

January 1–December 31, 2021

2021 Summary of Benefits

Kaiser Permanente Senior Advantage Medicare Medicaid Plan
(HMO D-SNP)

About this Summary of Benefits

Thank you for considering Kaiser Permanente Senior Advantage. You can use this **Summary of Benefits** to learn more about our plan. It includes information about:

- Premiums
- Benefits and costs
- Part D prescription drugs
- Optional supplemental benefits (Advantage Plus)
- Additional benefits
- Who can enroll
- Coverage rules
- Getting care
- Summary of Medicaid-Covered Benefits

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

For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at kp.org/eocga or ask for a copy from Member Services by calling **1-800-232-4404 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

Have questions?

- If you're not a member, please call **1-877-408-3493 (TTY 711)**.
- If you're a member, please call Member Services at **1-800-232-4404 (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.

**If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

| Benefits and premiums | You pay |
|--|--|
| Monthly plan premium | \$0–\$25.40 depending on your level of Extra Help |
| Deductible | None |
| Your maximum out-of-pocket responsibility Doesn't include Medicare Part D drugs. If you are eligible for Medicare cost-sharing assistance under Medicaid, you aren't responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Medicare Part A and Part B services. | \$1,000 |
| Inpatient hospital coverage*† There's no limit to the number of medically necessary inpatient hospital days. | \$0** or \$12 per admission |
| Outpatient hospital coverage† | \$0 |
| Ambulatory Surgery Center† | \$0 |
| Doctor's visits <ul style="list-style-type: none"> Primary care providers and specialists* | \$0 |
| Preventive care See the EOC for details. | \$0 |
| Emergency care We cover emergency care anywhere in the world. | \$0** or \$20 per Emergency Department visit |
| Urgently needed services We cover urgent care anywhere in the world. | \$0 |
| Diagnostic services, lab, and imaging*† | \$0 |
| Hearing services <ul style="list-style-type: none"> Evaluations to diagnose medical conditions 1 routine hearing exam per calendar year Hearing aids and related exams aren't covered unless you sign up for optional benefits (see Advantage Plus for details). | \$0 |
| Dental services Preventive and diagnostic dental care <ul style="list-style-type: none"> Preventive – Two oral exams, two teeth cleanings, and two X-rays per calendar year. Diagnostic – refer to the Evidence of Coverage for the list of covered services. | <ul style="list-style-type: none"> \$20 per visit that includes a teeth cleaning. \$10 per visit without a teeth cleaning. \$15 per post-operative, re-evaluation visit. |

| Benefits and premiums | You pay |
|--|---|
| Note: Comprehensive dental is not covered unless you sign up for optional benefits (see Advantage Plus for details). | |
| Vision services <ul style="list-style-type: none"> • Visits to diagnose and treat eye diseases and conditions • 1 routine eye exam per calendar year • Preventive glaucoma screening and diabetic retinopathy services | \$0 |
| <ul style="list-style-type: none"> • Eyeglasses or contact lenses after cataract surgery | \$0 up to Medicare's limit but you pay any amounts beyond that limit. |
| <ul style="list-style-type: none"> • Other eyewear (\$75 allowance every 24 months) • If you sign up for optional benefits the allowance is greater (see Advantage Plus for details). | If your eyewear costs more than \$75, you pay the difference. |
| Mental health services Outpatient individual or group therapy | \$0 |
| Skilled nursing facility*† We cover up to 100 days per benefit period. | \$0 |
| Physical therapy* | \$0 |
| Ambulance | \$0** or \$25 per one-way trip |
| Transportation To get you to and from plan providers. | \$0 for 36 one-way trips per calendar year. |
| Medicare Part B drugs† A limited number of Medicare Part B drugs are covered when you get them from a plan provider. See the EOC for details. <ul style="list-style-type: none"> • Drugs that must be administered by a health care professional | \$0 |
| <ul style="list-style-type: none"> • Up to a 30-day supply from a plan pharmacy | <ul style="list-style-type: none"> • \$0** or \$20 for generic drugs • \$0** or \$47** for brand-name drugs |

Medicare Part D prescription drug coverage†

Most persons who are entitled to Medicaid benefits also get Extra Help from Medicare to pay for their prescription drug plan costs. 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 copayments and coinsurance discussed below do not apply to you; instead please refer to the **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

If you aren't entitled to Extra Help, the amount you pay for drugs will be different depending on:

- 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 or call Member Services to ask for a copy at **1-800-232-4404** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 90-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- When you get a 31- to 90-day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (initial, coverage gap, or catastrophic coverage stages).

