January 1–December 31, 2024

2024 Summary of Benefits

Kaiser Permanente Senior Advantage Choice DM (PPO)

Denver Metropolitan service area

H3138_24SB001_M
PBP #: 001
1130806640 DB01

About this Summary of Benefits

Thank you for considering Kaiser Permanente Senior Advantage Choice DM. 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 PPO)
- Additional benefits
- 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 is located on our website at **kp.org/eoccodb** or ask for a copy from Member Services by calling **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

Kaiser Permanente Senior Advantage Choice DM has a network of providers, including doctors, hospitals, and pharmacies. You pay in-network cost-sharing when you receive care from a network provider. You may also see any out-of-network provider who accepts Medicare, but you may pay higher copays and coinsurance when you receive care from an out-of-network provider. If you use an out-of-network pharmacy, our plan may not pay for the drugs or you may pay more than a preferred in-network pharmacy.

Have questions?

- If you're not a member, please call **1-877-408-3492** (TTY **711**).
- If you're a member, please call Member Services at **1-800-476-2167** (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 for in-network services.
†Prior authorization may be required for in-network services.

Benefits and premiums	**In-network**, you pay	**Out-of-network**, you pay
Monthly plan premium	**$0**	
Deductible	**None**	
Your maximum out-of-pocket responsibility Doesn't include Medicare Part D drugs	**$5,100** The most you will pay for covered services received from in-network providers that are subject to the maximum.	**$8,950** The most you will pay for covered services received from both in-network and out-of-network providers that are subject to the maximum.
Inpatient hospital services*† There's no limit to the number of medically necessary inpatient hospital days.	**$295** per day for days 1 through 5 of your stay and **$0** for the rest of your stay	**$500** per day for days 1 through 18 of your stay and **$0** for the rest of your stay
Outpatient hospital services*†	**$250** per visit	**40%** coinsurance
Ambulatory Surgical Center (ASC)*†	**$200** per visit	**40%** coinsurance
Doctor's visits • Primary care providers	**$0**	**$30** per visit
• Specialists	**$30** per visit	**$50** per visit
Preventive care • Abdominal aortic aneurysm screening • Alcohol misuse screenings & counseling • Bone mass measurements (bone density) • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical & vaginal cancer screening • Colorectal cancer screenings (barium enemas, colonoscopies, fecal occult blood tests, flexible sigmoidoscopies, and multi-target stool DNA tests) • Depression screenings • Diabetes screenings	**$0** Any additional preventive services approved by Medicare during the contract year will be covered. See your **EOC** for frequency of covered services.	**$0** Any additional preventive services approved by Medicare during the contract year will be covered. See your **EOC** for frequency of covered services.

Benefits and premiums	**In-network**, you pay	**Out-of-network**, you pay
• Diabetes self-management training • Glaucoma tests • Hepatitis B Virus (HBV) infection screenings • Hepatitis C screening tests • HIV screenings • Lung cancer screenings • Mammograms (screening) • Medicare Diabetes Prevention Program • Nutrition therapy services • Obesity screenings & counseling • One-time "Welcome to Medicare" preventive visit • Prostate cancer screenings • Sexually transmitted infections screenings & counseling • Shots that include COVID-19 vaccines, flu shots, Hepatitis B shots and Pneumococcal shots • Tobacco use cessation counseling • Yearly "Wellness" visit		
Emergency care We cover emergency care anywhere in the world.	**$120** per Emergency Department visit	
Urgently needed services We cover urgent care anywhere in the world.	**$45** per visit	
Diagnostic services, lab, and imaging* • Lab tests† • Diagnostic tests and procedures (like EKG)†	**$0**	**40%** coinsurance
• X-rays	**$15** per X-ray	**40%** coinsurance
• Other imaging procedures (like MRI, CT, and PET)†	**$150** per procedure, per body part studied (**$50** for ultrasounds)	**40%** coinsurance

