

Kaiser
Permanente
Group
Medicare
Advantage
(HMO)

Your 2023 Kaiser Permanente Guide to Medicare



The right choice for Medicare starts with understanding your options

Whether you're enrolling in Medicare for the first time or shopping for a new plan to better meet your needs, we can help you make a confident, informed decision.

In this booklet, you get valuable information to help you understand Medicare coverage, such as the different parts of Medicare, how much they could cost, and when and how you can enroll.

Plus, you'll find out how Kaiser Permanente can help you enjoy life to the fullest with high-quality care and coverage in one easy-to-use package.



Medicare: An overview

Understanding Parts A, B, C, and D

Medicare is a federal health insurance program that provides health care coverage to millions of Americans. It's a part of Social Security and designed to protect the health and well-being of those who use it.

There are 4 parts to Medicare: A, B, C, and D. Each part covers specific services, from medical care to prescription drugs. In the following sections, you can read about each part to better understand which coverage best fits your needs.

Helpful resources

We want you to understand your choices and options. If you have questions, here are some helpful resources:

Medicare

Call **1-800-633-4227**

24 hours a day, 7 days a week

TTY users, call **1-877-486-2048**

Medicare.gov

Social Security

Call **1-800-772-1213**

Monday through Friday, 8 a.m. to 7 p.m.

TTY users, call **1-800-325-0778**

SocialSecurity.gov

Kaiser Permanente Medicare specialists

Call **1-800-581-8252 (TTY 711)**

Monday through Friday,

8 a.m. to 5 p.m.

kp.org/wa/what-is-medicare



WHAT TO KNOW

Part A provides coverage for hospital services, including skilled nursing and hospice care. If you meet the qualifications, you can get Part A without paying a premium. You must have Parts A and B to get Part C.

Part A

Hospital coverage

Medicare Part A is offered by the federal government to help you pay for your inpatient care (care you get when you stay in a medical facility).

What does it cover?

Part A covers inpatient care, if you meet certain conditions and get the care in Medicare-certified hospitals and other facilities. It includes:

- Inpatient care you get at hospitals and rehabilitation facilities
- Inpatient hospital stays in skilled nursing facilities (not custodial or long-term care)
- Hospice care services
- Home health care services
- Inpatient care in religious, nonmedical health care institutions

How much does it cost?

You typically won't have to pay a premium for Part A, but there are exceptions. If you do have to pay a premium, you may be able to get help from the state to pay for it.

How do I know if I'm eligible for Part A?

If you're 65 or older

You can get Part A without paying a premium if:

- You get retirement benefits from Social Security or the Railroad Retirement Board (RRB)
- You're eligible to get Social Security or RRB benefits but haven't yet filed for them
- You or your spouse worked for at least 10 years and paid Medicare taxes

Part A hospital inpatient deductible and coinsurance apply in most cases.



If you're younger than 65

You can get Part A without paying a premium if:

- You've had Social Security or Railroad Retirement Board (RRB) disability benefits for 24 months
- You have end-stage renal disease and meet certain requirements

If you don't meet any of those conditions, you may be able to buy Part A if:

- You meet citizenship and residency requirements
- You're 65 or older, and you didn't work or didn't pay enough Medicare taxes while you worked
- You're disabled and have returned to work

If you already get benefits from Social Security or the RRB, your Medicare Part A coverage will automatically start as soon as you qualify.

If you aren't getting Social Security benefits (for example, if you're still working), you may need to sign up for Part A, even if you're eligible to get Part A at no cost.

How do I know if I have Part A?

To see if you have Part A coverage, look for "HOSPITAL (PART A)" printed on your red, white, and blue Medicare card.

How do I enroll?

To learn more and enroll, call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), Monday through Friday, 8 a.m. to 7 p.m., or visit **SocialSecurity.gov**.

If you want coverage for outpatient services, like doctor's office visits, and you meet the qualifications, you can sign up for Part B. If you don't enroll, you may have to pay a late enrollment penalty for as long as you have coverage.

Part B

Medical coverage

Medicare Part B is coverage from the federal government to help you pay for some medical services that aren't covered by Part A. Part B has a premium, deductible, and coinsurance.

What does it cover?

Part B covers a range of outpatient services, including:

- Doctor's office visits
- Specialist visits
- Preventive care, such as flu shots and mammograms
- Lab costs, such as blood work and X-rays
- Medical equipment, such as wheelchairs and walkers
- Physical therapy
- Mental health care
- Ambulance services
- Annual wellness visits

How much does it cost?

