

January 1–December 31, 2020

# 2020 Summary of Benefits

---

Kaiser Permanente Senior Advantage (HMO) Group plan for  
**10119 CITY AND COUNTY OF SAN FRANCISCO**

With Medicare Part D prescription drug coverage



## 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:

- Benefits and costs
- Part D prescription drugs
- 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. 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 we'll send you after you enroll. If you'd like to see it before you enroll, please ask your group benefits administrator for a copy.

### Have questions?

- Please call Member Services at **1-800-805-2739 (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	You pay
<b>Monthly plan premium</b>	Your group will notify you if you are required to contribute to your group's premium. If you have any questions about your contribution toward your group's premium and how to pay it, please contact your group's benefits administrator.
<b>Deductible</b>	<b>None</b>
<b>Your maximum out-of-pocket responsibility</b> Doesn't include Medicare Part D drugs	<b>\$2,500</b>
<b>Inpatient hospital coverage*†</b> There's no limit to the number of medically necessary inpatient hospital days.	<ul style="list-style-type: none"> <li>• <b>\$50</b> per day for days 1 through 6</li> <li>• <b>\$0</b> per day for days 7 and beyond</li> </ul>
<b>Outpatient hospital coverage*†</b>	<b>\$50</b> per visit
<b>Ambulatory Surgery Center*†</b>	<b>\$50</b> per visit
<b>Doctor's visits</b>	<b>\$20</b> per visit
<ul style="list-style-type: none"> <li>• Primary care providers</li> </ul>	<b>\$20</b> per visit
<ul style="list-style-type: none"> <li>• Specialists*†</li> </ul>	<b>\$20</b> per visit
<b>Preventive care*</b> See the <b>EOC</b> for details.	<b>\$0</b>
<b>Emergency care</b> We cover emergency care anywhere in the world.	<b>\$75</b> per Emergency Department visit
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	<b>\$20</b> per office visit
<b>Diagnostic services, lab, and imaging*†</b>	<b>\$0</b>
<ul style="list-style-type: none"> <li>• Lab tests</li> </ul>	<b>\$0</b>
<ul style="list-style-type: none"> <li>• Diagnostic tests and procedures (like EKG)</li> </ul>	<b>\$0</b> per test
<ul style="list-style-type: none"> <li>• X-rays</li> </ul>	<b>\$20</b> per X-ray
<ul style="list-style-type: none"> <li>• Other imaging procedures (like MRI, CT, and PET)</li> </ul>	<b>\$20</b> per test

Benefits and premiums	You pay
<b>Hearing services*†</b> Evaluations to diagnose medical conditions.	<b>\$20</b> per visit
<b>Dental services</b> Preventive and comprehensive dental coverage	Please contact your group's benefits administrator.
<b>Vision services*</b> <ul style="list-style-type: none"> <li>• Visits to diagnose and treat eye diseases and conditions</li> </ul>	<b>\$20</b> per visit
<ul style="list-style-type: none"> <li>• Routine eye exams</li> </ul>	<b>\$20</b> per visit
<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.
<ul style="list-style-type: none"> <li>• Other eyewear</li> </ul>	Not applicable
<b>Mental health services*†</b> <ul style="list-style-type: none"> <li>• Outpatient group therapy</li> </ul>	<b>\$20</b> per visit
<ul style="list-style-type: none"> <li>• Outpatient individual therapy</li> </ul>	<b>\$20</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>\$50</b> per day for days 21 through 100</li> </ul>
<b>Physical therapy*†</b>	<b>\$20</b> per visit
<b>Ambulance</b>	<b>20% coinsurance</b> per one-way trip
<b>Transportation</b>	Not covered
<b>Medicare Part B drugs†</b> A limited number of Medicare Part B drugs are covered when you get them from a plan provider. See the <b>EOC</b> for details. <ul style="list-style-type: none"> <li>• Drugs that must be administered by a health care professional</li> </ul>	<b>20% coinsurance</b>
<ul style="list-style-type: none"> <li>• Up to a 30-day supply from a plan pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$12</b> for generic drugs</li> <li>• <b>\$45</b> for brand-name drugs</li> </ul>

## 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](http://kp.org/seniorrx) or call Member Services to ask for a copy at **1-800-805-2739** (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

You pay the copays and coinsurance shown in the chart below until your total yearly drug costs reach **\$4,020**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$4,020 limit in 2020, you move on to the coverage gap stage and your coverage changes.

Drug tier	You pay
<b>Tier 1</b> (Preferred generic)	<b>\$3</b> (up to a 30-day supply)
<b>Tier 2</b> (Generic)	<b>\$15</b> (up to a 30-day supply)
<b>Tier 3</b> (Preferred brand-name)	<b>\$50</b> (up to a 30-day supply)
<b>Tier 4</b> (Nonpreferred brand-name)	<b>\$50</b> (up to a 30-day supply)
<b>Tier 5</b> (Specialty)	<b>\$200</b> (up to a 30-day supply)
<b>Tier 6</b> (Vaccines)	<b>\$0</b>

When you get a 31- to 90-day supply of drugs in Tiers 1-5, 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.