Benefits and premiums	**In-network**, you pay	**Out-of-network**, you pay
Hearing services • Evaluations to diagnose medical conditions	**$10** per visit	**40%** coinsurance
• Routine hearing exams • Hearing aid fitting or evaluation exam	**$0**	**40%** coinsurance
• Hearing aid allowance every year to purchase hearing aids*	**$300 allowance** for both ears combined. If your hearing aid purchase is more than **$300, you pay the difference**. Note: Benefit is combined in and out-of-network.	
Dental services Preventive and diagnostic dental care: • Oral exam (limited to two oral exams per year) • Prophylaxis (limited to two cleanings per year) • Topical fluoride (once in 12 months) • Full mouth or panoramic X-rays (once per 60 months) • Bitewing X-rays (one set per 12 months) • Periapical X-rays (four per 12 months) • Occlusal X-rays (two per 12 months) • Pulp vitality tests	**$0** up to the combined annual benefit limit specified below. Note: Benefit is combined in and out-of-network.	
Comprehensive dental care when provided by Delta Dental PPO™ dentists (see the **Provider Directory** for network dentists): • Covered services include fillings, root canals, and periodontics. Please see **EOC** for details. For more information, visit **https://healthy.kaiserpermanente.org/colorado/health-wellness/senior-health/extras**. If you sign up for optional benefits, you receive additional comprehensive dental	**30%** coinsurance for fillings and **50%** coinsurance for root canals and periodontics services from Delta Dental PPO dentists until the plan has paid **$1,350 (combined annual benefit limit)** for preventive and comprehensive services. When you reach the annual limit, you pay **100%** for the rest of the year. Note: Benefit is combined in and out-of-network.	

Benefits and premiums	**In-network**, you pay	**Out-of-network**, you pay
coverage (see Advantage Plus PPO for details).		
Vision services • Visits to diagnose and treat eye diseases and conditions	**$10** per optometry visit **$30** per ophthalmology visit	**40%** coinsurance
• Routine eye exams	**$0**	**40%** coinsurance
• Preventive glaucoma screening	**$0**	**$0**
• Eyeglasses or contact lenses after cataract surgery	**$0** up to Medicare's limit, but you pay any amounts beyond that limit.	**$0** up to Medicare's limit, but you pay any amounts beyond that limit.
• Other eyewear	**$400 allowance** every year. If your eyewear costs more than **$400, you pay the difference**. Note: Benefit is combined in and out-of-network	
Mental health services • Inpatient mental health*†	You pay **$295** per day for days 1–5 ($0 for the rest of your stay).	You pay **$500** per day for days 1–18 ($0 for the rest of your stay).
• Outpatient group therapy	**$15** per visit	**$40** per visit
• Outpatient individual therapy	**$25** per visit	**$50** 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 • **$203** per day for days 21 through 46 • **$0** per day for days 47 through 100	**Per benefit period:** • **$225** per day for days 1 through 40 • **$0** per day for days 41 through 100
Physical therapy*	**$30** per visit	**40%** coinsurance
Ambulance†	**$250** per one-way trip	
Transportation We cover a certain amount of one-way trips per calendar year as noted on the right (limited to 55 miles one way) to get you to or from a plan provider when provided by our transportation provider. For more information, visit **https://healthy.kaiserpermanente.org/colorado/health-wellness/senior-health/extras**.	**$0** for up to 8 one-way trips per calendar year to get you to and from plan providers. If you sign up for optional benefits, the number of trips is combined (see Advantage Plus PPO for details). Note: Benefit is combined in and out-of-network	

Benefits and premiums	**In-network**, you pay	**Out-of-network**, you pay
Medicare Part B drugs† Medicare Part B drugs are covered when you get them from a plan provider. See the **EOC** for details and the **Pharmacy Directory** for preferred and standard plan pharmacy locations. • Drugs that must be administered by a health care professional • Up to a 30-day supply of a generic drug • Up to a 30-day supply of a brand-name drug	**0%** - **20%** coinsurance. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation. Insulin cost-sharing is subject to a coinsurance cap of **$35** for one month's supply of insulin.	**0%** - **20%** coinsurance. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation. Insulin cost-sharing is subject to a coinsurance cap of **$35** for one month's supply of insulin.