Most people pay a monthly premium for Part B, usually deducted from their Social Security checks. Premiums are set each year by the Centers for Medicare & Medicaid Services (CMS). Your yearly income, whether high or low, affects how much you'll have to pay.

2023 Part B premium and deductible:

Average monthly premium = \$164.90

Average yearly deductible = \$226.00

If your income is higher than \$97,000 (\$194,000 per couple), you might have a higher premium.

PLEASE NOTE:

Visit **Medicare.gov** or **SocialSecurity.gov** to get the most up-to-date amounts.



How do I know if I'm eligible for Part B?

If you're 65 or older, you can buy Part B coverage from the federal government. If you already get benefits from Social Security or the RRB, you may be automatically enrolled in Part B. You may also be eligible for Part B if you have certain disabilities, including end-stage renal disease. In most cases, if you don't sign up for Part B when you're first eligible, you'll have to pay a late enrollment penalty. You'll have to pay this penalty for as long as you have Part B. Your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B but didn't sign up for it. Some people can delay their Part B coverage without penalty, depending on the type of health coverage they have.

How do I know if I have Part B?

To see if you have Part B coverage, look for "MEDICAL (PART B)" printed on your red, white, and blue Medicare card.

How do I enroll?

To learn more and enroll, call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), Monday through Friday, 8 a.m. to 7 p.m., or visit **SocialSecurity.gov**.

If you want coverage that includes more than what's in Parts A and B, like vision, hearing, and a yearly limit on your Medicare out-of-pocket expenses, consider Part C. You must sign up for Parts A and B to enroll in a Medicare Advantage plan.

Part C

Medicare Advantage

Original Medicare (Parts A and B) won't cover all your medical costs. To help cover many of these extra costs, you can get more coverage than Medicare and limit your out-of-pocket costs with a private health plan.

These Medicare-approved private health plans – called Part C or Medicare Advantage plans – cover the benefits you get with Parts A and B, usually have lower out-of-pocket costs, and offer extra benefits not covered by Original Medicare. There are many types of Medicare Advantage plans. Kaiser Permanente offers Medicare Advantage health maintenance organization (HMO) plans.

What does it cover?

In addition to services covered by Parts A and B, Medicare Advantage plans may also cover:

- Emergency and urgent care
- Vision services
- Hearing services
- Dental services
- Health and wellness programs
- Medicare Part D prescription drug coverage

Medicare Advantage HMO plans:

Unlike Original Medicare, with Medicare Advantage HMO plans, you'll usually use network providers for your care. By getting care in a coordinated network, you'll likely have predictable out-of-pocket expenses. If you go to a non-network provider, you'll probably have to cover the cost.

How much does it cost?

What you pay for coverage depends on:

- If the plan charges a monthly premium in addition to your Part B premium
- If the plan pays any of your monthly Part B premium
- If you have a Part D late enrollment penalty
- Your yearly deductible
- Your copays and coinsurance
- The types of services you need
- Whether the plan includes a limit on out-of-pocket costs
- If you have access to an employer sponsored retiree plan



How do I know if I'm eligible for Part C (Medicare Advantage)?

In most cases, you can join a Medicare Advantage plan if:

- You have Original Medicare (Parts A and B)
- You live in the plan's service area
- You enroll when the plan is accepting new members or you have a special enrollment period

How do I enroll?

We will send you information about the enrollment process, including whether you need to contact your former employer or your retiree administrator when you're ready to enroll.

Medicare Supplement insurance plans

Also called Medigap, these plans are offered by private companies as an alternative to Medicare Advantage plans. Medicare Supplement plans help cover your Medicare costs. They require you to be enrolled in Medicare Parts A and B (Original Medicare). Their benefits are standardized, but their monthly premiums can vary by company. They do not cover extra benefits like dental, vision, or hearing as many Medicare Advantage plans do. Nor do they include Part D prescription drug coverage, which means you'll need to purchase a separate Part D plan. For more information about Medicare Supplement plans, visit **Medicare.gov**.

Original Medicare (Parts A and B) provides only limited coverage for prescription drugs. That's why it's a smart choice to include prescription drug (Part D) coverage when you are first eligible. Like Part B, Part D has a late enrollment penalty.

Part D

Prescription drug coverage

Part D is an optional plan offered by Medicare-approved private companies and covers costs for prescription drugs. You can enroll in Medicare Advantage Part C plans that include Part D, or you can sign up for a stand-alone Part D plan if you choose to go with Original Medicare, Parts A and/or B.

