

January 1–December 31, 2021

# 2021 Summary of Benefits

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Kaiser Permanente Medicare Advantage (HMO) Group plan 4

With Medicare Part D prescription drug coverage

## 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 plan. It includes information about:

- Benefits and costs
- Part D prescription drugs
- 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/wa/eocs](https://kp.org/wa/eocs) 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.

### Have questions?

- 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.
- If you're not a member, please call **1-800-581-8252 (TTY 711)**, Monday through Friday, 8 a.m. to 5 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
Monthly plan premium	Your group will notify you if you are required to contribute to your group's premium. If you have any questions about your contribution toward your group's premium and how to pay it, please contact your group's benefits administrator.
Deductible	<b>None</b>
Your maximum out-of-pocket responsibility Doesn't include Medicare Part D drugs	\$2,500
<b>Inpatient hospital coverage*†</b> There's no limit to the number of medically necessary inpatient hospital days.	\$100 per admit
<b>Outpatient hospital coverage</b>	\$50 per procedure
<b>Ambulatory Surgery Center*†</b>	\$50 per visit
<b>Doctor's visits</b>	
<ul style="list-style-type: none"> <li>• Primary care providers</li> </ul>	\$15 per visit
<ul style="list-style-type: none"> <li>• Specialists*</li> </ul>	\$15 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.	\$75 per Emergency Department visit
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	\$15 per visit per office visit
<b>Diagnostic services, lab, and imaging*</b>	
<ul style="list-style-type: none"> <li>• Lab tests</li> </ul>	\$0 per visit
<ul style="list-style-type: none"> <li>• Diagnostic tests and procedures (like EKG)</li> </ul>	\$0 per visit
<ul style="list-style-type: none"> <li>• X-rays</li> </ul>	\$0 per visit
<ul style="list-style-type: none"> <li>• Other imaging procedures (like MRI, CT, and PET)</li> </ul>	\$0 per procedure
<b>Hearing services*</b>	\$15 per visit

Benefits and premiums	You pay
<ul style="list-style-type: none"> <li>Exams to diagnose and treat hearing and balance issues</li> </ul>	
<ul style="list-style-type: none"> <li>Hearing aids</li> </ul>	\$750 combined allowance to purchase hearing aids every calendar year. If your hearing aid purchase is more than the \$750 allowance, you pay the difference.
<b>Dental services</b> Preventive and comprehensive dental coverage	Not covered
<b>Vision services</b> <ul style="list-style-type: none"> <li>Visits to diagnose and treat eye diseases and conditions</li> </ul>	\$15 per visit
<ul style="list-style-type: none"> <li>Routine eye exams</li> </ul>	\$15 per visit
<ul style="list-style-type: none"> <li>Diabetic eye exam</li> </ul>	<b>\$0</b>
<ul style="list-style-type: none"> <li>Eyeglasses or contact lenses after cataract surgery</li> </ul>	<b>\$0</b> up to Medicare's limit, but you pay any amounts beyond that limit.
<ul style="list-style-type: none"> <li>Other eyewear</li> </ul>	\$150 allowance every calendar year. If your eyewear costs more than \$150, you pay the difference
<b>Mental health services</b> <ul style="list-style-type: none"> <li>Outpatient group therapy</li> </ul>	\$15 per visit
<ul style="list-style-type: none"> <li>Outpatient individual therapy</li> </ul>	\$15 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>\$0 per day for days 1 through 100</li> </ul>
<b>Physical therapy*</b>	\$15 per visit
<b>Ambulance</b>	\$0-\$150 per one-way trip
<b>Transportation</b>	\$0 for 6 round trips
<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>	\$0 copay
<b>Outpatient prescription drugs</b> <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>\$3 for generic drugs</li> <li>\$40 for brand-name drugs</li> </ul>

# Medicare Part D prescription drug coverage

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

- The Kaiser Permanente Medicare Advantage plan you enroll in.
- 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/wa/medicare/formulary](http://kp.org/wa/medicare/formulary) 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 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 (initial, coverage gap, or catastrophic coverage stages).

## Initial coverage stage

For members in Kaiser Permanente Medicare Advantage HMO Group plan 4 with Medicare Part D prescription drug coverage, you pay the copays and coinsurance shown in the chart below until your total yearly drug costs reach **\$4,130**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$4,130 limit in 2021, you move on to the coverage gap stage and your coverage changes.

For members in Kaiser Permanente Medicare Advantage HMO Group plan 4 with Medicare Part D prescription drug coverage, you pay the copays and coinsurance shown in the chart below until you have spent **\$6,550** in 2021. If you spend \$6,550 in 2021, you move on to the catastrophic coverage stage and your coverage changes.

Drug tier	You pay
<b>Tier 1</b> (Preferred generic)	<b>\$3</b> (up to a 30-day supply)
<b>Tier 2</b> (Generic)	<b>\$7</b> (up to a 30-day supply)
<b>Tier 3</b> (Preferred brand-name)	<b>\$40</b> (up to a 30-day supply)
<b>Tier 4</b> (Nonpreferred brand-name)	<b>\$90</b> (up to a 30-day supply)
<b>Tier 5</b> (Specialty)	<b>\$150</b> (up to a 30-day supply)
<b>Tier 6</b> (Vaccines)	<b>\$0</b>

When you get a 31- to 90-day supply of drugs in Tier 1 from our mail order pharmacy, you pay \$0.

