

# 2025 Summary of Benefits

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## Kaiser Permanente Medicare Advantage Plans:

- Kaiser Permanente Medicare Advantage Value DC Plan (HMO-POS)
- Kaiser Permanente Medicare Advantage Standard DC Plan (HMO-POS)
- Kaiser Permanente Medicare Advantage High DC Plan (HMO-POS)

*These plans include 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 plans. It includes information about:

- Premiums
- Benefits and costs
- Part D prescription drugs
- Optional supplemental benefits (Advantage Plus)
- Additional benefits, including Point-of-Service (POS) benefits
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care
- Medicare prescription payment plan

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 of 3 Kaiser Permanente Medicare Advantage plans that include Medicare Part D prescription drug coverage. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at [kp.org/eocmasma](http://kp.org/eocmasma) or ask for a copy from Member Services by calling **1-888-777-5536 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

We also offer a plan without Part D drug coverage. If you'd like information about our other plan, call **1-877-408-8607 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week, or go to [kp.org/medicare](http://kp.org/medicare).

Kaiser Permanente Medicare Advantage plans have a Point-of-Service (POS) benefit. "Point-of-Service" means you can use providers outside the plan's network for an additional cost. Not all services are covered under POS. Covered services under POS are noted in the "Additional benefits" section and also in your **EOC**.

### Have questions?

- If you're not a member, please call **1-877-408-8607 (TTY 711)**.
- If you're a member, please call Member Services at **1-888-777-5536 (TTY 711)**.
- 7 days a week, 8 a.m. to 8 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	With our <b>Value DC plan</b> , you pay	With our <b>Standard DC plan</b> , you pay	With our <b>High DC plan</b> , you pay
<b>Monthly plan premium</b>	<b>\$0</b>	<b>\$30</b>	<b>\$105</b>
<b>Deductible</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Your maximum out-of-pocket responsibility</b> Includes copays and other costs for medical services for the year. Doesn't include Medicare Part D drugs.	<b>\$6,900</b>	<b>\$6,900</b>	<b>\$5,700</b>
<b>Inpatient hospital services*†</b> There's no limit to the number of medically necessary inpatient hospital days.	<b>\$290</b> per day for days 1–5 of your stay and <b>\$0</b> for the rest of your stay.	<b>\$245</b> per day for days 1–5 of your stay and <b>\$0</b> for the rest of your stay.	<b>\$225</b> per day for days 1–5 of your stay and <b>\$0</b> for the rest of your stay.
<b>Outpatient hospital services*†</b>	<b>\$0–\$290</b> per visit	<b>\$0–\$130</b> per visit	<b>\$0–\$125</b> per visit
<b>Ambulatory Surgical Center (ASC)*†</b>	<b>\$290</b> per visit	<b>\$130</b> per visit	<b>\$125</b> per visit
<b>Doctor's visits</b>	<b>\$5</b> per visit	<b>\$5</b> per visit	<b>\$5</b> per visit
<ul style="list-style-type: none"> <li>• Primary care providers</li> </ul>	<b>\$5</b> per visit	<b>\$5</b> per visit	<b>\$5</b> per visit
<ul style="list-style-type: none"> <li>• Specialists*†</li> </ul>	<b>\$40</b> per visit	<b>\$35</b> per visit	<b>\$30</b> per visit
<b>Preventive care</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screenings*†</li> <li>• Alcohol misuse screenings &amp; counseling</li> <li>• Blood-based biomarker tests</li> <li>• Bone mass measurements*†</li> <li>• Cardiovascular disease screenings*†</li> <li>• Cardiovascular disease (behavioral therapy)</li> </ul>	Any additional preventive services approved by Medicare during the contract year will be covered. See your <b>EOC</b> for frequency of covered services.	Any additional preventive services approved by Medicare during the contract year will be covered. See your <b>EOC</b> for frequency of covered services.	Any additional preventive services approved by Medicare during the contract year will be covered. See your <b>EOC</b> for frequency of covered services.

