

January 1–December 31, 2025

2025 Summary of Benefits

Kaiser Permanente Dual Essential Plan 1 (HMO D-SNP)

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:

- Premiums
- Benefits and costs
- Part D prescription drugs
- Optional supplemental benefits (Advantage Plus)
- Additional benefits
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care
- Medicare prescription payment plan
- Summary of Medicaid-covered benefits

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/eocga or ask for a copy from Member Services by calling **1-800-232-4404** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

Have questions?

- If you're not a member, please call **1-877-408-3493** (TTY **711**).
- If you're a member, please call Member Services at **1-800-232-4404** (TTY **711**).
- 7 days a week, 8 a.m. to 8 p.m.

What's covered and what it costs

*Your plan provider may need to provide a referral.

†Prior authorization may be required.

If you are eligible for Medicare cost-sharing assistance under Medicaid, **you pay \$0.

Benefits and premiums	You pay	
	With full Medicaid cost-sharing assistance	With partial Medicaid cost-sharing assistance
Monthly plan premium	\$0	\$0
Deductible	\$0	\$0
Your maximum out-of-pocket responsibility If you are eligible for Medicare cost sharing assistance under Medicaid, you aren't responsible for paying for Medicare Part A and Part B services. Doesn't include Medicare Part D drugs.	\$8,850	\$8,850
Inpatient hospital services*† There's no limit to the number of medically necessary inpatient hospital days.	\$0	\$0** or \$2,000 per admission
Outpatient hospital services†	\$0	\$0** or \$0 – \$300 per visit
Ambulatory Surgical Center (ASC)†	\$0	\$0** or \$300 per visit
Doctor's visits Primary care providers and specialists*	\$0	\$0
Preventive care See the EOC for details.	\$0	\$0
Emergency care We cover emergency care anywhere in the world.	\$0	\$0** or \$110 per Emergency Department visit
Urgently needed services We cover urgent care anywhere in the world.	\$0	\$0** or \$35 per visit
Diagnostic services, lab, and imaging*† <ul style="list-style-type: none"> • Diagnostic procedures and tests • Lab tests 	\$0	<ul style="list-style-type: none"> • \$0 per encounter in a medical office • \$0** or \$35 per encounter in an outpatient hospital department

Benefits and premiums	You pay	
	With full Medicaid cost-sharing assistance	With partial Medicaid cost-sharing assistance
<ul style="list-style-type: none"> X-rays and ultrasounds 	\$0	\$0 per encounter in a medical office \$0** or \$35 per encounter in an outpatient hospital department
<ul style="list-style-type: none"> Other imaging procedures (like MRI, CT and PET) 	\$0	\$0** or \$290 per encounter in an outpatient hospital department
Hearing services <ul style="list-style-type: none"> Evaluations to diagnose medical conditions 1 Routine hearing exam per calendar year Hearing aid fitting or evaluation exam† 	\$0	\$0
<ul style="list-style-type: none"> Hearing aids*† If you sign up for optional benefits, the allowance is greater (see Advantage Plus for details).	\$500 allowance to buy 1 aid, per ear every 3 years. If your hearing aid costs more than \$500 per ear, you pay the difference.	
Dental services <ul style="list-style-type: none"> Preventive – Two oral exams, two teeth cleanings, two fluoride treatments, and one X-ray per calendar year. 	\$0 or 75% coinsurance for services provided by a specialist.	\$0 or 75% coinsurance for services provided by a specialist.
<ul style="list-style-type: none"> Comprehensive*† – refer to the Evidence of Coverage for the list of covered services Note: You receive additional dental benefits when you sign up for optional benefits (see Advantage Plus for details).	\$0–\$580, depending on the service or 75% coinsurance for services provided by a specialist.	\$0–\$580, depending on the service or 75% coinsurance for services provided by a specialist.
Vision services <ul style="list-style-type: none"> Visits to diagnose and treat eye diseases and conditions 1 Routine eye exam per calendar year Preventive glaucoma screening and diabetic retinopathy services 	\$0	\$0
<ul style="list-style-type: none"> Eyeglasses or contact lenses after cataract surgery 	\$0 up to Medicare’s limit, but you pay any amounts beyond that limit.	