Medicare Part D prescription drug coverage†

You generally must use network pharmacies to fill your prescriptions for covered Part D drugs. Note: If you use an out-of-network non-plan pharmacy, our plan may not pay for the drugs or you may pay more than you would pay at an in-network pharmacy.

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 **1-800-476-2167** (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.
- The type of plan pharmacy that fills your prescription (preferred pharmacy, standard pharmacy, or our mail-order pharmacy). To find our pharmacy locations, see the **Pharmacy Directory** at **kp.org/directory**. 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, the cost-sharing below may not apply to you; instead, 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

You pay the copays and coinsurance shown in the chart below 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.

Drug tier	Retail plan pharmacy					
	Up to a 30-day supply		31- to 60-day supply		61- to 90-day supply	
	Preferred pharmacy	**Standard pharmacy**	**Preferred pharmacy**	**Standard pharmacy**	**Preferred pharmacy**	**Standard pharmacy**
Tier 1 (Preferred generic)	**$0**	**$15**	**$0**	**$30**	**$0**	**$45**
Tier 2 (Generic)	**$5**	**$20**	**$10**	**$40**	**$15**	**$60**
Tier 3* (Preferred brand-name)	**$45**	**$47**	**$90**	**$94**	**$135**	**$141**
Tier 4* (Nonpreferred drugs)	**$100**	**$100**	**$200**	**$200**	**$300**	**$300**
Tier 5* (Specialty)	**33%**					
Tier 6** (Vaccines)	**$0**	**$0**	**N/A**		**N/A**	

*For each insulin product covered by our plan, you will not pay more than **$35** for a 30-day supply, **$70** for a 31- to 60-day supply, and **$105** for a 61- to 90-day supply, regardless of the tier.

**Our plan covers most Part D vaccines at no cost to you.

Drug tier	Mail-order plan pharmacy		
	Up to a 30-day supply	31- to 60-day supply	61- to 90-day supply
Tier 1 (Preferred generic)	**$0**	**$0**	**$0**
Tier 2 (Generic)	**$0**	**$0**	**$0**
Tier 3* (Preferred brand-name)	**$45**	**$90**	**$135**
Tier 4* (Nonpreferred drugs)	**$100**	**$200**	**$300**
Tier 5* (Specialty)	**33%**	**33%**	**33%**

Note: Tier 6 (vaccines) are not available through mail order.

*For each insulin product covered by our plan, you will not pay more than **$35** for a 30-day supply, **$70** for a 31- to 60-day supply, and **$105** for a 61- to 90-day supply, regardless of the tier.

Coverage gap stage

The coverage gap stage begins if you or a Part D plan spends **$5,030** on your drugs during 2024. During this stage, you pay **25%** coinsurance for your covered Part D drugs (generic and brand name drugs).

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 standard 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 an out-of-network **non-plan pharmacy**, you pay the same as at a standard 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 PPO (optional benefits)

In addition to the benefits that come with your plan, you can choose to buy our optional supplemental benefit package. We call the package Advantage Plus PPO. The package gives you extra coverage for an additional monthly cost that’s added to your monthly plan premium. See the **Evidence of Coverage** for details.

*Your plan provider may need to provide a referral.

Advantage Plus PPO benefits and premium	You pay
Additional monthly premium	**$36**
Transportation We cover up to 20 one-way trips per calendar year (limited to 55 miles one way) to get you to or from a plan provider when provided by our transportation provider. For more information, visit **https://healthy.kaiserpermanente.org/colorado/health-wellness/senior-health/extras.** Note: Benefit is combined in and out-of-network	**$0** This benefit and the benefit described in "Transportation" are combined to give you 28 one-way trips per calendar year.

