

# 2024 Summary of Benefits

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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
- Additional benefit
- Member discounts for products and services
- 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

Benefits and premiums	You pay
<b>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>	Please see the enclosed Kaiser Permanente Senior Advantage benefit chart to find out if your plan has a deductible and the yearly limit amount.
<b>Your maximum out-of-pocket responsibility Doesn't include Medicare Part D drugs</b>	Please see the enclosed Kaiser Permanente Senior Advantage benefit chart to find out what the yearly limit is for your group's plan.
<b>Benefits</b>	Please see the enclosed Kaiser Permanente Senior Advantage benefit chart for benefits you receive through your group's plan.

## 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.
- 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, coverage gap, or catastrophic coverage stages).

Note: Medicare provides Extra Help to pay prescription drug costs for people who have limited income and resources. If you are entitled to Extra Help, please refer to the **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

### 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

If your group plan includes a coverage gap, you pay the copays and coinsurance shown in the attached prescription drug coverage chart until your total yearly drug costs reach **\$5,030**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$5,030 limit in 2024, you move on to the coverage gap stage and your coverage changes.

If your group plan does not include a coverage gap, you pay the copays and coinsurance shown in the attached prescription drug coverage chart until you have spent **\$8,000** in 2024. If you spend \$8,000 in 2024, you move on to the catastrophic coverage stage and your coverage changes.

## Catastrophic coverage stage

If you or others on your behalf spend **\$8,000** on your Part D prescription drugs in 2024, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay nothing for covered Part D drugs in 2024.

## 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.

## Member discounts for products and services

Kaiser Permanente partners with leading companies to support your health, safety, and well-being — and offer substantial savings and discounts.

### Lively™ Mobile Plus

Get a personal emergency response system that provides 24/7 help with the push of a button. Receive a reduced one-time device fee and choice of two monthly service plans (coverage limits may apply). Visit [greatcall.com/KP](https://greatcall.com/KP) or call **1-800-205-6548** (TTY **711**) for more information.

Kaiser Permanente members may continue to use or select these products or services from any company of their choice but Kaiser Permanente discounts are only available with the partner listed above. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Senior Advantage grievance process. BEST BUY HEALTH, GREATCALL, LIVELY and LINK are trademarks of Best Buy and its affiliated companies. ©2022 Best Buy. All rights reserved.

## Who can enroll

You can sign up for this plan if:

- You are 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. These are separate from the premiums for this plan.)
- You're a citizen or lawfully present in the United States.
- 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 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. 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. 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 and 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/finddoctors](http://kp.org/finddoctors).

## **Help managing conditions**

If you have more than one 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 by submitting a claim to us within a specific time period that includes the date you received the item or service. 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.