What does it cover?

Medications covered by your Part D plan vary based on the plan's formulary. A formulary is a list of medications covered by a plan and approved by CMS.

You may be able to request coverage for a Part D drug that's not covered on the plan's formulary.

All Part D prescription drug plans, including Medicare Advantage that include Part D, must provide coverage that's equal to or better than the standard Part D benefits.

Part D plans can vary by:

- Lowering or removing deductibles
- Offering a different but equal share of the cost as the standard benefit, or improving your share of the cost
- Covering certain drugs through the coverage gap

How much does it cost?

Your actual drug coverage costs will vary depending on:

- Your prescriptions and whether they're on your plan's list of covered drugs (also called a formulary)
- What "tier" the drug is in
- Which drug benefit phase you're in (such as whether you've met your deductible or if you're in the catastrophic coverage phase)
- Which pharmacy you use (whether it offers preferred or standard cost sharing, is out-of-network, or is mail order). Your out-of-pocket drug costs may be less at a preferred pharmacy because it has agreed with your Medicare health plan to charge less for covered drugs
- Whether you get **Extra Help** paying your Medicare drug coverage costs

Getting financial help: If you're on a limited income, you may qualify for **Extra Help**



Extra Help could help you pay part or all of the costs of Part D premiums, deductibles, and your share of prescription drug costs.

If you think you might qualify, contact Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), Monday through Friday, 8 a.m. to 7 p.m., or visit ssa.gov/extrahelp.



Your costs depend on the coverage stage you're in

When you meet certain dollar limits on Part D drug expenses, you'll move through the Part D coverage stages and pay different copays and coinsurance.

- **Yearly deductible** – The amount you pay for your prescriptions before your plan starts to pay its share. Once you reach your deductible, you'll pay only your copay or coinsurance. Not all Part D plans have a deductible.
- **Initial coverage stage** – You pay the copays and coinsurance set by your plan after your plan pays its share. Once you reach a certain dollar limit, you move to the coverage gap stage.
- **Coverage gap stage** – You pay more for your drugs. Most Medicare health plans with Part D coverage have a coverage gap. This means that after you and your plan have spent a certain amount in drug costs, then you have to pay more for your drugs while you are "in the gap." The amount you must pay varies by plan. If you get **Extra Help** paying Part D costs, you won't enter the coverage gap. Once you reach a certain dollar limit, you move to the catastrophic coverage stage.



Generic drugs can save you money

As you look at formularies, you'll often see listings for generic and costlier brand-name prescription drugs.

Generic drugs are required by the Food and Drug Administration to match brand-name drugs in:

- Ingredients
- Strength
- Quality
- Performance
- Safety

You can keep your costs down by asking your doctor to prescribe you generic medications.

And keep an eye on your formulary – new generic drugs are regularly added.

- **Catastrophic coverage stage** – You usually pay a smaller share of the cost, which applies for the rest of the year. Most people never reach this stage.

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How do I know if I'm eligible for Part D?

You're eligible for Part D if you have Medicare Part A or Part B. If you decide not to sign up during your first enrollment period and go without other creditable prescription drug coverage, you may have to pay a late enrollment penalty, which is 1% of the national base beneficiary premium for every month you delayed your enrollment.

How do I enroll?

You have a few ways to get Medicare Part D prescription drug coverage:

- Join a Part C Medicare Advantage plan with Part D.
- Join a standalone Part D plan.
- Ask your employer if you have access to retiree coverage through which you can enroll in either Part D or prescription drug coverage that is equal to or better than Part D.

You can sign up directly with a plan of your choice, or contact Medicare at **1-800-633-4227** (TTY **1-877-486-2048**), 24 hours a day, 7 days a week, or visit **Medicare.gov**.

Before you enroll

- If you have retiree coverage through your former employer group, your employer will let you know whether you need to enroll in Part D.
- If your former employer group participates in Part D, you are required to enroll in Part D. Kaiser Permanente can help you with this.

We will automatically enroll you after you join our Medicare Advantage group plan with Part D.

- If your former employer's Medicare Advantage group plan does not include Part D, the plan will provide prescription drug coverage that is equal to or better than Part D. This means you won't need to do anything after enrolling in your employer's Medicare Advantage group plan.
- If you participate in another plan's Part D coverage, you could jeopardize your retiree coverage with Kaiser Permanente. Please note: If your employer group plan has any prescription drug coverage, you cannot join another Part D plan because Medicare does not allow double drug coverage. Therefore, if you join another Part D plan, you must be dropped from your retiree plan.