Advantage Plus PPO benefits and premium	You pay
Comprehensive dental care Covered basic and major services include fillings, crowns, extractions, endodontics, periodontics, and dentures when provided by either Delta Dental Premier® or Delta Dental PPO™ dentists (see the **Provider Directory** for network dentists): • Annual benefit limit: **$1,000** **Note:** All plan members have coverage for comprehensive dental as described in "Dental services." The benefit limits of both benefits are combined as shown on the right. Benefit is combined in and out-of-network. For more information, visit **https://healthy.kaiserpermanente.org/colorado/health-wellness/senior-health/extras**.	After the plan pays **$1,000** in a calendar year for preventive and comprehensive dental care provided by Delta Dental Premier network dentists, you pay 100% for the rest of the year. After the plan pays **$2,350** in a calendar year for preventive and comprehensive dental care provided by Delta Dental PPO network dentists, you pay 100% for the rest of the year. When you reach the **$2,350 combined annual benefit limit** for preventive and comprehensive dental care provided by Delta Dental PPO and/or Dental Premier dentists, you pay **100%** for the rest of the year. Note: The maximum benefit limit for Delta Dental Premier dentists may not exceed **$1,000**.
• Basic comprehensive services	**50%** coinsurance for basic comprehensive dental services provided by Delta Dental Premier network dentists, up to the annual benefit limit. **30%** coinsurance for basic comprehensive dental services provided by Delta Dental PPO network dentists, up to the annual benefit limit.
• Major comprehensive services Please see **EOC** for details.	**50%** coinsurance for major comprehensive dental services up to the annual benefit limit.

Advantage Plus PPO benefits and premium	You pay
In-home support We cover up to 8 hours of non-medical, in-home support services every month to address assistance with ADLs and IADLs within the home.	**$0**

Additional benefits

These benefits are available to you as a plan member:	**You pay**
Over-the-counter (OTC) items 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. Each order must be at least **$35**. For more information, visit **https://healthy.kaiserpermanente.org/colorado/health-wellness/senior-health/extras**. Note: Benefit is combined in and out-of-network	**$0** up to the **$75** quarterly benefit limit.

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** or call **1-800-205-6548** (TTY **711**) for more information.

CareLinx

Kaiser Permanente has partnered with CareLinx to provide you with a discount for purchasing non-medical, in-home help with daily activities. Your caregiver can help you live an independent lifestyle in your own home by assisting with light housekeeping, meal preparation, companionship and more.

Visit **kp.org/homesupport/co** or call toll-free **1-844-636-4592** Monday-Friday, 7 a.m. – 6 p.m., and on weekends, 9 a.m. – 5 p.m.

Comfort Keepers® in-home care and assistance

In-home care services to help you maintain independence at home with everything from 24-hour care, respite, meal preparation, and light housekeeping. Receive a discount on all services and get a free in-home safety assessment. Visit **comfortkeepers.com/kaiser-permanente** or call **1-800-611-9689** (TTY **711**) for more information.

Mom's Meals® healthy meal delivery

Getting the right nutrition is essential to achieving and maintaining good health. Receive delivery of refrigerated ready-to-heat-and-eat meals to homes nationwide. Crafted by chefs and registered dietitians, meals are medically tailored to support most major chronic conditions and overall wellness. Kaiser Permanente members enjoy discounted pricing and free shipping from Mom's Meals. Visit **momsmealsnc.com** or call **1-866-224-9483** (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 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 the service area for these plans, which includes all of Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.

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 a provider who is eligible to provide services under Original Medicare. As a member of our plan, you can receive your care from either an in-network provider (plan provider) or an out-of-network provider (non-plan provider).
    - The plan providers in our network are listed in our **Provider Directory** and **Pharmacy Directory**.
    - If you use a non-plan provider, your share of the costs for your covered services may be higher.
    - Please note: Although you can get your care from a non-plan provider, the provider must be eligible to participate in Medicare. Except for emergency care, we can't pay a provider who isn't eligible to participate in Medicare. If you go to a provider who is not eligible to participate in Medicare, you will be responsible for the full cost of the services you receive. Check with your providers before receiving services to confirm that they are eligible to participate in Medicare.

For details about coverage rules, including non-covered services (exclusions), see the **Evidence of Coverage**.

Getting care

Getting care in-network

At most of our plan facilities, you can usually get all the covered services you need in-network, including specialty care, pharmacy, and lab work. To find our plan 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 **1-800-476-2167** (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 in-network care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You may choose one of our available plan providers to be your personal doctor. You can change your personal doctor at any time and for any reason. You can choose or change your personal doctor by calling **1-855-208-7221** (TTY **711**), weekdays 7 a.m. to 5:30 p.m. or at **kp.org**.

