

January 1–December 31, 2023

2023 Summary of Benefits

Kaiser Permanente Medicare Advantage (HMO) Group plan 3

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
- Additional benefits
- Who can enroll
- Coverage rules
- Getting care

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

For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at kpwa.memberdoc.com, 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. If you'd like to see it before you enroll, please ask your group benefits administrator for a copy.

Have questions?

- 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 | None |
| Your maximum out-of-pocket responsibility Doesn't include Medicare Part D drugs | \$2,500 |
| Inpatient hospital coverage*† There's no limit to the number of medically necessary inpatient hospital days. | \$0 per admit |
| Outpatient hospital coverage*† | \$10 per procedure |
| Ambulatory surgery center*† | \$10 per visit |
| Doctor's visits | |
| <ul style="list-style-type: none"> • Primary care providers | \$10 per visit |
| <ul style="list-style-type: none"> • Specialists*† | \$10 per visit |
| Preventive care*† See the EOC for details. | \$0 |
| Emergency care We cover emergency care anywhere in the world. | \$75 per emergency department visit |
| Urgently needed services We cover urgent care anywhere in the world. | \$10 per visit |
| Diagnostic services, lab, and imaging* | |
| <ul style="list-style-type: none"> • Lab tests | \$0 per visit |
| <ul style="list-style-type: none"> • Diagnostic tests and procedures (like EKG)† | \$0 per visit |
| <ul style="list-style-type: none"> • X-rays | \$0 per visit |
| <ul style="list-style-type: none"> • Other imaging procedures (like MRI, CT, and PET)† | \$0 per procedure |

| Benefits and premiums | You pay |
|---|--|
| Hearing services <ul style="list-style-type: none"> Exams to diagnose and treat hearing and balance issues*† | \$10 per visit |
| <ul style="list-style-type: none"> Hearing aids | \$1,000 combined allowance to purchase hearing aids every calendar year. If your hearing aid purchase is more than the \$1,000 allowance, you pay the difference. |
| Dental services Preventive and comprehensive dental coverage | Not covered |
| Vision services <ul style="list-style-type: none"> Visits to diagnose and treat eye diseases and conditions | \$0–\$10 per visit |
| <ul style="list-style-type: none"> Routine eye exams | \$10 per visit |
| <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 (\$250 allowance every 12 months) | If your eyewear costs more than \$250, you pay the difference. |
| Mental health services† <ul style="list-style-type: none"> Outpatient group therapy | \$10 per visit |
| <ul style="list-style-type: none"> Outpatient individual therapy | \$10 per visit |
| Skilled nursing facility*† We cover up to 100 days per benefit period. | \$0 per day for days 1 through 100 |
| Physical therapy*† | \$10 per visit |
| Ambulance | \$150 per one-way trip |
| Transportation | \$0 for 6 round trips |
| Medicare Part B drugs† A limited number of Medicare Part B drugs are covered when you get them from a plan provider. See the EOC and the Pharmacy Directory for preferred and standard plan pharmacy locations for details. <ul style="list-style-type: none"> Drugs that must be administered by a health care professional | \$0 copay |

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 or call Member Services to ask for a copy at **1-800-901-4600** (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 (deductible, initial, coverage gap, or catastrophic coverage stages).
- **Important Message About What You Pay for Insulin** – You won't pay more than **\$35** for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.
- **Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you.

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 shown in the chart below until your total yearly drug costs reach **\$4,660**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$4,660 limit in 2023, you move on to the coverage gap stage and your coverage changes.

For members in Kaiser Permanente Medicare Advantage HMO Group plan 3, you pay the copays shown in the chart below until you have spent **\$7,400** in 2023. If you spend \$7,400 in 2023, you move on to the catastrophic coverage stage and your coverage changes.

| Drug tier | Preferred retail plan pharmacy | Standard retail plan pharmacy |
|---|--------------------------------|-------------------------------|
| | Up to a 30-day supply | |
| Tier 1 (Preferred generic) | \$2 | \$4 |
| Tier 2 (Generic) | \$6 | \$9 |
| Tier 3 (Preferred brand name) | \$40 | \$40 |
| Tier 4 (Nonpreferred brand name) | \$90 | \$90 |
| Tier 5 (Specialty) | \$150 | \$150 |
| Tier 6 (Vaccines) | \$0 | \$0 |

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

When you get a 31- to 90-day supply of drugs in tiers 2 through 4, the copays listed above in the chart will be multiplied as follows:

- If you get a 31- to 60-day supply from any plan pharmacy (retail or mail order), you pay 2 copays
- If you get a 61- to 90-day supply from one of our retail pharmacies, you pay 3 copays
- If you get a 61- to 90-day supply from our mail-order pharmacy, you pay 2 copays

Note: For a 30-day supply of tier 5 drugs, you pay the copay listed above in the chart.

Coverage gap stage

The coverage gap stage begins if you or a Part D plan spends **\$4,660** on your drugs during 2023. You pay the following copays during the coverage gap stage:

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

Catastrophic coverage stage

If you or others on your behalf spend **\$7,400** on your Part D prescription drugs in 2023, 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 2023. You pay the following copays per prescription during the catastrophic coverage stage:

| Drug | You pay |
|------------------|------------------------------|
| Generic drugs | The greater of \$4.15 or 5% |
| Brand-name drugs | The greater of \$10.35 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 |
|---|--------------------------------------|
| Acupuncture | \$10 copay, up to 8 visits per year |
| Naturopathic care | \$10 copay, up to 3 visits per year |
| Nonspinal chiropractic care | \$10 copay, up to 10 visits per year |
| Massage therapy† From a licensed massage therapist | \$10 copay, up to 10 visits per year |

Fitness benefit

| This benefit is available to you as a plan member: | You pay |
|--|---------|
| <p>The Silver&Fit® Program You pay no additional cost for a fitness center membership with any Silver&Fit standard network participating facility. You can select one Home Fitness Kit per calendar year from many Home Fitness Kits to help you stay fit at home. An expanded network of fitness centers is included as part of your benefit. (Fees may apply for some select fitness locations in the expanded network.) Visit kp.org/silverandfit or call Silver&Fit Customer Service at 1-877-750-2746 (TTY 711), Monday through Friday, 5 a.m. to 6 p.m. Pacific time.</p> <p>The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein.</p> <p>Participating fitness centers and fitness chains may vary by location and are subject to change.</p> | \$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)
 - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing
 - Covered care from designated providers in Maricopa and Pima counties in Arizona

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. 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/directory or ask us to mail you a copy by calling Member Services at **1-800-901-4600**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).

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

Notices

Appeals and grievances

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

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

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 communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, and other 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 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, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance 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.

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 **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** 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

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 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.

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. 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 facilities.

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.

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**.

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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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 . سيقوم شخص ما يتحدث (TTY 711) **1-888-901-4600** على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية العربية.

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 **1-888-901-4600 (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 **1-888-901-4600 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (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ごさいます。通訳をご用命になるには、 **1-888-901-4600 (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

Kaiser Foundation Health Plan of Washington
1300 SW 27th Street
Renton, WA 98057

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

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