### **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.

### **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)

### **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 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**.

## 2024 Summary of Benefits

January 1 – December 31, 2024

10119 City and County of San Francisco

### Kaiser Permanente Senior Advantage (HMO) Benefit Chart With Medicare Part D prescription drug coverage

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. For questions on your coverage, please contact 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>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 services*†</b> There's no limit to the number of medically necessary inpatient hospital days.	<b>\$50</b> per day for days 1 through 6 of your stay and <b>\$0</b> for the rest of your stay
<b>Outpatient hospital services*†</b>	<b>\$50</b> per visit
<b>Ambulatory Surgical Center (ASC)*†</b>	<b>\$50</b> per visit
<b>Doctor's visits</b>	
• Primary care providers	<b>\$15</b> per visit
• Specialists*†	<b>\$15</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>Benefits and premiums</b>	<b>You pay</b>
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	<b>\$15</b> per office visit
<b>Diagnostic services, lab, and imaging*†</b>	
• Lab tests	<b>\$0</b>
• Diagnostic tests and procedures	<b>\$0</b>
• Electrocardiograms (EKGs)	<b>\$0</b>
• X-rays and ultrasounds	<b>\$0</b>
• MRI, CT, and PET	<b>\$20</b> per test
<b>Hearing services*†</b>	
• Evaluations to diagnose medical conditions	<b>\$15</b> per visit
• Routine hearing exams	
• Hearing aids (up to 2 hearing aid(s) every 36 months)	<b>60%</b> of applicable charges of the lowest priced model
<b>Vision services</b>	
• Visits to diagnose and treat eye diseases and conditions*†	<b>\$15</b> per visit
• Routine eye exams*†	
• Preventive glaucoma screening and diabetic retinopathy services*†	<b>\$0</b>
• Eyeglasses or contact lenses after cataract surgery	<b>20%</b> coinsurance up to Medicare's limit and you pay any amounts beyond that limit.
<b>Mental health services*†</b>	<b>\$50</b> per day for days 1 through 6 of your stay and <b>\$0</b> for the rest of your stay.
• Inpatient mental health	
• Outpatient group therapy	<b>\$15</b> per visit
• Outpatient individual therapy	<b>\$15</b> per visit
<b>Skilled nursing facility*†</b> We cover up to 100 days per benefit period.	<b>Per benefit period:</b> <b>\$0</b> for days 1 through 20 <b>\$50</b> per day for days 21 through 100
<b>Physical therapy*†</b>	<b>\$15</b> per visit
<b>Ambulance</b>	<b>20%</b> coinsurance per one-way trip
<b>Transportation</b>	Not covered

Benefits and premiums	You pay
<p><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.</p> <ul style="list-style-type: none"> <li>• Drugs that must be administered by a health care professional</li> </ul>	<p><b>20%</b> coinsurance</p>
<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>\$15</b> for generic drugs</li> <li>• <b>\$50</b> for brand-name drugs</li> </ul>

## Medicare Part D prescription drug coverage†

For details on what you pay for your Part D prescription drugs through our plan, see the "Medical Benefits Chart (what is covered and what you pay)", Chapter 5, and Chapter 6 in the **Evidence of Coverage (EOC)**.

### Initial coverage stage

Drug tier	Retail plan pharmacy	Mail-order plan pharmacy
	(up to a 30-day supply)	(up to a 90-day supply)***
<b>Tier 1</b> (Preferred generic)	<b>\$3</b>	<b>\$6</b>
<b>Tier 2</b> (Generic)	<b>\$15</b>	Two times the listed copay
<b>Tier 3*</b> (Preferred brand-name)	<b>\$50</b>	Two times the listed copay
<b>Tier 4*</b> (Nonpreferred drugs)	<b>\$50</b>	Two times the listed copay
<b>Tier 5*</b> (Specialty)	<b>\$200</b>	<b>\$200</b> (up to a 30-day supply)
<b>Tier 6**</b> (Vaccines)	<b>\$0</b>	<b>N/A</b>

\*For each insulin product covered by our plan, you will not pay more than **\$35** for a 30-day supply.

\*\*Our plan covers most Part D vaccines at no cost to you. Note: Tier 6 (vaccines) are not available through mail order.

\*\*\*Note: Coverage is limited in certain situations and some drugs may not be eligible for mailing and/or mail order discount.

After your Initial coverage stage, there is a catastrophic coverage stage. This stage is generally for people with high drug costs. Most members do not reach the Catastrophic Coverage Stage. For specific information about your costs in these stages, look at the "Medical Benefits Chart (what is covered and what you pay)", Chapter 5, and Chapter 6 in your **Evidence of Coverage (EOC)**.

## Additional benefit

This benefit is available to you as a plan member:	You pay
<p><b>Fitness benefit — (the Silver&amp;Fit® Healthy Aging and Exercise Program)</b> Includes a basic membership to any of the participating fitness centers in the Silver&amp;Fit program. You can also choose one Home Fitness Kit annually from a selection of kits to help you stay fit at home.</p> <p>The Silver&amp;Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&amp;Fit is a federally registered trademark of ASH and used with permission herein. Participating fitness centers and fitness chains may vary by location and are subject to change.</p>	<ul style="list-style-type: none"> <li>• <b>\$50</b> annual member fee for a basic fitness center membership.</li> <li>• <b>\$10</b> per calendar year for a home fitness kit to exercise at home.</li> </ul>

Note: Alternative Medicine, dental, and optical riders will be attached at the end if applicable.

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

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