January 1–December 31, 2022

2022
Summary of Benefits

Kaiser Permanente Senior Advantage Basic 1 Plan (HMO) and
Kaiser Permanente Senior Advantage Enhanced 1 Plan (HMO)

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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 plans. 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

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 2 Kaiser Permanente Senior Advantage plans. 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.

Benefits and premiums	With our Basic 1 plan, you pay	With our Enhanced 1 plan, you pay
Monthly plan premium	**$0**	**$71**
Deductible	**None**	**None**
Your maximum out-of-pocket responsibility Doesn't include Medicare Part D drugs	**$5,900**	**$3,900**
Inpatient hospital coverage*† There's no limit to the number of medically necessary inpatient hospital days.	**$295** per day for days 1 through 6 of your stay and **$0** for the rest of your stay	**$225** per day for days 1 through 7 of your stay and **$0** for the rest of your stay
Outpatient hospital coverage†	**$0–$275** per visit	**$0–$200** per visit
Ambulatory Surgery Center†	**$275** per visit	**$200** per visit
Doctor's visits • Primary care providers	**$0** per visit	**$0** per visit
• Specialists*	**$25** per visit	**$15** per visit
Preventive care See the **EOC** for details.	**$0**	**$0**
Emergency care We cover emergency care anywhere in the world.	**$90** per Emergency Department visit	**$90** per Emergency Department visit
Urgently needed services We cover urgent care anywhere in the world.	**$25** per office visit	**$15** per office visit
Diagnostic services, lab, and imaging*† • Lab tests • Diagnostic tests and procedures (like EKG)	• **$0** per encounter in a medical office • **$35** per encounter in an outpatient hospital department	• **$0** per encounter in a medical office • **$20** per encounter in an outpatient hospital department
• X-rays	• **$5** per encounter in a medical office • **$35** per encounter in an outpatient hospital department	• **$0** per encounter in a medical office • **$50** per encounter in an outpatient hospital department

Benefits and premiums	With our Basic 1 plan, you pay	With our Enhanced 1 plan, you pay
• MRI, CT, and PET	• **$230** per encounter in a medical office • **$290** per encounter in an outpatient hospital department	• **$150** per encounter in a medical office • **$245** per encounter in an outpatient hospital department
Hearing services • Evaluations to diagnose medical conditions	**$25** per visit	**$15** per visit
• 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**	$**0**
Dental services Preventive and diagnostic dental care • 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. Note: Comprehensive dental is not covered unless you sign up for optional benefits (see Advantage Plus for details).	**$0**	**$0**
Vision services • Visits to diagnose and treat eye diseases and conditions	**$25** per visit	**$15** per visit
• 1 routine eye exam per calendar year • Preventive glaucoma screening and diabetic retinopathy services	**$0**	**$0**
• Eyeglasses or contact lenses after cataract surgery	**20%** coinsurance up to Medicare's limit and you pay any amounts beyond that limit.	**20%** coinsurance up to Medicare's limit and you pay any amounts beyond that limit.

Benefits and premiums	With our Basic 1 plan, you pay	With our Enhanced 1 plan, you pay
• Other eyewear ($500 allowance every two years)	If your eyewear costs more than $500, **you pay the difference**.	If your eyewear costs more than $500, **you pay the difference**.
Mental health services • Outpatient group therapy	**$12** per visit	**$7** per visit
• Outpatient individual therapy	**$25** per visit	**$15** per visit
Skilled nursing facility*† We cover up to 100 days per benefit period.	Per benefit period: • **$0** per day for days 1 through 20 • **$188** per day for days 21 through 100	Per benefit period: • **$0** per day for days 1 through 20 • **$188** per day for days 21 through 100
Physical therapy*	**$25** per visit	**$15** per visit
Ambulance	**$225** per one-way trip	**$200** per one-way trip
Transportation To get you to and from plan providers.	**$0** for 18 one-way trips per calendar year.	**$0** for 18 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. • Drugs that must be administered by a health care professional	**0%** or **20%** coinsurance depending on the drug	**0%** or **20%** coinsurance depending on the drug
• Up to a 30-day supply from a plan pharmacy	• **$0** for generic drugs • **$47** for brand-name drugs	• **$0** for generic drugs • **$47** for brand-name drugs

Medicare Part D prescription drug coverage†

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.
- For drugs in Tiers 2–4, 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 (deductible, initial, coverage gap, or catastrophic coverage stages).