Initial coverage stage

If you aren't entitled to Extra Help, you pay the copays and coinsurance shown in the chart below for up to a 30-day supply until your total yearly drug costs reach **\$4,130**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$4,130 limit in 2021, you move on to the coverage gap stage and your coverage changes.

| Drug tier | You pay |
|---|--------------------------------------|
| Tier 1 (Preferred generic) | \$12 (up to a 30-day supply) |
| Tier 2 (Generic) | \$20 (up to a 30-day supply) |
| Tier 3 (Preferred brand-name) | \$47 (up to a 30-day supply) |
| Tier 4 (Nonpreferred brand-name) | \$100 (up to a 30-day supply) |
| Tier 5 (Specialty) | 33% coinsurance |
| Tier 6 (Vaccines) | \$0 |

When you get a 31- to 90-day supply of drugs in Tiers 1-4, the copays listed above in the chart will be multiplied as follows:

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

Note: For a 31- to 90-day supply of drugs in Tier 5, you pay the coinsurance listed above in the chart.

Coverage gap stage

If you aren't entitled to Extra Help, the coverage gap stage begins if you or a Part D plan spends **\$4,130** on your drugs during 2021.

- During this stage, **you pay 25%** coinsurance for your covered Part D drugs (generic and brand-name drugs).

Catastrophic coverage stage

If you spend **\$6,550** on your Part D prescription drugs in 2021, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, your copays and coinsurance will change for the rest of 2021. You pay the following per prescription during the catastrophic coverage stage:

- **5%** coinsurance for **generic or brand-name** drugs.
- **\$0** for **Tier 6** vaccines.

Long-term care, plan home-infusion, and non-plan pharmacies

- If you live in a **long-term care facility** and get your drugs from their pharmacy, you pay the same as at a retail plan pharmacy and you can get up to a 31-day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail plan pharmacy and you can get up to a 30-day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can't use a network pharmacy, like during a disaster. See the **Evidence of Coverage** for details.

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.

| Advantage Plus benefits and premiums | You pay |
|---|--|
| Additional monthly premium | \$13 |
| Eyewear \$500 allowance to buy eyewear every 2 years | If your eyewear costs more than \$500, you pay the difference. |
| Hearing aids† \$500 allowance to buy 1 aid, per ear every 3 years | If your hearing aid costs more than \$500 per ear, you pay the difference. |
| Dental care - comprehensive*† DeltaCare® USA Dental HMO Program | Varies depending on the comprehensive dental service. See the Evidence of Coverage for details. |

Additional benefits

| Over-the-counter allowance | You pay |
|---|--|
| We cover OTC items listed in our OTC catalog for free home delivery. You may purchase \$100 of OTC items each quarter of the year (January, April, July, October). Each order must be at least \$20. To view our catalog and place an order online, please visit kp.org/otc/ga . | \$0 up to a \$100 quarterly benefit limit. |

Who can enroll

You can sign up for this plan 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 have Medicaid benefits.
- You're a citizen or lawfully present in the United States.
- You live in our plan's service area, which includes:
 - Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, and Henry counties
 - These ZIP codes in Paulding County: 30127, 30134, and 30141

Coverage rules

We cover the services and items listed in this document and the **Evidence of Coverage**, if:

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider Directory** and **Pharmacy Directory**. But there are exceptions to this rule. We also cover:
 - Care from plan providers in another Kaiser Permanente Region
 - Emergency care
 - Out-of-area dialysis care
 - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
 - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers.

For details about coverage rules, including services that aren't covered (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 or ask us to mail you a copy by calling Member Services at **1-800-232-4404** (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**.

Help managing conditions

If you have more than 1 ongoing health condition and need help managing your care, we can help. Our case management programs bring together nurses, social workers, and your personal doctor to help you manage your conditions. The program provides education and teaches self-care skills. If you're interested, please ask your personal doctor for more information.

Notices

Appeals and grievances

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

If you have a complaint that's not about coverage, you can file a grievance with us. See the **Evidence of Coverage** for details.