Benefits and premiums	You pay	
	With full Medicaid cost-sharing assistance	With partial Medicaid cost-sharing assistance
<ul style="list-style-type: none"> Other eyewear (\$575 allowance to purchase eyewear every 2 years) 	If your eyewear costs more than \$575 , you pay the difference.	
Mental health services <ul style="list-style-type: none"> Inpatient mental health*† 	\$0	\$0** or \$1,880 per admission
<ul style="list-style-type: none"> Outpatient individual or group therapy 	\$0	\$0
Skilled nursing facility*† We cover up to 100 days per benefit period.	\$0	\$0** or Per benefit period: <ul style="list-style-type: none"> \$0 per day for days 1 through 20 \$214 per day for days 21 through 100
Physical therapy*†	\$0	\$0** or \$20 per visit
Ambulance†	\$0	\$0** or \$280 per one-way trip
Transportation To get you to and from plan providers.	\$0 for 36 one-way trips per calendar year.	
Medicare Part B drugs† Medicare Part B drugs are covered when you get them from a plan provider. See the EOC for details. <ul style="list-style-type: none"> Drugs that must be administered by a health care professional 	\$0	\$0
<ul style="list-style-type: none"> Up to a 30–day supply from a plan pharmacy 	\$0	<ul style="list-style-type: none"> \$0** or \$7 for generic drugs \$0** or \$47 for brand-name drugs, except you pay \$35 for Part B insulin drugs furnished through an item of DME.

Medicare Part D prescription drug coverage†

Most persons who are entitled to Medicaid benefits also get Extra Help from Medicare to pay for their prescription drug plan costs. 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 copayments and coinsurance discussed below do not apply to you; instead, please refer to the **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

If you aren't entitled to Extra Help, the amount you pay for drugs will be different depending on:

- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at kp.org/seniorrx or call Member Services to ask for a copy at **1-800-232-4404** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30–day or 90–day supply). Note: A supply greater than a 30–day supply isn’t available for all drugs.
- When you get a 31– to 90–day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you’re in (deductible, initial coverage or catastrophic coverage stages).

Deductible stage

For drugs in Tiers 1, 2, and 6, there’s no drug deductible and you start the year in the initial coverage stage. If you aren’t entitled to Extra Help, for drugs in Tiers 3, 4, and 5, there is a deductible stage. For drugs in Tiers 3, 4, and 5, you must pay the full cost of the drugs until you have spent **\$400** for them in 2025. After you have met the deductible, you move on to the initial coverage stage for Tier 3, 4, and 5 drugs. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.

Initial coverage stage

If you aren’t entitled to Extra Help, you pay the copays and coinsurance shown in the chart below until your out-of-pocket costs reach **\$2,000**. If you reach the \$2,000 limit in 2025, you move on to the catastrophic 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
Tier 1 (Preferred generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$7	\$14	\$21
Tier 3* (Preferred brand-name)	\$47	\$94	\$141
Tier 4* (Non-preferred drugs)	\$100	\$200	\$300
Tier 5* (Specialty)	28%		
Tier 6** (Vaccines)	\$0	N/A	

*For each insulin product covered by our plan in Tiers 1 through 5, you pay nothing.

**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)	\$47	\$94	\$94
Tier 4* (Non-preferred drugs)	\$100	\$200	\$200
Tier 5* (Specialty)	28%		

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

*For each insulin product covered by our plan in Tiers 1 through 5, you pay nothing.

Catastrophic coverage stage

If you or others on your behalf spend **\$2,000** on your Part D prescription drugs in 2025, 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 2025.