<b>Benefits and premiums</b>	With our <b>Value DC plan</b> , you pay	With our <b>Standard DC plan</b> , you pay	With our <b>High DC plan</b> , you pay
<ul style="list-style-type: none"> <li>• Cervical &amp; vaginal cancer screening</li> <li>• Colorectal cancer screenings (barium enemas, colonoscopies, fecal occult blood tests, flexible sigmoidoscopies, and multi-target stool DNA tests)*†</li> <li>• Counseling to prevent tobacco use &amp; tobacco-caused disease</li> <li>• Depression screenings</li> <li>• Diabetes screenings</li> <li>• Diabetes self-management training</li> <li>• Glaucoma screenings</li> <li>• Hepatitis B Virus (HBV) infection screenings</li> <li>• Hepatitis C screening tests</li> <li>• HIV screenings</li> <li>• Lung cancer screenings</li> <li>• Mammograms (screening)</li> <li>• Medical nutrition therapy services*†</li> <li>• Medicare Diabetes Prevention Program</li> <li>• Obesity behavioral therapy</li> <li>• One-time “Welcome to Medicare” preventive visit</li> <li>• Prostate cancer screenings</li> <li>• Sexually transmitted infections screenings &amp; counseling</li> <li>• Shots that include COVID-19 vaccines, flu shots, Hepatitis B shots and Pneumococcal shots</li> <li>• Yearly “Wellness” visit</li> </ul>			

<b>Benefits and premiums</b>	With our <b>Value DC plan</b> , you pay	With our <b>Standard DC plan</b> , you pay	With our <b>High DC plan</b> , you pay
<b>Emergency care</b> We cover emergency care anywhere in the world.	<b>\$110</b> per Emergency Department visit	<b>\$110</b> per Emergency Department visit	<b>\$125</b> per Emergency Department visit
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	<b>\$40</b> per office visit	<b>\$35</b> per office visit	<b>\$30</b> per office visit
<b>Diagnostic services, lab, and imaging*†</b> <ul style="list-style-type: none"> <li>• Lab tests</li> <li>• Diagnostic tests and procedures (like EKG)</li> <li>• Ultrasounds</li> </ul>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<ul style="list-style-type: none"> <li>• X-rays</li> </ul>	<b>\$20</b> per visit	<b>\$15</b> per visit	<b>\$10</b> per visit
<ul style="list-style-type: none"> <li>• Other imaging procedures (like MRI, CT, and PET)</li> </ul>	<b>\$170</b> per procedure	<b>\$100</b> per procedure	<b>\$100</b> per procedure
<b>Hearing services*†</b> <ul style="list-style-type: none"> <li>• Evaluations to diagnose medical conditions</li> </ul>	<b>\$40</b> per visit	<b>\$35</b> per visit	<b>\$30</b> per visit
<ul style="list-style-type: none"> <li>• Hearing aid fitting or evaluation exam</li> </ul>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<ul style="list-style-type: none"> <li>• Hearing aids (allowance per ear, every three years)</li> </ul> If you sign up for optional benefits, the allowance is greater (see Advantage Plus for details).	<b>\$1,000 allowance</b> If your hearing aid purchase is more than \$1,000, <b>you pay the difference.</b>	<b>\$1,000 allowance</b> If your hearing aid purchase is more than \$1,000, <b>you pay the difference.</b>	<b>\$1,000 allowance</b> If your hearing aid purchase is more than \$1,000, <b>you pay the difference.</b>
<b>Dental services</b> <ul style="list-style-type: none"> <li>• Preventive dental care</li> </ul>	<b>\$0</b> for most preventive care (limited to 2 visits a year for oral exams and teeth cleaning, 1 fluoride treatment per year, and intraoral series X-rays limited to one per three years and 1 bitewing X-ray per year).	<b>\$0</b> for most preventive care (limited to 2 visits a year for oral exams and teeth cleaning, 1 fluoride treatment per year, and intraoral series X-rays limited to one per three years and 1 bitewing X-ray per year).	<b>\$0</b> for most preventive care (limited to 2 visits a year for oral exams and teeth cleaning, 1 fluoride treatment per year, and intraoral series X-rays limited to one per three years and 1 bitewing X-ray per year).
<ul style="list-style-type: none"> <li>• Comprehensive dental care*†</li> </ul>	<b>50%</b> coinsurance for comprehensive dental care until the plan has	<b>50%</b> coinsurance for comprehensive dental care until the plan has	<b>50%</b> coinsurance for comprehensive dental care until the plan has

