

# 2016 Summary of Benefits

## Kaiser Permanente Medicare (Cost) Plus Group Plan Plan C with Part D

January 1, 2016 – December 31, 2016

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
Mid-Atlantic Region  
A nonprofit corporation



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## Kaiser Permanente Medicare Plus Plan C with Part D (Cost)

(a Cost Plan offered by KAISER FNDN HP OF THE MID-ATLANTIC STS with a Medicare contract).

## Summary of Benefits

January 1, 2016 – December 31, 2016

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This booklet gives you a summary of what we cover. To get a complete list of your Kaiser Permanente Medicare Plus (Cost) benefits, please refer to your Evidence of Coverage (**EOC**). Contact your employer or trust fund or call Kaiser Permanente Medicare Plus (Cost) and ask for the **“Evidence of Coverage.”** To get a complete list of services we cover, call us and ask for the **“Evidence of Coverage.”**

### You have choices about how to get your Medicare benefits

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- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. However, if you enroll in Original Medicare alone, you may endanger the coverage you receive through your employer or trust fund, and your benefits may be reduced.
- Another choice is to get your Medicare benefits by joining a Medicare Plus (Cost) plan (such as Kaiser Permanente Medicare Plus (Cost)), which is made available through your employer or trust fund. For information about the benefits available through your employer or trust fund, please see your **EOC**. No matter what you decide, you are still in the Medicare Program. Your employer or trust fund may restrict when you may join or leave its plan. Usually this is connected to your employer or trust fund’s annual enrollment period. Please call your employer or trust fund for more information about enrollment periods.

### Tips for comparing your Medicare choices

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- As a member who receives Kaiser Permanente Medicare Plus (Cost) coverage through an employer or trust fund, you will receive all of the benefits that the Original Medicare plan offers, plus additional benefits purchased for you by your employer or trust fund, which may change from year to year.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <http://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**.

### Sections in this booklet

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- Things to Know About Kaiser Permanente Medicare Plus Plan C with Part D (Cost)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at **1-888-777-5536**.

## Things to Know About Kaiser Permanente Medicare Plus Plan C with Part D (Cost)

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### Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

### Kaiser Permanente Medicare Plus Plan C with Part D (Cost) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-888-777-5536 (TTY 711)**
- If you are not a member of this plan, call toll-free **1-877-408-8607 (TTY 711)**
- Our website: **kp.org/medicare**

### Who can join?

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To join Kaiser Permanente Medicare Plus Plan C with Part D (Cost), you must be enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B), and live in our service area. Our service area includes the following county in Washington, D.C.: District of Columbia; Maryland: Anne Arundel, Baltimore, Baltimore City, Calvert\*, Carroll, Charles\*, Frederick\*, Harford, Howard, Montgomery, and Prince George's; and Virginia: Alexandria City, Arlington, Fairfax, Fairfax City, Falls Church City, Loudoun, Manassas City, Manassas Park City, and Prince William.

\* *denotes partial county*

\* **Calvert:** 20639, 20678, 20689, 20714, 20732, 20736, 20754.

\* **Charles:** 20601, 20602, 20603, 20604, 20612, 20616, 20617, 20637, 20640, 20643, 20646, 20658, 20675, 20677, and 20695.

\* **Frederick:** 21701, 21702, 21703, 21704, 21705, 21709, 21710, 21714, 21716, 21717, 21718, 21754, 21755, 21758, 21759, 21762, 21769, 21770, 21771, 21774, 21775, 21777, 21790, 21792, 21793.

### Which doctors, hospitals, and pharmacies can I use?

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Kaiser Permanente Medicare Plus Plan C with Part D (Cost) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider directory at our website (**kp.org/medicare**).

You can see our plan's pharmacy directory at our website (**kp.org/seniorrx**).

Or, call us and we will send you a copy of the provider and pharmacy directories.

### What do we cover?

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- Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, [kp.org/seniorrx](http://kp.org/seniorrx).
- Or, call us and we will send you a copy of the formulary.

### How will I determine my drug costs?

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Our plan groups each medication into one of six “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage and Catastrophic Coverage.

## Summary of Benefits

January 1, 2016 – December 31, 2016

### MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

Kaiser Permanente Medicare Plus Plan C with Part D (Cost)	
<b>How much is the deductible?</b>	This plan does not have a deductible.
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Yes. Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit (s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$3,400 for services you receive from in-network providers.</li> </ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<b>Is there a limit on how much the plan will pay?</b>	No. There are no limits on how much our plan will pay.