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 total yearly drug costs reach **$4,430**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the $4,430 limit in 2022, you move on to the coverage gap stage and your coverage changes.

Drug tier	You pay
Tier 1 (Preferred generic)	**$0** (up to a 90-day supply)
Tier 2 (Generic)	**$0** (up to a 90-day supply)
Tier 3 (Preferred brand-name)	**$47** (up to a 30-day supply)
Tier 4 (Nonpreferred brand-name)	**$95** (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 3–4 from one of our **retail plan pharmacies**, the copays listed above in the chart will be multiplied as follows:

- If you get a 31- to 60-day supply from one of our retail plan pharmacies, you pay 2 copays.
- If you get a 61- to 90-day supply from one of our retail pharmacies, you pay 3 copays.

When you get a 31- to 90-day supply of drugs in Tiers 1–4 from our **mail-order pharmacy**, the copays are as follows:

- You pay **$0** for drugs in Tiers 1 and 2.
- You pay 2 copays for drugs in Tiers 3 and 4.

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

Coverage gap stage

The coverage gap stage begins if you or a Part D plan spends **$4,430** on your drugs during 2022. You pay the following copays and coinsurance during the coverage gap stage:

Drug tier	You pay
Tiers 1, 2, and 6	The same copays listed above that you pay during the initial coverage stage
Tiers 3, 4, and 5	**25%** coinsurance

Catastrophic coverage stage

If you spend **$7,050** on your Part D prescription drugs in 2022, 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 2022. You pay the following copays per prescription during the catastrophic coverage stage:

Drug	With our Basic plan, you pay	With our Enhanced plan, you pay
Generic drugs	**$5**	**$2**
Brand-name drugs	**$15**	**$10**
Part D vaccines	**$0**	**$0**

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	**$9**
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

These benefits are available to you as a plan member:	**You pay**
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 benefit limit doesn't carry forward to the next quarter. To view our catalog and place an order online, please visit **kp.org/otc/ga**. You may place an order over the phone or request a printed catalog be mailed to you by calling **1-844-232-6906** (TTY **711**), 8 a.m. to 8 p.m., Monday through Friday.	**$0** up to the quarterly benefit limit for your plan: • **$100** for Basic 1 plan members. • **$125** for Enhanced 1 plan members.
Special Supplemental Benefits for the Chronically Ill (Healthy Food Card) Eligible members with certain chronic conditions receive a quarterly allowance to purchase approved foods, such as produce. This benefit will be available only to plan-identified members who have been diagnosed with: • Chronic alcohol and other drug dependence. • Autoimmune disorders. • Cancer. • Cardiovascular disorders. • Chronic heart failure. • Dementia. • Diabetes.	Members that meet the criteria for this benefit will receive a pre-loaded debit card with a quarterly allowance of **$150** to purchase approved healthy foods.

These benefits are available to you as a plan member:	**You pay**
• End-stage liver disease. • End-stage renal disease (ESRD). • Severe hematologic disorders. • HIV/AIDS. • Chronic lung disorders. • Chronic and disabling mental health conditions. • Neurologic disorders. • Stroke. Any unused allowance does not carry over to the next quarter. See the **EOC** for details.	

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 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
  - Routine care from a Southeast Permanente Medical Group network physician in our Western Metro Atlanta service area

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** 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 about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

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 می باشد. با **1-800-232-4404** (TTY: **711**) تماس بگیرید.

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: ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ 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.

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.

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 plan with a Medicare contract. 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** 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**.

kp.org/medicare

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