Language assistance services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-232-4404** (TTY: **711**).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-232-4404** (TTY: **711**).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-232-4404** (TTY: **711**)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-232-4404** (TTY: **711**).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-232-4404** (TTY: **711**)번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-232-4404** (телетайп: **711**).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-232-4404** (TTY:**711**) まで、お電話にてご連絡ください。

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-800-232-4404 (TTY: 711) पर कॉल करें।

Farsi: وجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم
تماس بگیرید. (TTY: 711). 1-800-232-4404 می باشد. با

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم
1-800-232-4404 (رقم هاتف الصم والبكم: 711).

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል።
ወደ ሚከተለው ቁጥር ይደውሉ 1-800-232-4404 (መስማት ለተሳናቸው: 711)።

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche
Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-232-4404 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont
proposés gratuitement. Appelez le 1-800-232-4404 (ATS : 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.
Ligue para 1-800-232-4404 (TTY: 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou
ou. Rele 1-800-232-4404 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન
કરો 1-800-232-4404 (TTY: 711).

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 1-800-232-4404 (TTY 711), 8 a.m. to 8 p.m., 7 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 Attention: Member Services, Nine Piedmont Center, 3495

Piedmont Road NE, Atlanta, GA 30305 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>.

Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** on kp.org/privacy to learn more.

Summary of Medicaid-Covered Benefits

The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

| Benefit | Medicaid State Plan | Senior Advantage Medicare Medicaid Plan |
|---|---|--|
| Doctor and nurse office visits (when you visit a doctor or nurse for checkups, lab tests, exams, or treatment) | \$0 copay for Medicaid-covered Services | \$0 copay for Medicare-covered services |
| Nurse visits in the home after delivery of the baby | \$0 copay for Medicaid-covered Services | \$0 copay for Medicare-covered services |
| Nursing facilities (nursing homes) | \$0 copay for Medicaid-covered Services | Not covered |
| Emergency ambulance services | \$0 copay for Medicaid-covered Services | \$0 or \$25 for Medicare-covered services |
| Preventive dental care, fillings and oral surgery for children | \$0 copay for Medicaid-covered Services | Not covered unless you sign up for optional benefits (see Advantage Plus for details). |
| Certain emergency dental care for adults | \$0 copay for Medicaid-covered Services | Not covered unless you sign up for optional benefits (see Advantage Plus for details). |
| Non-emergency transportation (to get to | \$0 copay for Medicaid-covered Services | \$0 for 36 one-way trips per calendar year. |

| Benefit | Medicaid State Plan | Senior Advantage Medicare Medicaid Plan |
|--|---|--|
| and from medical appointments) | | |
| Exams, immunizations (shots), and treatments for children | \$0 copay for Medicaid-covered Services | \$0 copay for Medicare-covered services |
| Family planning services (such as exams, drugs, treatment and counseling) | \$0 copay for Medicaid-covered Services | \$0 copay for Medicare-covered services |
| Hospice care services provided by a Medicaid hospice provider | \$0 copay for Medicaid-covered Services | \$0 copay for Medicare-covered services |
| Hearing services for children | \$0 copay for Medicaid-covered Services | \$0 copay for Medicare-covered services |
| Diagnostic, screening and preventive services | \$0 copay for Medicaid-covered Services | \$0 copay for Medicare-covered services |
| Laboratory services | \$0 copay for Medicaid-covered Services | \$0 copay for Medicare-covered services |
| Mental health clinic services | \$0 copay for Medicaid-covered Services | \$0 copay for Medicare-covered services |
| Nurse midwife and nurse practitioner services | \$0 copay for Medicaid-covered Services | \$0 copay for Medicare-covered services |
| Psychological services (for people under the age of 21) | \$0 copay for Medicaid-covered Services | \$0 copay for Medicare-covered services |
| Therapy services (physical, occupational and speech) | \$0 copay for Medicaid-covered Services | \$0 copay for Medicare-covered services |
| Rural Health Clinic and Federally Qualified Health Center services | \$0 copay for Medicaid-covered Services | Not Covered |
| Childbirth education classes | \$0 copay for Medicaid-covered Services | \$0 copay |