*Kaiser Permanente is a Cost plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.*

## Covered Medical and Hospital Benefits

*NOTE: Services with a <sup>1</sup> may require prior authorization.  
Services with a <sup>2</sup> may require a referral from your doctor.*

OUTPATIENT CARE AND SERVICES	
	Kaiser Permanente Medicare Plus Plan C with Part D (Cost)
<b>Acupuncture</b>	Not covered
<b>Ambulance <sup>1</sup></b>	\$0 copay  Copay applies pre one-way trip.
<b>Chiropractic Care <sup>1,2</sup></b>	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$5 copay  Services are provided in accord with Medicare guidelines.
<b>Dental Services <sup>1,2</sup></b>	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$5 copay  Dental Services: \$30 copay for a single office visit that includes: <ul style="list-style-type: none"> <li>• Cleaning (for up to 2 every year)</li> <li>• Dental x-ray(s) (for up to 2 every year)</li> <li>• Fluoride treatment (for up to 2 every year)</li> <li>• Oral exam (for up to 2 every year)</li> </ul>
<b>Diabetes Supplies and Services <sup>1</sup></b>	Diabetes monitoring supplies: You pay nothing  Diabetes self-management training: You pay nothing  Therapeutic shoes or inserts: You pay nothing

**Kaiser Permanente Medicare Plus Plan C with Part D (Cost)**

<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b> (Costs for these services may vary based on place of service) <sup>1,2</sup>	<p>Diagnostic radiology services (such as MRIs, CT scans): \$0 copay, depending on the service.</p> <p>Diagnostic tests and procedures: \$0 copay, depending on the service</p> <p>Lab Services: You pay nothing</p> <p>Outpatient X-Rays: You pay nothing</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): \$5 copay</p>
<b>Doctor's Office Visits</b> <sup>1,2</sup>	<p>Primary care physician visit: \$5 copay</p> <p>Specialist visit: \$5 copay</p> <p>Visits to your primary care physician do not require a referral.</p>
<b>Durable Medical Equipment</b> (wheelchairs, oxygen, etc.) <sup>1</sup>	<p>\$0 copay</p>
<b>Emergency Care</b>	<p>\$50 copay</p> <p>If you are admitted to the hospital within 48 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>
<b>Foot Care (Podiatry Services)</b> <sup>1,2</sup>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$5 copay</p>
<b>Hearing Services</b> <sup>1,2</sup>	<p>Exam to diagnose and treat hearing and balance issues: \$5 copay</p>
<b>Home Health Care</b> <sup>1,2</sup>	<p>You pay nothing</p> <p>Services are provided in accord with Medicare guidelines.</p>

**Kaiser Permanente Medicare Plus Plan C with Part D (Cost)**

<b>Mental Health Care</b> <sup>1,2</sup>	<p>Inpatient visit: Our plan covers unlimited days per benefit period.</p> <ul style="list-style-type: none"> <li>You pay nothing</li> </ul> <p>Outpatient group therapy visit: \$5 copay</p> <p>Outpatient individual therapy visit: \$5 copay</p>
<b>Outpatient Rehabilitation</b> <sup>1,2</sup>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$5 copay</p> <p>Occupational therapy visit: \$5 copay</p> <p>Physical therapy and speech and language therapy visit: \$5 copay</p>
<b>Outpatient Substance Abuse</b> <sup>1,2</sup>	<p>Group therapy visit: \$5 copay</p> <p>Individual therapy visit: \$5 copay</p>
<b>Outpatient Surgery</b> <sup>1,2</sup>	<p>Ambulatory surgical center: \$0 copay</p> <p>Outpatient hospital: \$0 copay</p>
<b>Over the Counter Items</b>	<p>Not covered.</p>
<b>Prosthetic Devices</b> (braces, artificial limbs, etc.) <sup>1</sup>	<p>Prosthetic devices: \$0 copay</p> <p>Related medical supplies: \$0 copay</p>
<b>Renal Dialysis</b> <sup>1,2</sup>	<p>You pay nothing</p>
<b>Transportation</b>	<p>Not covered.</p>
<b>Urgently Needed Services</b>	<p>\$5 copay</p> <p>This copay applies to urgent care office visits. See the "Emergency Care" section for Emergency Department copays.</p>

**Kaiser Permanente Medicare Plus Plan C with Part D (Cost)**
**Vision Services <sup>1,2</sup>**

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-5 copay, depending on the service

Routine eye exam: \$5 copay, depending on the service

Contact lenses: 85% of the cost

Eyeglasses (frames and lenses): 75% of the cost

Eyeglasses or contact lenses after cataract surgery: 20% of the cost

**Preventive Care <sup>1,2</sup>**

You pay nothing.

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- Yearly "Wellness" visit

Any additional preventive services approved by Medicare during the contract year will be covered.