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.

Getting care out-of-network

As a member of our plan, you can choose to receive care from out-of-network providers (non-plan providers). However, please note providers that do not contract with us are under no obligation to treat you, except in emergency situations. Our plan will cover services from either plan providers or non-plan providers, as long as the services are covered benefits and are medically necessary. However, if you use an out-of-network provider, your share of the costs for your covered services may be higher.

You don't need to get a referral or prior authorization when you get care from out-of-network providers. However, before getting services from out-of-network providers, you may want to ask for a pre-visit coverage decision to confirm that the services you are getting are covered and are medically necessary.

If you are using an out-of-network provider for emergency care, urgently needed services, or out-of-area dialysis, you may not have to pay a higher cost-sharing amount. See the **Evidence of Coverage** for more information about these situations.

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.

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.

Combined maximum out-of-pocket responsibility

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

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.

In-network maximum out-of-pocket responsibility

The most you'll pay in copays or coinsurance each calendar year for services received from network providers that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services received from network providers subject to the maximum for the rest of the year. However, until you reach your combined out-of-pocket amount, you must continue to pay copays or coinsurance when you get care from an out-of-network providers.

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.

Out-of-network pharmacy

A pharmacy that doesn't have an agreement with Kaiser Permanente to provide covered drugs to our members. Most drugs you get from out-of-network pharmacies are not covered by our plan unless certain conditions apply.

Out-of-network provider

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members. You may pay a higher copay or coinsurance when you see an out-of-network provider.

Plan

Kaiser Permanente Senior Advantage.

Plan premium

The amount you pay for your Senior Advantage health care and prescription drug coverage.

Plan (network) 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.

Preferred pharmacy

A plan pharmacy where you can get your prescriptions at preferred copays. These pharmacies are usually located at plan medical offices (see the **Pharmacy Directory** for locations). The amount you pay at these pharmacies is less than you pay at other plan pharmacies that only offer standard copays, which are referred to in this document as standard pharmacies.

Preferred Provider Organization (PPO) plan

A PPO plan is a Medicare Advantage plan that has a network of contracted providers that have agreed to treat plan members for a specified payment amount. A PPO plan must cover all plan benefits whether they are received from network or out-of-network providers. Member cost-sharing will generally be higher when plan benefits are received from out-of-network providers.

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.

Standard pharmacy

A plan pharmacy where you can get your prescriptions at standard copays. These pharmacies aren't usually located at plan medical offices (see the **Pharmacy Directory** for locations). The amount you pay at these pharmacies is more than you pay at plan pharmacies that only offer preferred copays, which are referred to in this document as preferred pharmacies.

Kaiser Permanente is a PPO 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**.

Notice of Nondiscrimination

Kaiser Permanente complies with applicable Federal and Colorado state civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, gender expression, or any other basis protected by applicable federal or state laws. 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 **1-800-632-9700** (TTY **711)**.

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or gender expression, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**). 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**, (TTY **1-800-537-7697**). Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.

KAISER PERMANENTE®

1127252361 CO
June 2023

Form Approved
OMB# 0938-1421

Multi-Language Insert

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 **1-800-476-2167** (TTY **711**). 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 **1-800-476-2167** (TTY **711**). 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 **1-800-476-2167** (TTY **711**)。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 **1-800-476-2167** (TTY **711**)。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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-476-2167** (TTY **711**). 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 **1-800-476-2167** (TTY **711**). 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 quí vị cần thông dịch viên xin gọi **1-800-476-2167** (TTY **711**). sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-476-2167** (TTY **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-476-2167** (TTY **711**). 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 **1-800-476-2167** (TTY **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-476-2167** (TTY **711**). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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 **1-800-476-2167** (TTY **711**) 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 **1-800-476-2167** (TTY **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 **1-800-476-2167** (TTY **711**). 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 **1-800-476-2167** (TTY **711**). 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 **1-800-476-2167** (TTY **711**). 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ございます。通訳をご用命になるには、**1-800-476-2167** (TTY **711**). にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

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