How to avoid the penalty

You may pay a Part D late enrollment penalty if you don't join a Medicare drug plan when you first enroll in Medicare and go 63 days or more without "creditable drug coverage." The penalty goes up the longer you wait to join a plan. In most cases, you pay this monthly penalty for as long as you have Part D coverage, even if you switch plans.

Note: Creditable prescription drug coverage is coverage that provides the same value as Medicare Part D. This can be drug coverage from a current or former employer or union, TRICARE, Indian Health Service (IHS), Veteran Affairs (VA), or an individual health plan.

Medicare enrollment periods

You can enroll in Medicare health or prescription drug plans only during certain times of the year or if you had a certain life event.

Initial enrollment period (IEP)

This is a 7-month period of enrollment for those who are about to become eligible for Medicare. It starts 3 months before the month of your 65th birthday, includes the month you turn 65, and ends 3 months after that month.



3 months before your 65th birthday



The month of your 65th birthday



3 months after your 65th birthday

Annual enrollment period (AEP)

This enrollment period begins October 15 and runs through December 7. During this time, you can join, drop, or switch plans. Any change you make starts on January 1 of the following year.



Annual enrollment period



Changes start

(continues)

Medicare Advantage open enrollment period (MAOEP)

From January 1 through March 31 every year, if you're enrolled in a Medicare Advantage plan, you can switch to a different Medicare Advantage plan or switch to Original Medicare and a Medicare drug plan once during this period.



PLEASE NOTE:

This enrollment period also applies if you're enrolled in a Medicare Advantage plan during your initial enrollment period or initial coverage enrollment period. You can change one time to another Medicare Advantage plan (with or without drug coverage) or go back to Original Medicare (with or without drug coverage) within the first 3 months of your entitlement to Medicare Parts A and B.

If you enroll in a group retiree Medicare Advantage plan through your employer, your open enrollment periods may differ from what is described here. Make sure to contact your employer group or retiree benefits administrator for more information.

Special enrollment period (SEP)

When you have a certain life event, you may be able to make plan changes outside of Medicare's initial, annual, and open enrollment periods. Qualifying life events include:

- You move permanently out of your health plan's service area
- You're entitled to both Medicare and Medicaid
- Your current plan ends its contract with the Centers for Medicare & Medicaid Services
- You qualify for **Extra Help** with your drug plan costs
- You lose your employer group- or trust-fund-sponsored coverage and can now enroll as an individual. (If you lose your employer's group coverage, you may be able to enroll in a group retiree option if one is available to you.)
- A Medicare health plan in your service area was awarded 5 stars by the Centers for Medicare & Medicaid Services. (The 5-star special enrollment period begins December 8 and ends November 30 of the following year.)

The enrollment periods described in this guide are not a complete list. For more detail on additional enrollment and disenrollment periods and effective dates, visit **Medicare.gov** or call Medicare at **1-800-633-4227** (TTY **1-877-486-2048**), 24 hours a day, 7 days a week.

Get more with a Kaiser Permanente Medicare Advantage health plan

Our Medicare health plan is designed to help you live life to the fullest.

Why choose Kaiser Permanente?

With a Kaiser Permanente Medicare health plan, you'll get care and coverage that support your health goals and help you thrive. Our plans cover what you get with Original Medicare along with many additional benefits not covered by Medicare.

Read on to see the additional benefits we offer to help you get care that best fits your life. For more information about our Medicare health plans, visit kp.org/medicare/group.

