

**Plan premium**

The amount you pay for your Kaiser Permanente Medicare Advantage health care and prescription drug coverage.

**Plan provider**

A plan or network provider can be a facility, like a hospital or pharmacy, or a health care professional, like a doctor or nurse.

**Preferred pharmacy**

A plan pharmacy where you can get your prescriptions at preferred copays. These pharmacies are usually located at plan medical offices (see the **Pharmacy Directory** for locations). The amount you pay at these pharmacies is less than you pay at other plan pharmacies that only offer standard copays, which are referred to in this document as standard pharmacies.

**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. For the latest Kaiser Permanente Region locations, visit **kp.org.**

**Retail plan pharmacy**

A plan pharmacy where you can get prescriptions. These pharmacies are usually located at plan medical offices.

**Standard pharmacy**

A plan pharmacy where you can get your prescriptions at standard copays. These pharmacies aren't usually located at plan medical offices (see the **Pharmacy Directory** for locations). The amount you pay at these pharmacies is more than you pay at plan pharmacies that only offer preferred copays, which are referred to in this document as preferred pharmacies.

**Service area**

The geographic area where we offer Kaiser Permanente Medicare Advantage plans. To enroll and remain a member of our plan, you must live in one of our Kaiser Permanente Medicare Advantage plan's service area.

Kaiser Permanente is an HMO plan with a Medicare contract. 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**.

# Nondiscrimination Notice

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente does not exclude people or treat them less favorably because of race, color, national origin (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity. We also:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, braille, audio, accessible electronic formats, other formats)
- Provide free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Member Services at **1-888-901-4636** (TTY **711**).

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 (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator at P.O. Box 35191, Mail Stop: RCR-A1N-22, Seattle, WA 98124-5191 or by calling **1-888-901-4636** (TTY **711**). You can file a grievance in person or by mail, phone, or online at **kp.org/wa/feedback**. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

The notice of nondiscrimination is available at https://healthy.kaiserpermanente.org/washington/language-assistance/nondiscrimination-notice

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**
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at **https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status**, or by phone at **800-562-6900, 360-586-0241** (TDD). Complaint forms are available at **https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx**

# Help in your language

**English: ATTENTION:** If you speak a language other than English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-888-901-4636** (TTY **711**).

**Español (Spanish) ATENCIÓN:** Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-888-901-4636** (TTY **711**).

**中文 (Chinese) 注意事項：**如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-888-901-4636** (TTY **711**)。

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-888-901-4636** (TTY **711**).

**한국어 (Korean) 주의:** 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-888-901-4636**로 전화해 주세요(TTY **711**).

**Русский (Russian) ВНИМАНИЕ!** Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-888-901-4636** (TTY **711**).

**Tagalog (Tagalog) PAALALA:** Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-888-901-4636** (TTY **711**).

**Українська (Ukrainian) УВАГА!** Якщо ви володієте українською мовою, вам доступні безкоштовні послуги з мовної допомоги, включно із відповідною додатковою допомогою та послугами. Зателефонуйте за номером **1-888-901-4636** (TTY **711**).

**ខ្មែរ (Khmer) យកចិត្តទុកដាក់៖** បើអ្នកនិយាយខ្មែរ សេវាជំនួយភាសា រួមទាំងជំនួយនិងសេវាសមស្រប ដោយឥតគិតថ្លៃ មានចំពោះអ្នក។ ហៅ **1-888-901-4636** (TTY **711**)។

**日本語 (Japanese) 注意：**日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-888-901-4636**までお電話ください(TTY **711**)。

**አማርኛ (Amharic)** ትኩረት፡ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-888-901-4636** ይደውሉ (TTY **711**)።

**Afaan Oromoo (Oromo) XIYYEEFFANNOO:** Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-888-901-4636** irratti bilbilaa (TTY **711**).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਉਪਲਬਧ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਯੋਗ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ। ਕਾਲ ਕਰੋ **1-888-901-4636** (TTY **711**).

**العربية (Arabic)** تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-888-901-4636** (TTY **711**).

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-888-901-4636** an (TTY **711**).

**ລາວ (Laotian) ເອົາໃຈໃສ່:** ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການ ບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-888-901-4636** (TTY **711**).

**International Symbol for ASL (American Sign Language):**

**kp.org/medicare**

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