| Benefit | Medicaid State Plan | Senior Advantage Medicare Medicaid Plan |
|--|--|--|
| Birthing center services | \$0 copay for Medicaid-covered Services | Not Covered |
| Dialysis and services for end-stage renal (kidney) disease | \$0 copay for Medicaid-covered Services | \$0 copay for Medicare-covered services |
| Vision services | Cost-based for Medicaid-covered services: \$10.00 or less – \$0.50 \$10.01 - \$25.00 – \$1.00 \$25.01 - \$50.00 – \$2.00 \$50.01 or more – \$3.00 | \$0 for office visits. Following cataract surgery, you pay any amounts that exceed what Medicare covers. For all other eyewear, you pay any amounts that exceed \$75 every two years (you have additional coverage if you signed up for optional benefits (see Advantage Plus for details). |
| Durable medical equipment and supplies prescribed by a doctor for use in your home (such as wheelchairs, crutches or walkers) | \$3.00 copay for Medicaid-covered services (members over the age of 21) | \$0 copay for Medicare-covered services |
| Home health services ordered by a doctor and received in your home (such as part-time nursing, physical therapy or home health aides) | \$3 copay for Medicaid-covered services Copayment does not apply to the following members: <ul style="list-style-type: none"> • Pregnant women • Members under 21 years of age • Hospice care members • Women diagnosed with breast or cervical cancer and receiving Medicaid under the Women’s Health Medicaid program | \$0 copay for Medicare-covered services |
| Outpatient hospital services you receive in a hospital even though you do not stay in the hospital overnight | \$3 copay for Medicaid-covered services Copayment does not apply to the following members: | \$0 copay for Medicare-covered services |

| Benefit | Medicaid State Plan | Senior Advantage Medicare Medicaid Plan |
|--|---|---|
| | <ul style="list-style-type: none"> • Pregnant women • Members under 21 years of age • Nursing Facility Members • Women diagnosed with breast or cervical cancer and receiving Medicaid under the Breast and Cervical Cancer program • Hospice care participants | |
| Inpatient hospital services (room and board, drugs, lab tests and other services when you have to stay in the hospital) | \$12.50 for Medicaid-covered benefits | \$0 or \$12 for Medicare-covered services |
| Prescription drugs | Cost-based for Medicaid-covered services: Preferred Generic \$0.50 Preferred Brand \$0.50 Non-Preferred Brand or Non-Preferred Generic Under \$10.00 = \$0.50 \$10.01-\$25.00 = \$1.00 \$25.01-\$50.00 = \$2.00 \$50.01 or more = \$3.00 Copayment does not apply to the following members: <ul style="list-style-type: none"> • Pregnant women • Members under 21 years of age • Institutionalized individuals • Hospice care members • Members enrolled in the Breast and Cervical Cancer eligibility groups | Medicare Part B drugs (up to a 30-day supply from a network pharmacy): Generic \$20.00 Brand: \$47.00 |

| Benefit | Medicaid State Plan | Senior Advantage Medicare Medicaid Plan |
|---|---|---|
| | <ul style="list-style-type: none"> Emergency services and planning services | |
| Orthotics and prosthetics (artificial limbs and replacement devices) | \$3 copay for Medicaid-covered services Copayment does not apply to the following members: <ul style="list-style-type: none"> Pregnant women Members under 21 years of age Nursing Facility residents Hospice care members Women diagnosed with breast cervical cancer and receiving Medicaid under BCC Waiver or Presumptive Eligibility | \$0 copay for Medicare-covered services |

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.

Evidence of Coverage

A document that explains in detail your plan benefits and how your plan works.

Maximum out-of-pocket responsibility

The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the year.

Medically necessary

Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

Non-plan provider

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

Plan

Kaiser Permanente Senior Advantage.

Plan premium

The amount you pay for your Senior 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.

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.

Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Kaiser Permanente depends on contract renewal. This contract is renewed annually by the Centers for Medicare & Medicaid Services (CMS). By law, our plan or CMS can choose not to renew our Medicare contract.

For information about Original Medicare, refer to your “**Medicare & You**” handbook. You can view it online at [medicare.gov](https://www.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**.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-232-4404** seven days a week, 8 a.m. to 8 p.m. (TTY **711**).

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **kp.org/medicare** or call **1-800-232-4404/TTY 711** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

kp.org/medicare

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