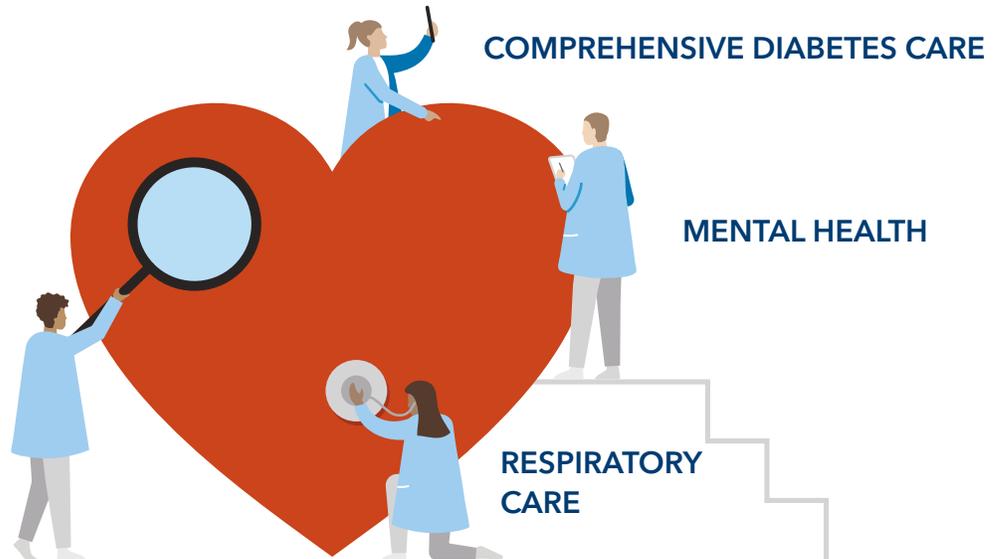


Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our world-class specialty care has you covered.

In 2021, Kaiser Permanente led the nation as the top performer in 42 effectiveness-of-care measures. The closest national competitor led in only 17.¹

PREVENTION
AND SCREENING



Specialty care when you need it

No matter your needs – mental health, maternity, cancer care, heart health, or another specialty – you'll have access to great doctors, advanced technology, and evidence-based care to help you recover quickly.

A comprehensive approach to care

With one of the largest multispecialty medical groups in the country, we can connect you with the right specialist who will create a personalized plan for your care. To learn how our specialists work together in a connected system, visit kp.org/wa/specialty.

Support for ongoing conditions

If you have a condition like diabetes or heart disease, you're automatically enrolled in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.

Convenient ways to get care

In addition to doctor's office visits, we make it easy for you to get care from Kaiser Permanente doctors and care teams when you want it.



24/7 online chat

No copay

Instant message online with a clinician to get immediate care, treatment, and prescriptions, if necessary.²



24/7 phone advice

No copay

Get advice by phone or help finding in-network care.



E-visit

No copay

Fill out a short questionnaire about your symptoms, and a clinician will get back to you with a personalized care plan – usually within 2 hours.²



Email

No copay

Send nonurgent questions to your Kaiser Permanente doctor and care team.



Phone visit

No copay

Talk with a doctor or nurse by phone for the same high-quality care as an in-person visit. Available 24/7 with no appointment needed or by scheduled appointment.²



Video visit

No copay

Meet face-to-face with a doctor or nurse on your smartphone, tablet, or computer. Available 24/7 with no appointment needed or by scheduled appointment.²



Urgent care and walk-in clinics

Get care for conditions that require prompt attention but aren't an emergency – no appointment needed.

Care away from home

You're covered for emergency and urgent care anywhere in the world.

You have access to care at any Kaiser Permanente location in California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, and Washington, D.C.³

When you're in a state without a Kaiser Permanente facility, you can

get care at any CVS MinuteClinic® or Concentra urgent care center.⁴

And some of our plans cover routine care from select Banner Health providers in Arizona's Maricopa and Pima counties.³



Personalized care that fits your life

You can feel confident about the care you get with a Kaiser Permanente Medicare health plan.



Consistent costs for quality care

With a Kaiser Permanente Medicare health plan, you pay predictable copays and coinsurance, and no additional costs for preventive services, such as annual physical exams, annual wellness visits, mammograms, prostate exams, flu shots, and cholesterol tests.⁵



Better care with a connected team

Kaiser Permanente doctors, nurses, and specialists are connected to each other, and to you, through your electronic health record. So they know important things about you and your health – like when you're due for a screening and what medications you're taking. A connected care team helps ensure nothing gets missed or forgotten, so you can stay on track with your health.



Choose an available doctor and change to another anytime

You can read our doctors' profiles online and select a personal doctor based on what's important to you – education, languages spoken, specialties, and more. Plus, you have the freedom to switch to another available Kaiser Permanente or in-network doctor at any time.



Quality care with you at the center

Preventive care can help keep you healthy, but we're also here if you get sick or need specialty care. Your personal doctor can refer you to a full range of specialists, including cardiologists, orthopedists, audiologists, and more.

Prescription drug coverage

What's covered

Your Medicare Advantage plan may cover prescriptions either by including a Medicare Part D benefit or through other drug coverage. The other drug coverage offered by your Medicare Advantage plan is equal to or better than Part D coverage.

The list of drugs covered by your plan is called a "formulary." It will tell you the number of tiers – or levels of copays and coinsurance – for each drug. Depending on your plan's drug benefit, coinsurance or a copay may apply.

