Kaiser Permanente Medicare health plan

Medicare health plans to help you thrive

Your Medicare overview from Kaiser Permanente

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KAISER PERMANENTE®

Get care and coverage designed to help make your life easier

With Kaiser Permanente, you get quality care and coverage together. Your doctors and care team coordinate seamlessly to keep you healthy. Innovative tools connect you to care whenever you need it. And your personalized treatment plan reflects what's best for you and your unique needs.

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.

Here, you'll find valuable information to help you choose the right Medicare coverage. In this booklet, we'll explain the different parts of Medicare, how much they could cost, and how you can sign up. You'll also see how Kaiser Permanente can help you enjoy life to the fullest with care and coverage in one easy-to-use package.

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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 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 section, you can read about each part to better understand what 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**
Visit **Medicare.gov**

Social Security

Call **1-800-772-1213**
7 a.m. to 7 p.m., Monday through Friday
TTY users, call **1-800-325-0778**
Visit **SocialSecurity.gov**

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 it covers

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

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If you're younger than 65

You can get Part A without paying a premium if:

- You've had Social Security or 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**), 7 a.m. to 7 p.m., Monday through Friday, 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. In most cases, if you sign up for Part A, you must also sign up for Part B when you're first eligible. If you don't, 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.

What it covers

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.

2019 Part B premium and deductible:
Average monthly premium = $135.50
Average yearly deductible = $185.00

If your income is higher than $85,000 ($170,000 per couple), you might have a higher premium.

Note: The above dollar amounts are for 2019 and may change in 2020.

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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 get Part A coverage, you must also sign up for Part B coverage during your initial enrollment period or your special enrollment period. If you don't, you may have to pay a late enrollment penalty for as long as you have coverage. This could mean an increase of your monthly premium.

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**), 7 a.m. to 7 p.m., Monday through Friday, or visit **SocialSecurity.gov**.

If you want coverage that includes more than what's in Parts A and B, consider Part C.

Part C

Medicare Advantage

Original Medicare (Parts A and B) doesn't cover all medical costs. You can buy more coverage through private health plans to help cover extra costs.

These Medicare-approved private health plans – called Part C or Medicare Advantage plans – include both Part A and Part B coverage, plus additional benefits. Medicare pays an amount for your coverage each month to these private health plans. There are many types of Medicare Advantage plans, but we'll explain 2 types that Kaiser Permanente offers – Medicare Advantage Health Maintenance Organization (HMO) plans and Medicare Cost plans.

What it covers

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: Like 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 copays and out-of-pocket expenses. If you go to a non–network provider, you'll probably have to cover the cost.

Medicare Cost plans: In some areas of the country, you may be able to buy a Medicare Cost plan. With a Cost plan, if you go to a non–network provider, the services are covered under Original Medicare. You'd pay the Part B premium, a monthly health plan premium (if applicable), and any Part A and Part B coinsurance and deductibles.

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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

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

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 don't have end-stage renal disease (exceptions apply)
- You enroll when the plan is accepting new members

With a Medicare Cost plan, you can:

- Join, even if you only have Part B
- Join a plan with Part D coverage anytime the plan accepts new members
- Join a plan without Part D coverage at any time of the year
- Return to Original Medicare at any time

How do I enroll?

Sign up directly with the plan of your choice. For information on Kaiser Permanente Medicare health plans, visit **kp.org/medicare**.

Medicare Supplement Insurance plans

If you choose Original Medicare, you can purchase Medicare Supplement Insurance plans – also called Medigap plans – to help you pay for care not covered by Parts A and B. Unlike Medicare Advantage, these plans offer limited coverage and don't include prescription drug coverage. You'd pay the Part B premium, a monthly health plan premium, and any coinsurance and deductibles for out-of-network care.

If you have Medicare Parts A and B through Original Medicare and want prescription drug coverage, consider Part D or a Medicare Advantage or Medicare Cost plan with Part D coverage. 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 some of the costs for prescription drugs. You can sign up for a Part D plan if you have Part A, Part B, or both.

What it covers

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 and Medicare Cost plans that offer Part D, must provide coverage that's equal to or better than the standard Part D benefits.

These plans can enhance coverage by:

- Lowering 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 Part D costs depend on which plan you choose.

Standard Part D costs include:

- **Monthly premium –** The amount you pay for your Part D coverage. This varies by plan.
- **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.
- **Copays and coinsurance –** The amount you pay for covered drugs after your plan pays its share. This varies depending on your plan benefits.

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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.

- **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. Once you reach a certain dollar limit, you move to the catastrophic coverage stage.
- **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.

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.

Getting financial help

If you're on a limited income, you may qualify for Extra Help, which 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**), 7 a.m. to 7 p.m., Monday through Friday, or visit **SocialSecurity.gov**.

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, you may have to pay a late enrollment penalty, which is 1% of your monthly premium for every month you delayed your enrollment.

