

Your Kaiser Permanente Group Guide to Medicare

Plus: What our plans can offer you



Kaiser Permanente Senior Advantage (HMO)
Kaiser Permanente Medicare Plus (Cost)

Stay on top of your health with Medicare coverage that fits your life



Understand the basics of Medicare and get key insights into a Kaiser Permanente Group Medicare health plan

Making the transition to an employer- or union-sponsored Medicare health plan is a big step. We're here to make it easier.

With this useful guide, you'll have the information you need to help you take control of your Medicare health plan coverage. You'll get an easy-to-understand overview of Medicare Parts A, B, C, and D. And whether you're already a Kaiser Permanente member or you're just getting to know us, you'll see how being a Kaiser Permanente member can help you so you can enjoy life to the fullest.

TABLE OF CONTENTS

Medicare: An overview	2
Helpful resources	2
Part A	3
Part B	5
Part C	7
Part D	9
Get more with a Kaiser Permanente group Medicare health plan	12
Quality care, predictable costs	13
Care the way you want it	14
All-in-one coverage in a single plan	15
Nationwide locations for your convenience	15
Quick view: What you get with a Kaiser Permanente Medicare health plan	16

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. A part of Social Security, it's designed to protect the health and well-being of older citizens and those with certain disabilities.

Medicare is made up of 4 parts: 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

There are important details about eligibility and coverage that may affect you. If you have questions, here are some helpful resources:

Medicare

Call **1-800-MEDICARE (1-800-633-4227)**,

24 hours a day, 7 days a week

TTY users should call **1-877-486-2048** or visit **medicare.gov**.

Social Security

Call the Social Security Office at **1-800-772-1213**,
Monday through Friday, 7 a.m. to 7 p.m.

TTY users should call **1-800-325-0778**, or visit **SocialSecurity.gov**.

PART A

Hospital coverage

Medicare Part A is offered by the federal government to help pay for your care you get when you stay in a medical facility. You can typically start receiving Part A coverage on the first day of the month of your 65th birthday.

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
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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.

Keep in mind that if you enroll in Part A, you must usually also enroll in Part B and pay the monthly Part B premium.

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PART A

continued

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

IF YOU'RE YOUNGER THAN 65

You can get Part A without paying a premium if:

- You've received 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 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**.

PART B

Medical coverage

Medicare Part B is optional coverage from the federal government to help you pay for some medical services that aren't covered by Part A. If you're 65 or older, you're eligible.

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.

PART B LATE ENROLLMENT PENALTY

If you don't sign up for Part B when you're first eligible, you may have to pay a late enrollment 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've had Part B, but didn't sign up for it.

But if you're eligible for Medicare and have coverage through your employer or union, you won't get the Part B late enrollment penalty.

PART B

continued

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.

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 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**.

Consider this coverage if ...

You want coverage that includes more than what's in Parts A and B, such as coverage for vision, dental, or prescription drugs.

PART C Medicare Advantage

Original Medicare (Parts A and B) usually covers only about 80% of medical costs. To cover the extra costs, you can buy more coverage through private health plans.

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 plans.

Your employer or union likely offers Medicare Advantage plans.

What it covers

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

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

For plans that require you to use network providers, Medicare and the Medicare Advantage plan won't cover routine care if you go to an out-of-network provider.

How much does it cost?

What you pay for coverage depends on the following:

- 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

PART C

continued

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 don't have end-stage renal disease (exceptions apply)
- You enroll when the plan is accepting new members (such as Open Enrollment and Special Enrollment periods)

How do I enroll?

Sign up directly with the plan of your choice.

Medicare Cost plans

In some areas of the country, you may be able to buy a Medicare Cost plan.

Like Medicare Advantage plans, Medicare Cost plans are available through private insurance companies. With a Cost plan, if you go to a non-network provider, the services are covered under Original Medicare. You would pay the Part B premium and a monthly health plan premium (if applicable). You also pay any Part A and Part B coinsurance and deductibles.

A Cost plan allows you to:

- 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

Medicare star ratings

You can use these ratings to help you feel confident in your move to a Kaiser Permanente Medicare health plan.

The Centers for Medicare & Medicaid Services (CMS) rate Medicare health and prescription drug plans based on major categories that include:

- Preventive care
- Chronic care
- Prescription drug services
- Customer service
- Member satisfaction

Each Medicare health plan gets a rating from 1 to 5, with 5 stars being the highest for excellence. The independent ratings are updated yearly.

To learn more about Kaiser Permanente's Medicare star ratings, please visit kp.org/medicare.

PART D: Prescription drug coverage

Part D is an optional plan offered by private Medicare-approved companies and covers 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:

- 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 Part D costs depend on which plan you choose.

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

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 have to pay varies by plan. Once you meet a certain dollar limit, you move on 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.

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.

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) 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, consider:

- You can only join, change, or drop Part D plans during certain times of year or under certain circumstances.
- You can only have 1 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.

Generic drugs can save you money

As you look at formularies, you'll often see listings for generics and more costly brand-name prescription drugs.

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

- Ingredients
- Quality
- Safety
- Strength
- Performance

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.

Get more with a Kaiser Permanente group Medicare health plan

Our Medicare health plan is here to help you thrive

Whether you're new to Kaiser Permanente or already a member, we invite you to take a look at the many advantages of joining or staying with Kaiser Permanente.

A Kaiser Permanente Medicare health plan can help you reach your health goals. Predictable costs, quality care, and a wide choice of great doctors are some of the ways you're supported to live well and thrive.

Quality care, predictable costs

From our high Medicare ratings to \$0 copays for preventive care, you can feel confident about the care you get with Kaiser Permanente.



