

### DERP, Group #00090

Kaiser Permanente 2022 Senior Advantage (HMO) Group Plan with Part D Benefits Summary

Your employer joins with Kaiser Permanente to offer you the select benefits listed here. The accompanying Senior Advantage group packet lists more benefits and contains many other important details, provisions, contact information, and disclosures.

<b>INPATIENT CARE</b>	<b>YOU PAY</b>	<b>NOTES</b>
Inpatient hospital care (includes substance abuse and rehabilitation services)	<b>\$250</b>	Per Admission
Inpatient mental health care*	<b>\$250</b>	Per Admission
Skilled Nursing Facility	<b>No charge</b>	Up to 100 days per benefit period
Home health care	<b>No charge</b>	For necessary part-time or intermittent skilled nursing and home health aide services, rehabilitation services, etc.
Hospice	<b>No charge</b>	When you enroll in a Medicare-certified hospice program, your hospice services are paid for by Original Medicare, not our plan.
<b>OUTPATIENT CARE</b>		
Primary care office visit	<b>\$15</b>	Each visit
Specialty care office visit	<b>\$25</b>	Each visit; includes visits for epidural steroid injections for pain management
Chiropractic services	<b>\$15</b>	For manual manipulation of the spine to correct subluxation
	<b>\$15</b>	Supplemental chiropractic services, if purchased by your group Up to 20 visits
Acupuncture	<b>\$15</b>	For chronic lower back pain, up to 12 visits in 90-days, no more than 20 visits annually
Podiatry services	<b>\$25</b>	For medically necessary foot care
Outpatient mental health	<b>\$15</b>	Each individual therapy visit
Outpatient substance abuse care	<b>\$15</b>	Each individual visit
Outpatient surgery	<b>\$150</b>	For each Medicare-covered ambulatory surgical center visit. This includes surgical procedures performed in the medical offices.
Outpatient services	<b>\$0-\$150</b>	For each Medicare-covered outpatient hospital facility visit

Ambulance services	<b>20%</b>	up to \$195 per trip
Emergency care	<b>\$75</b>	Each visit, waived if admitted as an inpatient
Urgently needed care	<b>\$25</b>	Each after-hours visit
Outpatient rehabilitation services	<b>\$15</b>	For each physical, occupational, and speech language therapy visit
Office-administered medications	<b>No charge</b>	Of charge of the drug(s)
Colonoscopy	<b>No charge</b>	Each colorectal screening

### **OUTPATIENT MEDICAL SERVICES AND SUPPLIES**

Durable medical equipment	<b>No charge</b>	Authorization rules may apply. There is no charge for diabetic self-monitoring training, nutrition therapy, and supplies
Oxygen	<b>No charge</b>	
Diagnostic tests, X-rays, and lab services	<b>No charge</b>	Authorization rules may apply
Radiation therapy	<b>\$25</b>	For each therapeutic X-ray procedure
CT, MRI, PET and nuclear medicine procedures	<b>\$100</b>	For each procedure performed per body part

### **PREVENTIVE SERVICES**

Preventive services	<b>No charge</b>	For services such as: Pneumonia, flu, and Hepatitis B immunizations, pap smear and pelvic exam, mammogram, and prostate cancer screening
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### **END-STAGE RENAL DISEASE**

End-Stage Renal Disease (ESRD)	<b>\$0</b>	For Medicare-approved renal dialysis
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### **OUTPATIENT PRESCRIPTION DRUGS\*\***

Preferred generic drugs	<b>\$5</b>	
NonPreferred generic drugs	<b>\$15</b>	
Preferred brand drugs	<b>\$40</b>	
NonPreferred brand drugs	<b>\$60</b>	
Specialty drugs	<b>\$60</b>	
Injectable Vaccines	<b>No charge</b>	
Day Supply	30 day supply	
Mail Order Supply	90 day mail order	

<b>ADDITIONAL BENEFITS</b>		
Hearing exams	<b>\$15</b>	Each visit for routine diagnostic hearing exams
Hearing aids	<b>Total less credit</b>	You receive \$1,000 credit per ear every 3 years
Vision services	<b>\$15</b>	Each visit for eye exams
Optical hardware (lenses, frames)	<b>Charges over \$200 benefit</b>	You can use this benefit once every 2 years; you cannot carry over unused benefit
One annual routine physical exam	<b>No charge</b>	If you receive care during that visit beyond what your benefit covers, you may incur additional charges for that care provided
Health and wellness education	<b>Class fees</b>	See quarterly Healthy Living Schedule for classes, dates, times, locations, and fees
SilverSneakers® fitness	<b>No charge</b>	At participating fitness centers
Routine foot care	<b>No charge</b>	Four visits per year from contracted providers
Transportation	<b>No Charge</b>	Up to <b>20</b> one-way trips each year for non-emergent medical services
Over-the Counter Supplies	<b>Total less credit</b>	You receive a \$70 credit each quarter  We cover OTC items listed in our OTC catalog for home delivery at no charge. Each order must be at least \$35.

\* There is a 190-day lifetime limit in a psychiatric hospital.

\*\*You will be enrolled in Medicare Part D through Kaiser Permanente and we will notify Medicare on your behalf.

You may only be enrolled in one Part D plan at a time, which means you will be disenrolled from any other Part D plan when your coverage under this plan becomes effective.

If you decide to enroll in Medicare Part D through another Prescription Drug Plan, you will be automatically disenrolled from Kaiser Permanente.

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 **1-866-244-4119 (TTY: 711)**, Monday through Friday, 8:00 a.m. to 6:00 p.m.

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

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

This information is not a complete description of benefits. Call Member Services toll-free at **1-800-476-2167 (TTY: 711)**, from 8:00 a.m. - 8:00 p.m., seven days a week, for more information.

The out-of-pocket maximum for certain covered services each calendar year is \$2,500 per individual. After you reach the out-of-pocket maximum, you are not charged further for these services that year. Outpatient Part D prescription drugs do not apply to the out-of-pocket maximum.

This sheet, customized for your employer, is not a contract and does not replace nor take precedence over your Evidence of Coverage. For questions on your coverage, please contact Member Services toll-free at **1-800-476-2167 (TTY: 711)**, from 8:00 a.m. - 8:00 p.m., seven days a week.

## 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 **1-800-476-2167 (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 2500 South Havana, Aurora, CO 80014 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, 800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-476-2167 (TTY: 711)**.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-476-2167 (TTY: 711)**.