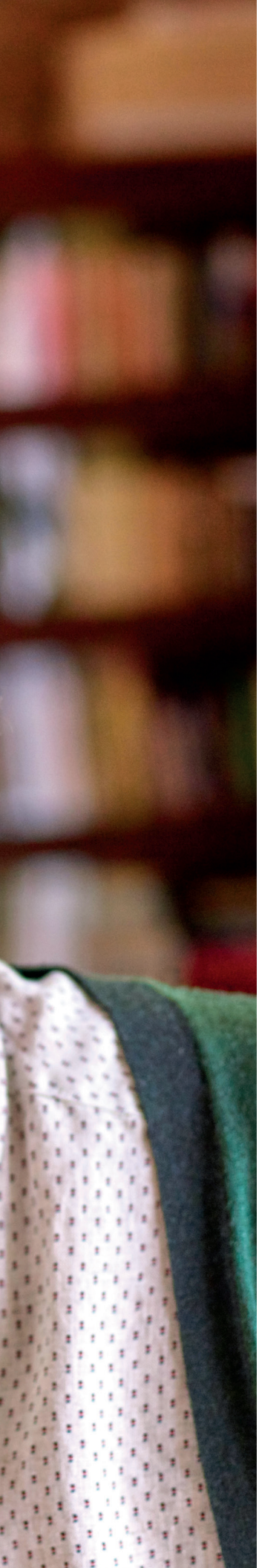
How do I enroll?

There are 2 ways to get Medicare Part D prescription drug coverage: Join a Part C plan (a Medicare Advantage or Medicare Cost plan) with Part D prescription drug coverage or a Medicare prescription drug plan.

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 join, please note:

- You can only join, change, or drop Part D plans during certain times of the year or under certain special circumstances
- You can only have one Part D plan at a time
- If you have a Medicare Advantage plan with Part D coverage, joining a Medicare prescription drug plan could make you lose your Medicare Advantage plan and go back to Original Medicare



Get more with a Kaiser Permanente Medicare health plan

Our Medicare health plan is here to help you thrive

Why choose Kaiser Permanente?
The high-quality care you deserve. The predictable costs you need. The doctor choice you want. With a Kaiser Permanente Medicare health plan, you'll get benefits that support your goals and help you thrive. Plus, many of our plans include prescription drug coverage, so you can enjoy the convenience of all-in-one coverage in a single plan.[1]

Learn more about the additional benefits we offer to help you get care that best fits your life.

For more information on our Medicare health plans, visit **kp.org/medicare**.

Your care, your way

Come in

Many services under one roof
In most Kaiser Permanente facilities, you can see your doctor, get lab work or X-rays done, and pick up your prescriptions – often in one trip. In many regions, specialists' offices and hospitals are also at the same location.

Worldwide care when it matters most
Traveling outside of our coverage area? Relax – as a Kaiser Permanente member, you're covered for emergency and urgent care anywhere in the United States or in the world.[2]

Call

Care by phone
If you have a condition that doesn't require an in-person exam, you can save yourself a trip to the doctor's office by scheduling a phone appointment. Plus, care guidance and advice are available by phone 24/7.

Personalized care that fits your life

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 like your yearly checkup, mammograms, prostate exams, flu shots, and cholesterol tests.

Better care with a connected team

Your doctor, nurses, and other specialists work together to keep you healthy. They're connected to each other, and to you, through your electronic health record.[3] 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.

As a Kaiser Permanente member, you have many convenient options for getting care the way you want it.

Click

Manage your health online

You can email your doctor's office, view most test results, refill most prescriptions, and schedule or cancel appointments – all online.[3] You can also download the Kaiser Permanente mobile app, at no cost, to manage your health on the go.

Find the care you need

Visit **kp.org/getcare** to learn about all the care options in your region. Get advice, make an appointment, find a nearby Kaiser Permanente urgent care center, and more.

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

Choose your Kaiser Permanente doctor – and change to another available Kaiser Permanente doctor anytime

All our available doctors welcome Kaiser Permanente Medicare health plan members. Read profiles online so you can select your 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 doctor at any time.

If you're already a member and are joining our Medicare health plan, you can stay with the health care team you know and trust.

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 primary doctor can refer you to a full range of specialists, including cardiologists, orthopedists, audiologists, and more. Our doctors are highly trained and experienced in medicine and come from renowned medical schools. More importantly, they're passionate about delivering high-quality care.

Prescription drug coverage

Benefit

With most of our plans, you'll also get the Kaiser Permanente Medicare prescription drug benefit, which is our Medicare Part D prescription drug coverage.

What's covered

Our plans that include Part D prescription drug coverage have an approved list of drugs (the formulary) to make sure you get the most effective and safe prescription medications available. The formulary is carefully chosen with a team of our health care providers to help manage your prescription drug costs. It typically divides groups of medications into tiers.

Our plans with Part D have 6 tiers, ranging from preferred generic drugs to brand to specialty medications and injectable Part D vaccines. The tier your medication is in determines your portion of the drug cost. The Kaiser Permanente Medicare prescription drug benefit has more coverage "in the gap," meaning you may pay a lower share of the cost than with the standard Part D benefit for generic prescription drugs.

Plans don't cover:

- Nonprescription or over-the-counter medicines
- Drugs for cosmetic uses
- Drugs for weight loss or sexual dysfunction
- Drugs that Medicare won't cover

Ordering prescriptions

As a member, you can review your medications and request most refills online or on our mobile app. Then choose whether you want to have it ready for pickup at an in-network pharmacy or have your refill mailed to you at no extra charge. If you choose mail order, you can track your order online.