### Coverage gap stage

The coverage gap stage begins if you or a Part D plan spends **\$4,020** on your drugs during 2020. You pay the following copays during the coverage gap stage:

Drug tier	You pay
<b>Tier 1</b> (Preferred generic)	<b>\$3</b> (up to a 30-day supply)
<b>Tier 2</b> (Generic)	<b>\$15</b> (up to a 30-day supply)
<b>Tier 3</b> (Preferred brand-name)	<b>\$50</b> (up to a 30-day supply)
<b>Tier 4</b> (Nonpreferred brand-name)	<b>\$50</b> (up to a 30-day supply)

<b>Tier 5 (Specialty)</b>	<b>\$200</b> (up to a 30-day supply)
<b>Tier 6 (Vaccines)</b>	<b>\$0</b>

## Catastrophic coverage stage

If you spend **\$6,350** on your Part D prescription drugs in 2020, 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 2020. You pay the following copays per prescription during the catastrophic coverage stage:

<b>Drug</b>	<b>You pay</b>
<b>Generic drugs</b>	<b>\$4</b>
<b>Brand-name drugs</b>	<b>\$10</b>
<b>Part D vaccines</b>	<b>\$0</b>

## 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.

## Who can enroll

You can sign up for this plan if:

- Must be enrolled in Kaiser Permanente through your group plan and meet your group's eligibility requirements.
- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare.)
- You're a citizen or lawfully present in the United States.
- You don't have end-stage renal disease (ESRD) unless you got ESRD when you were already a member of one of our plans or you were a member of a different plan that ended.
- You live in the service area for this plan, which includes all of **Honolulu County**. Also, our service area includes these parts of the following counties:
  - **Maui County, in the following ZIP codes only:** 96708, 96713, 96732, 96733, 96753, 96761, 96767, 96768, 96779, 96784, 96788, 96790, and 96793.
  - **Hawaii County, in the following ZIP codes only:** 96704, 96710, 96719, 96720, 96721, 96725, 96726, 96727, 96728, 96737, 96738, 96739, 96740, 96743, 96745, 96749, 96750, 96755, 96760, 96764, 96771, 96773, 96774, 96776, 96778, 96780, 96781, 96783, and 96785.

## 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. You aren't restricted to a particular plan facility or pharmacy, and we encourage you to use the plan facility or pharmacy that will be most convenient for you.

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 **1-800-805-2739 (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 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.

## Kaiser Foundation Health Plan

Kaiser Foundation Health Plan, Inc., Hawaii Region is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Senior Advantage. We offer several Senior Advantage plans in our Hawaii Region's service area, which includes Honolulu County, most of Hawaii County (Big Island), and the Island of Maui.

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

If you move from your plan's service area to another service area in our Hawaii Region, you'll have to enroll in a Senior Advantage plan in your new service area.

## Language assistance services

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-805-2739** (TTY: **711**).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-805-2739** (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 **1-800-805-2739** (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 **1-800-805-2739** (TTY: **711**).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-805-2739** (TTY: **711**).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-805-2739** (TTY: **711**)번으로 전화해 주십시오.

**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。 **1-800-805-2739** (TTY: **711**) まで、お電話にてご連絡ください。

**Lao:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ **1-800-805-2739** (TTY: **711**).

**Ilocano:** PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti **1-800-805-2739** (TTY: **711**).

**Samoaan:** MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totoji, mo oe, Telefoni mai: **1-800-805-2739** (TTY: **711**).

**Marshalllese:** LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjeļok wōñāān. Kaalok **1-800-805-2739** (TTY: **711**)

**Trukese:** MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-805-2739** (TTY: **711**).

**Hawaiian:** E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'ōlelo ho'okomo 'ōlelo, loa'a ke kōkua manuahi iā 'oe. E kelepona iā **1-800-805-2739** (TTY: **711**).

**Pohnpeian:** Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie Lokaiahn Pohnpei komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call **1-800-805-2739** (TTY: **711**).

**Bisayan:** ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-800-805-2739** (TTY: **711**).

**Tongan:** FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-805-2739 (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 **1-800-805-2739** (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 711 Kapiolani Blvd, Honolulu, HI 96813 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](http://kp.org/privacy) to learn more.

## **Helpful definitions (glossary)**

### **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 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.

**Service area**

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

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

Kaiser Foundation Health Plan, Inc.  
711 Kapiolani Blvd.  
Honolulu, HI 96813

Kaiser Foundation Health Plan, Inc., Hawaii Region. A nonprofit corporation and Health Maintenance Organization (HMO)

 Please recycle.

 KAISER PERMANENTE®