Long-term care, plan home-infusion, and non-plan pharmacies

- If you live in a **long-term care facility** and get your drugs from their pharmacy, you pay the same as at a retail plan pharmacy and you can get up to a 31-day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail plan pharmacy and you can get up to a 30-day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can't use a network pharmacy, like during a disaster. See the **Evidence of Coverage** for details.

Advantage Plus (optional benefits)

In addition to the benefits that come with your plan, you can choose to buy a supplemental benefit package called Advantage Plus. Advantage Plus gives you extra coverage for an additional monthly cost that's added to your monthly plan premium. See the **Evidence of Coverage** for details.

*Your plan provider may need to provide a referral.

†Prior authorization may be required.

Advantage Plus benefits and premium	You pay
Additional monthly premium	\$12
Hearing aids†	A \$500 allowance is added to the \$500 allowance described in "Hearing services" above.

Advantage Plus benefits and premium	You pay
<ul style="list-style-type: none"> • \$500 allowance to buy 1 aid, per ear every 3 years 	If your hearing aid costs more than \$1,000 per ear, you pay the difference.
<ul style="list-style-type: none"> • Hearing exam for fitting and evaluation of hearing aids 	\$0
Dental care – comprehensive*† DeltaCare® USA Dental HMO Program	Varies depending on the comprehensive dental service. See the Evidence of Coverage for details.

Additional benefits

These benefits are available to you as a plan member:	You pay
Fitness benefit – One Pass™ You have access to the One Pass complete fitness program for the body and mind. One Pass includes: <ul style="list-style-type: none"> • A large core gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location. • Live, on-demand, and digital fitness programs at home. • Social clubs and activities available on the One Pass member website and mobile app. • One home fitness kit annually for strength, yoga, or dance. • Online brain health cognitive training programs. For more information about participating gyms and fitness locations, the program’s benefits, or to set up your online account, visit YourOnePass.com or call 1-877-614-0618 (TTY 711) , Monday through Friday, 9 a.m. to 10 p.m.	\$0
Home medical care not covered by Medicare (Acute Medical Care at Home)*† We cover medical care in your home that is not otherwise covered by Medicare when found medically appropriate by a physician based on your health status, to provide you with an alternative to receiving or continuing to receive acute care in a hospital. Referral and prior authorization are required. See the EOC for details.	\$0 when prescribed as part of your home treatment plan, otherwise you pay the applicable cost share

These benefits are available to you as a plan member:	You pay
<p>Over-the-counter (OTC) items</p> <p>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). The catalog lists the price of each item. Each order must be at least \$20. Any unused portion of the quarterly benefit limit doesn't carry forward to the next quarter.</p> <p>To view our catalog and place an order online, please visit kp.org/otc/ga. You may place an order over the phone or request a printed catalog be mailed to you by calling 1-844-232-6906 (TTY 711), 8 a.m. to 8 p.m., Monday through Friday.</p>	<p>\$0 up to the \$150 quarterly benefit limit.</p>
<p>Special Supplemental Benefits for the Chronically Ill (Healthy Food Card)**</p> <p>Eligible members with certain chronic conditions receive a quarterly allowance to purchase approved foods, such as produce.</p> <p>This benefit will be available only to plan-identified members who have been diagnosed with:</p> <ul style="list-style-type: none"> • Chronic alcohol and other drug dependence. • Autoimmune disorders. • Cancer. • Cardiovascular disorders. • Chronic heart failure. • Dementia. • Diabetes. • End-stage liver disease. • End-stage renal disease (ESRD). • Severe hematologic disorders. • HIV/AIDS. • Chronic lung disorders. • Chronic and disabling mental health conditions. • Neurologic disorders. • Stroke. <p>Any unused allowance does not carry over to the next quarter. See the EOC for details.</p>	<p>Members that meet the criteria for this benefit will receive a pre-loaded debit card with a quarterly allowance of \$245 to purchase approved healthy foods.</p>

†Prior authorization may be required.

*Your plan provider may need to provide a referral.