To see drug formularies for our Medicare Advantage group plans, visit kp.org/wa/medicare/formulary.

Managing your prescriptions made easy

With our member website and our mobile app, you can review your prescriptions,

request refills, and choose whether you want to have your medication ready for pickup at a Kaiser Permanente pharmacy or have it mailed to your home at no charge with our mail-order pharmacy.⁶



Save time and money with our mail-order pharmacy

For certain drugs, you can have your prescription refills delivered to you at no extra cost to you.⁶

Manage your care online, too

You can use our secure member website and the Kaiser Permanente Washington mobile app to:

- Find in-network doctors, facilities, and pharmacies
- Access virtual care options²
- See billing statements and pay bills



And if you get your care from Kaiser Permanente doctors and care teams, you can also:

- Email them with nonurgent questions
- Schedule appointments
- View lab and test results and after-visit summaries

More benefits than Original Medicare



Vision benefits

- **Routine eye exam** coverage
- **Eyewear allowance** to use toward your purchase of glasses and contact lenses included on select plans



Hearing benefits

- **Routine hearing exam** coverage
- **Hearing aid allowance** to use toward your purchase of hearing aids included on select plans



Alternative care benefits

Acupuncture and chiropractic care



Routine transportation benefit

Rides to and from your medical and dental appointments, as well as any in-network pharmacy⁷



Silver&Fit® Healthy Aging and Exercise Program

Robust offering of fitness options such as an annual membership at a participating fitness center, at-home fitness kits, digital workout videos, and much more⁸

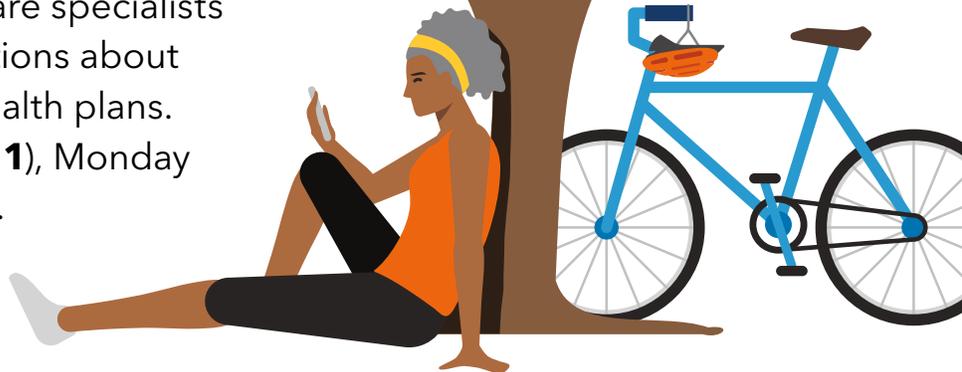
Healthy extras for a healthier you

Take advantage of easy-to-access resources to support your body, mind, and spirit: one-on-one wellness coaching and programs for healthy living, mental health and wellness, tobacco cessation, and more – many at no cost to you.



We're here to help

Our Kaiser Permanente Medicare specialists are ready to answer your questions about Medicare and our Medicare health plans. Call **1-800-581-8252** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m.



ENDNOTES

- 1 Kaiser Permanente 2021 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2021 and is used with the permission of NCQA. Quality Compass 2021 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.
- 2 When appropriate and available. If you travel out of state, some telehealth services may not be available due to licensing laws. Laws differ by state.
- 3 Member cost shares may apply depending on the service accessed. Referrals and preauthorization requirements may apply.
- 4 If you get urgent care at a CVS MinuteClinic® within a state with Kaiser Permanente providers, you'll be asked to pay upfront for services you receive and will need to file a claim for reimbursement.
- 5 \$0 copay for all preventive services covered under Original Medicare at zero cost sharing.
- 6 For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 3–5 days. If not please call 1-800-245-7979 (TTY WA Relay 1-800-833-6388 or 711), Monday through Friday, 7:30 a.m. to 7 p.m.; Saturday and Sunday, 8 a.m. to 4:30 p.m.
- 7 Number of rides varies by plan. Annual ride limits apply. Emergency transportation not included.
- 8 The Silver&Fit® program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Other names or logos may be trademarks of their respective owners. Participating facilities and fitness chains may vary by location and are subject to change. New member initiation fees may apply for some locations. One Home Fitness Kit allowed per year. Kits are subject to change and once selected cannot be exchanged.



kp.org/medicare/group

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

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