<b>Benefits and premiums</b>	<b>With our Value DC plan, you pay</b>	<b>With our Standard DC plan, you pay</b>	<b>With our High DC plan, you pay</b>
See the <b>EOC</b> for more information about comprehensive dental services. Note: If you sign up for optional benefits, the benefit limit is greater (see Advantage Plus for details).	paid <b>\$1,500 (annual benefit limit)</b> . When you reach the \$1,500 annual benefit limit for comprehensive dental care, you pay 100% for the rest of the year.	paid <b>\$2,500 (annual benefit limit)</b> . When you reach the \$2,500 annual benefit limit for comprehensive dental care, you pay 100% for the rest of the year.	paid <b>\$1,000 (annual benefit limit)</b> . When you reach the \$1,000 annual benefit limit for comprehensive dental care, you pay 100% for the rest of the year.
<b>Vision services*†</b> <ul style="list-style-type: none"> <li>• Visits to diagnose and treat eye diseases and conditions</li> <li>• Routine eye exams</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$5</b> per visit with an optometrist</li> <li>• <b>\$40</b> per visit with an ophthalmologist</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$5</b> per visit with an optometrist</li> <li>• <b>\$35</b> per visit with an ophthalmologist</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$5</b> per visit with an optometrist</li> <li>• <b>\$30</b> per visit with an ophthalmologist</li> </ul>
<ul style="list-style-type: none"> <li>• Preventive glaucoma screening and diabetic retinopathy services</li> </ul>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<ul style="list-style-type: none"> <li>• Eyeglasses or contact lenses after cataract surgery</li> </ul>	<b>20%</b> coinsurance up to Medicare's limit and you pay any amounts beyond that limit.	<b>20%</b> coinsurance up to Medicare's limit and you pay any amounts beyond that limit.	<b>20%</b> coinsurance up to Medicare's limit and you pay any amounts beyond that limit.
<ul style="list-style-type: none"> <li>• Other eyewear (allowance every two years).</li> </ul> If you sign up for optional benefits, the allowance is greater (see Advantage Plus for details).	If your eyewear costs more than \$200, <b>you pay the difference.</b>	If your eyewear costs more than \$250, <b>you pay the difference.</b>	If your eyewear costs more than \$250, <b>you pay the difference.</b>
<b>Mental health services†</b> <ul style="list-style-type: none"> <li>• Inpatient mental health*</li> </ul>	You pay <b>\$290</b> per day for days 1–5 (\$0 for the rest of your stay).	You pay <b>\$245</b> per day for days 1–5 (\$0 for the rest of your stay).	You pay <b>\$225</b> per day for days 1–5 (\$0 for the rest of your stay).
<ul style="list-style-type: none"> <li>• Outpatient group therapy</li> </ul>	<b>\$5</b> per visit	<b>\$5</b> per visit	<b>\$5</b> per visit
<ul style="list-style-type: none"> <li>• Outpatient individual therapy</li> </ul>	<b>\$10</b> per visit	<b>\$10</b> per visit	<b>\$10</b> per visit
<b>Skilled nursing facility*†</b> We cover up to 100 days per benefit period.	Per benefit period: <ul style="list-style-type: none"> <li>• <b>\$0</b> per day for days 1 through 20</li> <li>• <b>\$214</b> per day for days 21 through 100</li> </ul>	Per benefit period: <ul style="list-style-type: none"> <li>• <b>\$0</b> per day for days 1 through 20</li> <li>• <b>\$203</b> per day for days 21 through 100</li> </ul>	Per benefit period: <ul style="list-style-type: none"> <li>• <b>\$0</b> per day for days 1 through 20</li> <li>• <b>\$160</b> per day for days 21 through 100</li> </ul>
<b>Physical therapy*†</b>	<b>\$40</b> per visit	<b>\$35</b> per visit	<b>\$30</b> per visit