**The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

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 carelinx.com/kp-affinity or call toll-free **1-844-636-4592** Monday-Friday, 7 a.m. – 6 p.m. MST, and on weekends, 9 a.m. – 5 p.m. MST.

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 and personal care, 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 www.momsmealsnc.com/kp/home.aspx 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 this plan 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 have Medicaid benefits.
- You're a citizen or lawfully present in the United States.
- You live in our plan's service area, which includes:
 - Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, and Henry counties
 - These ZIP codes in Paulding County: 30127, 30134, and 30141

Coverage rules

We cover the services and items listed in this document and the **Evidence of Coverage**, if:

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider Directory** and **Pharmacy Directory**. But there are exceptions to this rule. We also cover:
 - Care from plan providers in another Kaiser Permanente Region
 - Emergency care
 - Out-of-area dialysis care
 - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
 - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing
 - Routine care from a Southeast Permanente Medical Group network physician in our Western Metro Atlanta service area

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers. If you receive non-covered care or services, you must pay the full cost.

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

Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. To find our provider locations, see our **Provider Directory** or **Pharmacy**

Directory at kp.org/directory or ask us to mail you a copy by calling Member Services at **1-800-232-4404** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You must choose one of our available plan providers to be your personal doctor. You can change your doctor at any time and for any reason. You can choose or change your doctor by calling Member Services or at kp.org.

Help managing conditions

If you have more than 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.

Medicare prescription payment plan

The Medicare Prescription Payment Plan is a new payment option for 2025 that can help you manage your drug costs by spreading them out during the year as monthly payments. This program is available to anyone with Medicare Part D and works with your drug coverage. It can be especially helpful to people with high drug cost sharing earlier in the plan year and help manage out-of-pocket drug costs, but it doesn't save you money or lower your drug costs. Contact us or visit [Medicare.gov](https://www.Medicare.gov) to learn more about this program.

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** at kp.org/privacy to learn more.

Summary of Medicaid-covered benefits

The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Benefit	Medicaid State Plan	Kaiser Permanente Dual Essential Plan 1
Doctor and nurse office visits (when you visit a doctor or nurse for checkups, lab tests, exams, or treatment)	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Nurse visits in the home after delivery of the baby	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Nursing facilities (nursing homes)	\$0 copay for Medicaid-covered services	Not covered
Emergency ambulance services	\$0 copay for Medicaid-covered services	\$0 or \$280 for Medicare-covered services
Preventive dental care, fillings and oral surgery for children	\$0 copay for Medicaid-covered services	\$0 for certain preventive and comprehensive dental care Additional comprehensive services (such as fillings, crowns, and implants) are not covered unless you sign up for optional benefits (see Advantage Plus for details).
Certain emergency dental care for adults	\$0 copay for Medicaid-covered services	Not covered unless you sign up for optional benefits (see Advantage Plus for details).
Non-emergency transportation (to get to and from medical appointments)	\$0 copay for Medicaid-covered services	\$0 for 36 one-way trips per calendar year.
Exams, immunizations (shots), and treatments for children	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Family planning services (such as exams, drugs, treatment, and counseling)	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Hospice care services provided by a Medicaid hospice provider	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services