For all other prescriptions, the copays listed above in the chart will be multiplied as follows:

- If you get a 31- to 60-day supply from an in-network retail pharmacy, you pay 2 copays.
- If you get a 61- to 90-day supply from an in-network retail pharmacy, you pay 3 copays.
- If you get a 31- to 90-day supply of drugs in Tiers 2, 3, or 4 from our mail-order pharmacy, you pay 2 copays.

Note: For a 30 day supply of Tier 5 drugs, you pay the copayment listed above in the chart.

### Coverage gap stage

The coverage gap stage begins if you or a Part D plan spends **\$4,130** on your drugs during 2021. You pay the following copays and coinsurance during the coverage gap stage:

Drug tier	You pay
Tiers 1, 2, 3, 4, 5, and 6	The same copays listed above that you pay during the initial coverage stage

### Catastrophic coverage stage

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

Drug	You pay
Generic drugs	The greater of \$3.70 or 5%
Brand-name drugs	The greater of \$9.20 or 5%
Part D vaccines	\$0

### 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

### Alternative Care

Alternative care includes:	You pay
<b>Acupuncture</b>	\$15 copay, up to 8 visits per year
<b>Naturopathy care</b>	\$15 copay, up to 3 visits per year
<b>Non-spinal chiropractic care</b>	\$15 copay, up to 10 visits per year
<b>Massage therapy†</b> From a licensed massage therapist	\$15 copay, up to 10 visits per year. Prior authorization required.

### Fitness Benefit

This benefit is available to you as a plan member:	You pay
<p><b>The Silver&amp;Fit® Program</b></p> <ul style="list-style-type: none"> <li>You pay no additional cost for basic membership to any of the participating fitness centers or select YMCAs in the Silver&amp;Fit program. The Premium Fitness network is included as part of your benefit (new member initiation fees may apply at some Premium Fitness centers). The Silver&amp;Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&amp;Fit is a federally registered trademark of ASH and used with permission herein.</li> </ul>	\$0

## Who can enroll

You can sign up for this plan if:

- You are enrolled in Kaiser Permanente through your group plan and meet your group's eligibility requirements.
- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare.)
- You're a citizen or lawfully present in the United States.
- You live in the service area for this plan, which includes:
  - Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties
  - These ZIP codes in Grays Harbor County: 98541, 98557, 98559, and 98568
  - These ZIP codes in Mason County: 98524, 98528, 98546, 98548, 98555, 98584, 98588, and 98592 .

## 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)
  - Covered care from designated providers in Maricopa and Pima counties in Arizona
  - 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.

For details about coverage rules, including services that aren't covered (exclusions), see the Evidence of Coverage.

## Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. You aren't restricted to a particular plan facility or pharmacy, and we encourage you to use the plan facility or pharmacy that will be most convenient for you. To find our provider locations, see our **Provider Directory** or **Pharmacy Directory** at [kp.org/wa/medicare/providers](http://kp.org/wa/medicare/providers) 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 may choose any available plan provider 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 1 ongoing health condition and need help managing your care, we can help. Our case management programs bring together nurses, social workers, and your personal doctor to help you manage your conditions. The program provides education and teaches self-care skills. If you're interested, please ask your personal doctor for more information.

## **Notices**

### **Appeals and grievances**

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

If you have a complaint that's not about coverage, you can file a grievance with us. See the **Evidence of Coverage** for details.

### **Kaiser Foundation Health Plan**

Kaiser Foundation Health Plan of Washington is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Medicare Advantage.

### **Notice of nondiscrimination**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable federal civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide free aids and services to people with disabilities to help ensure effective communication, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, and accessible electronic formats)
  - Assistive devices (magnifiers, Pocket Talkers, and other aids)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Kaiser Permanente.

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, sex, sexual orientation, or gender identity, you can file a grievance. Please call us if you need help submitting a grievance. The Civil Rights Coordinator will be notified of all grievances related to discrimination.

**Kaiser Permanente**

Phone: 206-630-4600

Toll-free: 1-888-901-4600

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Electronically: **[kp.org/wa/feedback](http://kp.org/wa/feedback)**

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.

**LANGUAGE ACCESS SERVICES**

**English: ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

**Español (Spanish): ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**中文 (Chinese) :** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**한국어(Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**Filipino (Tagalog): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Українська (Ukrainian): УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**ភាសាខ្មែរ (Khmer)៖** របស់តោះ បើសិនអ្នកនិយាយ, សេដ្ឋន្តិយជក យេមិនគិតល គឺចនសំបប់អ្នក។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

**日本語 (Japanese): 注意事項 :** 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

**አማርኛ (Amharic) ፡** ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው፡ 1-800-833-6388 / 711)፡፡

**Oromiffa (Oromo): XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**العربية (Arabic):** لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 رقم هاتف الصم والبكم: (711 / 1-800-833-6388).

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ພາສາລາວ (Lao): ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມ່ນມີພ້ອມ ໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

**Français (French): ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

**Română (Romanian): ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Adamawa (Fulfulde): MAANDO:** To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**فارسی (Farsi): توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. یا 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.

## Helpful definitions (glossary)

### **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 Medicare Advantage.

### **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** 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 Washington  
601 Union St., Suite 3100  
Seattle, WA 98101-1374

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