<b>Benefits and premiums</b>	<b>With our Value DC plan, you pay</b>	<b>With our Standard DC plan, you pay</b>	<b>With our High DC plan, you pay</b>
<b>Ambulance†</b>	<b>\$275</b> per one-way trip	<b>\$225</b> per one-way trip	<b>\$225</b> per one-way trip
<b>Transportation</b> We cover up to 24 one-way trips per calendar year to take you to and from a network provider.	Not covered	<b>\$0</b>	<b>\$0</b>
<b>Medicare Part B drugs†</b> Medicare Part B drugs are covered when you get them from a plan provider. See the <b>EOC</b> for details and the Pharmacy Directory for preferred and standard plan pharmacy locations. <ul style="list-style-type: none"> <li>• Drugs that must be administered by a health care professional</li> </ul>	<b>0%–20%</b> coinsurance depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.	<b>0%–20%</b> coinsurance depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.	<b>0%–20%</b> coinsurance depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.
<ul style="list-style-type: none"> <li>• Up to a 30–day supply of a generic drug</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$7</b> at a preferred plan pharmacy</li> <li>• <b>\$20</b> at a standard plan pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$12</b> at a preferred plan pharmacy</li> <li>• <b>\$20</b> at a standard plan pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$12</b> at a preferred plan pharmacy</li> <li>• <b>\$20</b> at a standard plan pharmacy</li> </ul>
<ul style="list-style-type: none"> <li>• Up to a 30–day supply of a brand-name drug</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$45</b> at a preferred plan pharmacy, except you pay \$35 for Part B insulin drugs furnished through an item of DME.</li> <li>• <b>\$47</b> at a standard plan pharmacy, except you pay \$35 for Part B insulin drugs furnished through an item of DME.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$45</b> at a preferred plan pharmacy, except you pay \$35 for Part B insulin drugs furnished through an item of DME.</li> <li>• <b>\$47</b> at a standard plan pharmacy, except you pay \$35 for Part B insulin drugs furnished through an item of DME.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$42</b> at a preferred plan pharmacy, except you pay \$35 for Part B insulin drugs furnished through an item of DME.</li> <li>• <b>\$47</b> at a standard plan pharmacy, except you pay \$35 for Part B insulin drugs furnished through an item of DME.</li> </ul>

## Medicare Part D prescription drug coverage†

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

- The plan you enroll in (Value, Standard or High).
- 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/seniorrx](http://kp.org/seniorrx) or call Member Services to ask for a copy at **1-888-777-5536** (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.
- The type of plan pharmacy that fills your prescription (preferred pharmacy, standard pharmacy, or our mail-order pharmacy). To find our pharmacy locations, see the **Pharmacy Directory** at [kp.org/directory](http://kp.org/directory). Note: Not all drugs can be mailed.
- The coverage stage you’re in (deductible, initial coverage or catastrophic coverage stages).

Note: Medicare provides Extra Help to pay prescription drug costs for people who have limited income and resources. If you are entitled to Extra Help, the cost-sharing below may not apply to you; instead, please refer to the **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

## 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 and coinsurance shown in the chart below until your out-of-pocket costs reach **\$2,000**. If you reach the \$2,000 limit in 2025, you move on to the catastrophic stage and your coverage changes.