INPATIENT CARE	
Kaiser Permanente Medicare Plus Plan C with Part D (Cost)	
<b>Hospice</b>	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside our plan. Please contact us for more details.
<b>Inpatient Hospital Care</b> <sup>1,2</sup>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>• \$0 copay per stay</li> </ul> <p>You pay the inpatient copay listed only once during a benefit period.</p>
<b>Inpatient Mental Health Care</b>	For inpatient mental health care, see the “Mental Health Care” section of this booklet.
<b>Skilled Nursing Facility (SNF)</b> <sup>1,2</sup>	<p>No prior hospital stay is required.</p> <ul style="list-style-type: none"> <li>• You pay nothing per day for days 1 through 20</li> <li>• \$0 copay per day for days 21 through 100</li> </ul> <p>We cover up to 100 days per benefit period. A benefit period begins on the first day you are admitted to a Medicare-covered inpatient hospital or skilled nursing facility (SNF). The benefit period ends when you have not been an inpatient at any hospital or SNF for 60 calendar days in a row.</p>

## Prescription Drug Benefits

### Kaiser Permanente Medicare Plus Plan C with Part D (Cost)

#### How much do I pay?

For Part B drugs such as chemotherapy drugs<sup>1</sup>: \$0-10 copay depending on the drug

Other Part B drugs<sup>1</sup>: \$0-10 copay depending on the drug

#### Initial Coverage

You pay the following until your total yearly drug costs reach \$4,850. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

#### Preferred Retail Cost-Sharing

Tier	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$5 copay	\$7.50 copay
Tier 2 (Generic)	\$5 copay	\$7.50 copay
Tier 3 (Preferred Brand)	\$5 copay	\$7.50 copay
Tier 4 (Non-Preferred Brand)	\$5 copay	\$7.50 copay
Tier 5 (Specialty Tier)	\$5 copay	\$7.50 copay
Tier 6 (Vaccines)	\$0	Not Offered

#### Standard Retail Cost-Sharing

Tier	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$10 copay	\$15 copay
Tier 2 (Generic)	\$10 copay	\$15 copay
Tier 3 (Preferred Brand)	\$10 copay	\$15 copay
Tier 4 (Non-Preferred Brand)	\$10 copay	\$15 copay
Tier 5 (Specialty Tier)	\$10 copay	\$15 copay
Tier 6 (Vaccines)	\$0	Not Offered

### Kaiser Permanente Medicare Plus Plan C with Part D (Cost)

#### Preferred Mail Order Cost-Sharing

Tier	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$3 copay	\$3 copay
Tier 2 (Generic)	\$3 copay	\$3 copay
Tier 3 (Preferred Brand)	\$3 copay	\$3 copay
Tier 4 (Non-Preferred Brand)	\$3 copay	\$3 copay
Tier 5 (Specialty Tier)	\$3 copay	\$3 copay

If you reside in a long-term care facility, you pay a \$7.50 copay for generic and brand, limited to a 31-day supply and a \$0 copay for vaccines limited to a 31-day supply.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

#### Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the following:

Tier	Your Cost
Tier 1 (Preferred Generic)	\$1 copay
Tier 2 (Generic)	\$1 copay
Tier 3 (Preferred Brand)	\$2.50 copay
Tier 4 (Non-Preferred Brand)	\$2.50 copay
Tier 5 (Specialty Tier)	\$2.50 copay
Tier 6 (Vaccines)	\$0 copay

## Additional information about Kaiser Permanente Medicare Plus Plan C with Part D

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Covered services are provided in accord with Medicare coverage guidelines. Please see the **Evidence of Coverage (EOC)** for complete details, including other coverage limitations and exclusions.

### Getting care

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You must get covered services from plan providers except for authorized referrals, emergency care, and out of area urgent care or as otherwise described in the **EOC**.

### Case management

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If you have multiple chronic conditions, our case management program partners with nurses, social workers, and your physician to manage your chronic conditions, including education about self-care skills. Please ask your physician for details.

### Grievances & appeals

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You can ask us to provide or pay for an item or service you think should be covered. If we deny your request, you can ask us to reconsider. You may ask for a fast decision if you think waiting could put your health at risk. If your doctor makes or supports the fast request, we will expedite our decision. If you have an issue unrelated to coverage, you can file a grievance with us. Please see the **EOC** for details.

### Privacy

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We protect the privacy of protected health information. Please see the **EOC** or view our **Notice of Privacy Practices** on [kp.org](http://kp.org) to learn more.

## 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**. 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**. 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**。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**。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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-888-777-5536**. 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**. 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** 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**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-888-777-5536** 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**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:**

مترجم فوري، ليس عليك سوى الاتصال بنا على **1-888-777-6355**. سيقوم شخص إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. بمساعدتك. هذه خدمة مجانية ما يتحدث العربية للحصول على

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-888-777-5536** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता 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**. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** 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**. 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**. 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**. 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に、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**にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

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

Member Services

**1-888-777-5536** (TTY **711**) toll-free  
Seven days a week, 8 a.m. to 8 p.m.



[kp.org/medicare](http://kp.org/medicare)

Please recycle.

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