Save time and money with mail order

Get your prescriptions delivered to your front door. For most drugs, you can get a 3-month supply for just 2 copays when you use our mail-order pharmacy.[4]

Manage your prescriptions online

On our member website, you'll also be able to see your prescription and claim history, and you'll find a link to look up pricing information and find pharmacies in your network.

For drug costs, please check your summary of benefits or *Evidence of Coverage* (*EOC*).

Additional coverage

Optional supplemental benefits

If your plan permits, you can choose to add dental, hearing, and extra vision benefits to your Kaiser Permanente Medicare health plan. This way, it's easy to take care of your health care needs with just one plan.

Dental plan

Oral health is an important part of your overall health. In many regions, Kaiser Permanente has teamed up with **Delta Dental** to offer you an optional plan.

Delta Dental coverage:

- Lets you choose from a large network of dentists (care received outside of our network isn't covered)
- Provides full coverage for your semiannual dental checkups
- Helps make sure that dental health problems are detected early

You can enroll for dental coverage when you first enroll in your Medicare Advantage plan and during the annual enrollment period. You can drop your dental coverage at any time by calling Member Services or contacting your employer or union's benefits administrator.

Hearing benefits

In addition to hearing tests, the optional benefits added to your health plan feature an allowance for hearing aids.

Vision benefits

The optional benefits added to your health plan include an allowance for eyeglasses and contact lenses.

Fitness membership

Some plans include a fitness membership that gives you access to a broad network of fitness facilities and other resources. Stay active with a membership at no additional cost at a fitness center near you. Or you can enroll in the Home Fitness program and work out in the comfort of your own home.

Healthy extras for a healthier you

Take advantage of wellness coaching, classes, and other programs – many at no additional cost. Easy-to-access resources help you live smarter and healthier, from writing an advance directive to managing chronic conditions such as diabetes, arthritis, and heart disease.

Convenient locations nationwide

You can find Kaiser Permanente medical facilities, doctors' offices, labs, pharmacies, and other health care services throughout the country:

- California
- Colorado
- Georgia
- Hawaii
- Maryland
- Oregon
- Virginia
- Washington
- Washington, D.C.

We're here to help

To learn more about the advantages of enrolling in a Kaiser Permanente Medicare health plan, call a Kaiser Permanente Medicare specialist at **1-866-680-1523** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week. For our Group members who are enrolled in an employer-sponsored plan, contact your employer or union's benefits administrator.

We're part of your community

Our members enjoy a coordinated approach to care and coverage, combined with the convenience of treatment close to home. Kaiser Permanente has medical facilities, doctors' offices, labs, pharmacies, and other health care services throughout the country.

Kaiser Foundation Health Plan, Inc.
393 E. Walnut St.
Pasadena, CA 91188-8514

Kaiser Foundation Health Plan of Colorado
10350 E. Dakota Ave.
Denver, CO 80247

Kaiser Foundation Health Plan of Georgia, Inc.
Nine Piedmont Center
3495 Piedmont Road NE
Atlanta, GA 30305

Kaiser Foundation Health Plan, Inc.
711 Kapiolani Blvd.
Tower Suite 400
Honolulu, HI 96813

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2101 E. Jefferson St.
Rockville, MD 20852

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St.
Suite 100
Portland, OR 97232

Kaiser Foundation Health Plan of Washington
601 Union St.
Suite 3100
Seattle, WA 98101

Notes

[1]All-in-one coverage includes Medicare Parts A, B, and D in a single plan.

[2]If you need emergency or out-of-area urgent care, you can get care from any provider. Check your *Evidence of Coverage (EOC)* for details.

[3]When receiving care at a Kaiser Permanente facility. All online features may not be available in some areas.

[4]For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 10 business days. If not, please call: Northern California: **1-888-218-6245** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m.; Southern California: **1-866-206-2983** (TTY **711)**, Monday through Friday, 7 a.m. to 7 p.m.; Colorado: **1-866-523-6059** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m.; Georgia: **770-434-2008** or toll free **1-888-662-4579** (TTY **711**), 7 days a week, 24 hours; Hawaii: **808-643-7979** (TTY **711**), Monday through Friday, 8:30 a.m. to 5 p.m.; Maryland, Virginia, and the District of Columbia: **703-466-4900** or toll free **1-800-733-6345** (TTY **711**), Monday through Friday, 8 a.m. to 7 p.m.; Washington and Oregon: **1-800-548-9809** (TTY **711**), Monday through Friday, 8 a.m. to 4:30 p.m.

In California, Hawaii, Oregon, Washington, Colorado, Georgia, and the District of Columbia, Kaiser Permanente is an HMO plan with a Medicare contract. In Maryland, Kaiser Permanente is an HMO plan and a Cost plan with a Medicare contract. In Virginia, Kaiser Permanente is a Cost plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

This information is not a complete description of benefits. Call **1-866-680-1523** (TTY **711**) for more information.

You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

Please recycle.
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