Drug tier	Retail plan pharmacy					
	Up to a 30–day supply		31– to 60–day supply		61– to 90–day supply	
	Preferred pharmacy	Standard pharmacy	Preferred pharmacy	Standard pharmacy	Preferred pharmacy	Standard pharmacy
<b>Tier 1</b> (Preferred generic)	\$0	\$10	\$0	\$20	\$0	\$30
<b>Tier 2</b> (Generic) • <b>High</b> and <b>Standard</b> plan members	\$12	\$20	\$24	\$40	\$36	\$60
<b>Tier 2</b> (Generic) • <b>Value</b> plan members	\$7	\$20	\$14	\$40	\$21	\$60
<b>Tier 3*</b> (Preferred brand-name) • <b>High</b> plan members	\$42	\$47	\$84	\$94	\$126	\$141
• <b>Value</b> and <b>Standard</b> plan members	\$45	\$47	\$90	\$94	\$135	\$141

Drug tier	Retail plan pharmacy					
	Up to a 30–day supply		31– to 60–day supply		61– to 90–day supply	
	Preferred pharmacy	Standard pharmacy	Preferred pharmacy	Standard pharmacy	Preferred pharmacy	Standard pharmacy
<b>Tier 4*</b> (Non-preferred drugs) • <b>High and Standard plan</b> members	\$100	\$100	\$200	\$200	\$300	\$300
• <b>Value plan</b> members	\$95	\$100	\$190	200	\$285	\$300
<b>Tier 5*</b> (Specialty)	33%					
<b>Tier 6**</b> (Vaccines)	\$0	\$0	N/A			

\*For each insulin product covered by our plan, you will not pay more than **\$35** for a 30–day supply, **\$70** for a 31– to 60–day supply, and **\$105** for a 61– to 90–day supply, regardless of the tier.

\*\*Our plan covers most Part D vaccines at no cost to you.

Drug tier	Mail-order plan pharmacy		
	Up to a 30–day supply	31– to 60–day supply	61– to 90–day supply
<b>Tier 1</b> (Preferred generic)	\$0	\$0	\$0
<b>Tier 2</b> (Generic) • <b>High and Standard plan</b> members	\$12	\$0	\$0
<b>Tier 2</b> (Generic) • <b>Value plan</b> members	\$7	\$0	\$0
<b>Tier 3*</b> (Preferred brand-name) • <b>High plan</b> members	\$42	\$84	\$84
• <b>Value and Standard plan</b> members	\$45	\$90	\$90
<b>Tier 4*</b> (Non-preferred drugs) • <b>High and Standard plan</b> members	\$100	\$200	\$200
• <b>Value plan</b> members	\$95	\$190	\$190
<b>Tier 5*</b> (Specialty)	33%		

Note: Tier 6 (vaccines) are not available through mail order.

\*For each insulin product covered by our plan, you will not pay more than **\$35** for a 30–day supply, **\$70** for a 31– to 60–day supply, or **\$84** for a 61– to 90–day supply of Tier 3 drugs for High plan members, **\$90** for a 61– to 90–day supply of Tier 3 drugs for Standard or Value plan members and **\$105** for a 61– to 90–day supply of Tiers 4–5 drugs, regardless of the tier.

## Catastrophic coverage stage

If you or others on your behalf spend **\$2,000** on your Part D prescription drugs in 2025, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay nothing for covered Part D drugs in 2025.

## 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 standard 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 standard 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.

## Advantage Plus (optional benefits)

In addition to the benefits that come with your plan, you can choose to buy a supplemental benefit package called Advantage Plus. Advantage Plus gives you extra coverage for an additional monthly cost that's added to your monthly plan premium. See the **Evidence of Coverage** for details.

\*Your plan provider may need to provide a referral.

†Prior authorization may be required.