Better care with a connected team

Your doctor, nurses, and other specialists all work together to keep you healthy. They're connected to each other, and to you, through your electronic health record.¹

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, and you get personalized care.



A wide selection of great doctors and specialists

All of our available doctors welcome Kaiser Permanente Medicare health plan members. It's easy to go online and read our doctors' profiles to get a better sense of who they are before you choose. Plus, you can switch to another Kaiser Permanente doctor at any time.²

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.



Access to specialists

You have access to a full range of specialists, including cardiologists, orthopedists, audiologists, and more. No matter what kind of medical specialist you need, you're covered.



\$0 for preventive care

With a Kaiser Permanente Medicare health plan, you pay no additional cost for preventive services like your yearly checkup, mammograms, prostate exams, flu shots, and cholesterol tests.



Care the way you want it

From choosing your doctor to choosing the way you receive your care, you've got many convenient options.



Everything you need, usually under one roof

When you visit a Kaiser Permanente facility, 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.



Online tools to manage your health, 24/7

You can email your doctor's office, view most test results, refill prescriptions, and schedule or cancel appointments – all online.¹ You can also download the Kaiser Permanente mobile app at no cost, to manage your health on the go.



More care choices – including video visits

You may be able to save a trip to the doctor's office by having a phone or video appointment.⁸ Care guidance and advice are available by phone anytime. And for some conditions, you can meet face to face with your doctor by computer, smartphone, or tablet.



Feel confident with Star quality*

For peace of mind knowing you're getting a quality plan, check out how highly rated our Medicare health plans are at kp.org/medicare.

All-in-one coverage in a single plan

With Kaiser Permanente Senior Advantage (HMO) or Kaiser Permanente Medicare Plus (Cost), you'll get Medicare Parts A and B, plus other benefits that support your health care needs.

Prescription drug 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.

Worldwide emergency and urgent care

As a Kaiser Permanente Medicare health plan member, you're covered for emergency and urgent care anywhere in the U.S. or anywhere in the world.^{3,4}

Help managing your prescription drug costs

We choose our formulary carefully with a team of our health care providers to give you the most effective and affordable medications. It meets rigorous standards, including those set by CMS.

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

Most prescription refills mailed to your home

As a member, when you order prescription refills from a Kaiser Permanente pharmacy – by phone, on **kp.org**, or on our mobile app – you can have your refills sent to your home at no extra charge.⁵ Even better, you may get up to a 3-month supply at a lower share of the cost – saving you time and money.

Nationwide locations for your convenience

We're always expanding to make getting care easier. Kaiser Permanente has state-of-the-art medical facilities, doctors' offices, labs, pharmacies, and other health care services throughout the country:

Northern California

Southern California

Colorado

Georgia

Hawaii

Oregon and Washington

Maryland, Virginia, and Washington, D.C.

Quick view

What you get with a Kaiser Permanente Medicare health plan

Affordable, quality care and coverage

Medicare Part A hospital care, Part B medical services, and Part D prescription drug coverage all in one plan⁶

\$0 for preventive care

The power to choose or change your Kaiser Permanente doctor at any time

Access to a full range of specialists

Doctor visits, lab tests, prescriptions, and more, usually under one roof

Secure online tools¹ – for your computer or mobile device – that let you:

- Email your doctor's office
 - View most lab results securely online, many on the same day
 - Refill prescriptions on your computer or mobile device, and have most of them shipped directly to your home at no extra charge
 - Get follow-up instructions from your last visit
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A care team that's connected to each other and to you through your electronic health record¹

Keep the care you know and trust, if you're already a member

The option to connect with your doctor by phone or video visit

After-hours care and 24-hour nurse advice

More coverage and services than Original Medicare⁷

For more information

To learn more about the advantages of enrolling in Kaiser Permanente Medicare health plans, please contact one of our licensed sales specialists or your employer or union's benefits administrator.

¹When receiving care at a Kaiser Permanente facility. All online features may not be available in some areas.

²The provider network may change at any time. You will receive notice when necessary.

³If you need emergency or out-of-area urgent care, you can get care from any provider. Check your **Evidence of Coverage (EOC)** for details.

⁴In the Mid-Atlantic States Region, all Direct Pay Kaiser Permanente Medicare Plus High Option Cost and Standard Option Cost plan members have worldwide emergency care and urgent care coverage, and all Direct Pay Kaiser Permanente Medicare Plus Basic Option Cost plan members have emergency care and urgent care coverage while inside the United States and its territories only.

⁵For 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 1-770-434-2008 or toll free 1-888-662-4579 (TTY 711), 7 days a week, 24 hours; Hawaii 1-808-643-7979 (Oahu and neighbor islands)(TTY 711), Monday through Friday, 8:30 a.m. to 5 p.m.; Oregon and Washington 1-800-548-9809 (TTY 711), Monday through Friday, 8 a.m. to 4:30 p.m.; Maryland, Virginia, and Washington, D.C. Toll free 1-800-733-6345 (TTY 711), Monday through Friday, 8 a.m. to 7 p.m.

⁶Not all Kaiser Permanente Medicare Plus plans include the Part D Prescription Drug Benefit.

⁷Not applicable to Kaiser Permanente Medicare Plus Basic plans.

⁸These features are available when you get care at Kaiser Permanente facilities.

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

Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year and at other times in accord with your group's contract with us.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

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

*Centers for Medicare & Medicaid Services Health Plan Management System, Plan Ratings 2018. Kaiser Permanente contract #H0524, H0630, H1170, H1230, H2150, H9003.



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