Advantage Plus Option 1 benefits and premiums	You pay
<b>Additional monthly premium</b>	<b>\$18</b>
<b>Additional eyewear allowance*†</b> Every 24 months, a \$275 allowance is added to the eyewear allowance described in "Vision services" above.	If your eyewear costs more than the combined allowance of \$525 for High or Standard plan members or \$475 for Value plan members, <b>you pay the difference.</b>
<b>Hearing aids*†</b> Every 3 years, a \$1,000 allowance is added to the hearing aid allowance described in "Hearing services" above to buy 1 aid, per ear.	If your hearing aid costs more than the combined allowance of \$2,000 per ear, <b>you pay the difference.</b>
<b>Comprehensive dental services†</b> <ul style="list-style-type: none"> <li>• Every year, a \$500 annual benefit limit is added to the comprehensive dental allowance described in "Dental services" above.</li> <li>• See the <b>EOC</b> for more information about comprehensive dental services.</li> </ul>	<b>50% coinsurance</b> for comprehensive dental care until the plan has paid the combined annual benefit limit. When you reach the combined annual benefit limit for comprehensive dental care, you pay 100% for the rest of the year.

<b>Advantage Plus Option 2 benefits and premiums</b>	<b>You pay</b>
<b>Additional monthly premium</b>	<b>\$23</b>
<b>Comprehensive dental services†</b> <ul style="list-style-type: none"> <li>• Every year, a \$1,000 annual benefit limit is added to the comprehensive dental allowance described in “Dental services” above.</li> <li>• See the <b>EOC</b> for more information about comprehensive dental services.</li> </ul>	<b>50% coinsurance</b> for comprehensive dental care until the plan has paid the combined annual benefit limit. When you reach the combined annual benefit limit for comprehensive dental care, you pay 100% for the rest of the year. If you enroll in both Option 1 and Option 2, the benefits are combined to give you a \$1,500 annual benefit limit in addition to your plan’s comprehensive dental allowance described in “Dental services” above.

## Additional benefits

<b>These benefits are available to you as a plan member:</b>	<b>Value DC plan, you pay</b>	<b>Standard DC plan, you pay</b>	<b>High DC plan, you pay</b>
<b>Fitness benefit for Standard DC and High DC — One Pass™</b> You have access to the One Pass complete fitness program for the body and mind. One Pass includes: <ul style="list-style-type: none"> <li>• A large core gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location.</li> <li>• Live, on-demand, and digital fitness programs at home.</li> <li>• Social clubs and activities available on the One Pass member website and mobile app.</li> <li>• One home fitness kit annually for strength, yoga, or dance.</li> </ul> For more information about participating gyms and fitness locations, the program’s benefits, or to set up your online account, visit <b>YourOnePass.com</b> or call <b>1-877-614-0618</b> (TTY 711), Monday through Friday, 9 a.m. to 10 p.m.	Not applicable.	<b>\$0</b>	<b>\$0</b>
<b>Over-the-counter (OTC) items</b> We cover OTC items listed in our OTC catalog for free home delivery. You may order OTC items each quarter of the year (January, April, July, October) up to the quarterly benefit limit shown in the right column. The catalog lists the price of each item. Each order must be at least \$20. Any unused portion of the quarterly	<b>\$0</b> up to the <b>\$70</b> quarterly benefit limit.	<b>\$0</b> up to the <b>\$80</b> quarterly benefit limit.	<b>\$0</b> up to the <b>\$70</b> quarterly benefit limit.

These benefits are available to you as a plan member:	Value DC plan, you pay	Standard DC plan, you pay	High DC plan, you pay
<p>benefit limit doesn't carry forward to the next quarter.</p> <p>To view our catalog and place an order online, please visit <a href="http://kp.org/otc/mas">kp.org/otc/mas</a>. You may place an order over the phone or request a printed catalog be mailed to you by calling <b>1-833-881-1422 (TTY 711)</b>, 9 a.m. to 7 p.m., Monday through Friday</p>			
<p><b>Medicare Explorer by Kaiser Permanente (point-of-service supplemental benefit)</b></p> <p>If you travel outside any Kaiser Permanente service area, but inside the United States or its territories, we cover preventive, routine, follow-up, or continuing care office visits obtained from out-of-network Medicare providers not to exceed a benefit maximum of \$1,200 in covered plan charges per calendar year.</p> <p>Covered services, include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Certain preventive services covered at <b>\$0</b> under Original Medicare.</li> <li>• Primary care and specialty care visits.</li> <li>• Outpatient diagnostic tests and services.</li> <li>• X-rays, ultrasounds, diagnostic mammograms, and other basic imaging.</li> <li>• Mental health care outpatient visits.</li> <li>• Medicare Part B drugs.</li> </ul> <p>For coverage details, including a full list of covered services, how to locate an eligible provider, how to schedule an appointment, claims, and how to determine if you are outside a Kaiser Permanente service area, please see Chapter 4, Section 2.2, in the <b>Evidence of Coverage</b>.</p>	<p>You pay the following up to the <b>\$1,200</b> annual benefit limit:</p> <ul style="list-style-type: none"> <li>• <b>\$50</b> per specialty care visit.</li> <li>• <b>\$50</b> per visit for physical, speech, and occupational therapy.</li> <li>• <b>\$25</b> per individual therapy visit and <b>\$15</b> per group therapy visit for mental health care.</li> <li>• <b>\$25</b> per service for X-rays, ultrasounds, and other basic imaging.</li> <li>• <b>\$25</b> per primary care visit.</li> <li>• <b>\$10</b> per visit for lab tests, except A1c, LDL, and INR tests are \$0.</li> <li>• <b>\$10</b> per test for EKGs, holter monitoring, and EEGs.</li> <li>• <b>\$10</b> for blood, including storage and administration.</li> <li>• <b>\$0</b> for preventive care visits.</li> <li>• You pay <b>0%–20% of the provider's fee schedule</b> for Medicare Part B drugs administered in an office or clinic. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.</li> </ul> <p>Once you reach the maximum plan benefit coverage amount of <b>\$1,200</b> per calendar year, you pay any amounts that exceed the benefit maximum.</p>		

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your **Evidence of Coverage** for more information, including the cost-sharing that applies to out-of-network services.

## Member discounts for products and services

Kaiser Permanente partners with leading companies to support your health, safety, and well-being — and offer substantial savings and discounts.

### Lively™ Mobile Plus

Get a personal emergency response system that provides 24/7 help with the push of a button. Receive a reduced one-time device fee and choice of two monthly service plans (coverage limits may apply). Visit [greatcall.com/KP](https://greatcall.com/KP) or call **1-800-205-6548** (TTY **711**) for more information.

### CareLinx

Kaiser Permanente has partnered with CareLinx to provide you with a discount for purchasing non-medical, in-home help with daily activities. Your caregiver can help you live an independent lifestyle in your own home by assisting with light housekeeping, meal preparation, companionship and more.

Visit [carelinx.com/kp-affinity](https://carelinx.com/kp-affinity) or call toll-free **1-844-636-4592** Monday-Friday, 7 a.m. – 6 p.m. MST, and on weekends, 9 a.m. – 5 p.m. MST.

### Comfort Keepers® in-home care and assistance

In-home care services to help you maintain independence at home with everything from 24-hour care, respite and personal care, meal preparation, and light housekeeping. Receive a discount on all services and get a free in-home safety assessment. Visit [comfortkeepers.com/kaiser-permanente](https://comfortkeepers.com/kaiser-permanente) or call **1-800-611-9689** (TTY **711**) for more information.

### Mom's Meals® healthy meal delivery

Getting the right nutrition is essential to achieving and maintaining good health. Receive delivery of refrigerated ready-to-heat-and-eat meals to homes nationwide. Crafted by chefs and registered dietitians, meals are medically tailored to support most major chronic conditions and overall wellness. Kaiser Permanente members enjoy discounted pricing and free shipping from Mom's Meals.

Visit [www.momsmealsnc.com/kp/home.aspx](https://www.momsmealsnc.com/kp/home.aspx) or call **1-866-224-9483** (TTY **711**) for more information.

Kaiser Permanente members may continue to use or select these products or services from any company of their choice but Kaiser Permanente discounts are only available with the partner listed above. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Medicare Advantage grievance process. BEST BUY HEALTH, GREATCALL, LIVELY and LINK are trademarks of Best Buy and its affiliated companies. ©2022 Best Buy. All rights reserved.

## Who can enroll

You can sign up for one of our plans if:

- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay our plan.)
- You're a citizen or lawfully present in the United States.
- You live in the service area, which is the District of Columbia.

## 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
  - Care covered under the Medicare Explorer point-of-service benefit. See the **Evidence of Coverage** for details.
  - 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

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. To find our provider locations, see our **Provider Directory** or **Pharmacy Directory** at [kp.org/directory](http://kp.org/directory) or ask us to mail you a copy by calling Member Services at **1-888-777-5536 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

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

## Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You must choose one of our available plan providers 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 or at [kp.org](http://kp.org).

## 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.

## Medicare prescription payment plan

The Medicare Prescription Payment Plan is a new payment option for 2025 that can help you manage your drug costs by spreading them out during the year as monthly payments. This program is available to anyone with Medicare Part D and works with your drug coverage. It can be especially helpful to people with high drug cost sharing earlier in the plan year and help manage out-of-pocket drug costs, but it doesn't save you money or lower your drug costs. Contact us or visit **Medicare.gov** to learn more about this program.

## Notices

### Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered by submitting a claim to us within a specific time period that includes the date you received the item or service. 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 the Mid-Atlantic States is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Medicare Advantage. We offer several Kaiser Permanente Medicare Advantage plans in our Mid-Atlantic States Region's service area, which includes the District of Columbia and specified areas in Maryland and Virginia.

Each plan has different benefits, copays, coinsurance, premiums, and plan service areas. But you can get care from plan providers anywhere in our Mid-Atlantic States Region.

If you move from your plan's service area to another service area in our Mid-Atlantic States Region, you'll have to enroll in a Kaiser Permanente Medicare Advantage plan in your new service area.

### Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** at [kp.org/privacy](https://kp.org/privacy) to learn more.



# Helpful definitions (glossary)

## Allowance

A dollar amount you can use toward the purchase of an item. If the price of the item is more than the allowance, you pay the difference.

## 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

It's 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.

## HMO-POS

An HMO-POS plan is an HMO plan with a Point-of-Service (POS) benefit. "Point-of-Service" means you can use providers outside the plan's network for certain services for an additional cost.

## 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 premium

The amount you pay for your Kaiser Permanente Medicare Advantage health care and prescription drug coverage.

## 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 offices.

**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.

**Service area**

The geographic area where we offer Kaiser Permanente Medicare Advantage plans. To enroll and remain a member of our plan, you must live in one of our Kaiser Permanente Medicare Advantage plan's service area.

Kaiser Permanente is an HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. 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**.

# Notice of Nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, call Member Services at **1-888-777-5536 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

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, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 2101 East Jefferson Street, Rockville, MD 20852 or calling Member Services at the number listed above. You can file a grievance by mail or phone. 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 <http://www.hhs.gov/ocr/office/file/index.html>.



## 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 **1-888-777-5536 (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 **1-888-777-5536 (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 **1-888-777-5536 (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 **1-888-777-5536 (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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-888-777-5536 (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 **1-888-777-5536 (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 **1-888-777-5536 (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 **1-888-777-5536 (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 **1-888-777-5536 (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 **1-888-777-5536 (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 على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-888-777-5536 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाकिया सेवाएँ उपिब्ध हैं. एक दुभाकिया प्राप्त करने के लिए, बस हमें **1-888-777-5536 (TTY 711)** पर फोन करें. कोई व्यक्ति जो कहन्दी बोि ता 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 **1-888-777-5536 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** 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 **1-888-777-5536 (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 **1-888-777-5536 (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 **1-888-777-5536 (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、無料の通訳サービスがあります。通訳をご用命になるには、

**1-888-777-5536 (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](https://kp.org/medicare)**

Kaiser Foundation Health Plan of the Mid-Atlantic States  
2101 East Jefferson Street  
Rockville, MD 20852

Kaiser Foundation Health Plan of the Mid-Atlantic States. A nonprofit corporation and Health Maintenance Organization (HMO)