Benefit	Medicaid State Plan	Kaiser Permanente Dual Essential Plan 1
Hearing services for children	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Diagnostic, screening and preventive services	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Laboratory services	\$0 copay for Medicaid-covered services	\$0 - \$35 copay for Medicare-covered services
Mental health clinic services	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Nurse midwife and nurse practitioner services	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Psychological services (for people under the age of 21)	\$0 copay for Medicaid-covered services	\$0 copay for Medicare-covered services
Therapy services (physical, occupational and speech)	\$0 copay for Medicaid-covered services	\$20 copay for Medicare-covered services
Rural Health Clinic and Federally Qualified Health Center services	\$0 copay for Medicaid-covered services	Not covered
Childbirth education classes	\$0 copay for Medicaid-covered services	\$0 copay
Birth center services	\$0 copay for Medicaid-covered services	Not covered
Dialysis and services for end-stage renal (kidney) disease	\$0 copay for Medicaid-covered services	20% coinsurance for Medicare-covered services
Vision services	Cost-based for Medicaid-covered services: \$10.00 or less – \$0.50 \$10.01 - \$25.00 – \$1.00 \$25.01 - \$50.00 – \$2.00 \$50.01 or more – \$3.00	\$0 for office visits. Following cataract surgery, you pay any amounts that exceed what Medicare covers. For all other eyewear, you pay any amounts that exceed \$575 every two years.
Durable medical equipment and supplies prescribed by a doctor for use in your home (such as wheelchairs, crutches or walkers)	\$3.00 copay for Medicaid-covered services (members over the age of 21)	\$0 or 0% - 20% coinsurance for Medicare-covered services

Benefit	Medicaid State Plan	Kaiser Permanente Dual Essential Plan 1
Home health services ordered by a doctor and received in your home (such as part-time nursing, physical therapy or home health aides)	\$3 copay for Medicaid-covered services Copayment does not apply to the following members: <ul style="list-style-type: none"> • Pregnant women • Members under 21 years of age • Hospice care members • Women diagnosed with breast or cervical cancer and receiving Medicaid under the Women’s Health Medicaid program 	\$0 copay for Medicare-covered services
Outpatient hospital services you receive in a hospital even though you do not stay in the hospital overnight	\$3 copay for Medicaid-covered services Copayment does not apply to the following members: <ul style="list-style-type: none"> • Pregnant women • Members under 21 years of age • Nursing Facility Members • Women diagnosed with breast or cervical cancer and receiving Medicaid under the Breast and Cervical Cancer program • Hospice care participants 	\$0 - \$300 copay for Medicare-covered services
Inpatient hospital services (room and board, drugs, lab tests and other services when you have to stay in the hospital)	\$12.50 for Medicaid-covered benefits	\$0** or \$2,000 per admission
Prescription drugs	Cost-based for Medicaid-covered services: Preferred Generic \$0.50 Preferred Brand \$0.50 Non-Preferred Brand or Non-Preferred Generic Under \$10.00 = \$0.50 \$10.01-\$25.00 = \$1.00 \$25.01-\$50.00 = \$2.00 \$50.01 or more = \$3.00	Medicare Part B drugs (up to a 30-day supply from a network pharmacy): Generic \$7.00 Brand: \$47.00

Benefit	Medicaid State Plan	Kaiser Permanente Dual Essential Plan 1
	<p>Copayment does not apply to the following members:</p> <ul style="list-style-type: none"> • Pregnant women • Members under 21 years of age • Institutionalized individuals • Hospice care members • Members enrolled in the Breast and Cervical Cancer eligibility groups • Emergency services and planning services 	
<p>Orthotics and prosthetics (artificial limbs and replacement devices)</p>	<p>\$3 copay for Medicaid-covered services</p> <p>Copayment does not apply to the following members:</p> <ul style="list-style-type: none"> • Pregnant women • Members under 21 years of age • Nursing Facility residents • Hospice care members • Women diagnosed with breast cervical cancer and receiving Medicaid under BCC Waiver or Presumptive Eligibility 	<p>20% coinsurance for Medicare-covered services</p>

Helpful definitions (glossary)

Allowance

A dollar amount you can use toward the purchase of an item. If the price of the item is more than the allowance, you pay the difference.

Benefit period

The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

Calendar year

The year that starts on January 1 and ends on December 31.

Coinsurance

A percentage you pay of our plan's total charges for certain services or prescription drugs. For example, a 20% coinsurance for a \$200 item means you pay \$40.

Copay

The set amount you pay for covered services — for example, a \$20 copay for an office visit.

Deductible

It's the amount you must pay for Medicare Part D drugs before you will enter the initial coverage stage.

Evidence of Coverage

A document that explains in detail your plan benefits and how your plan works.

Maximum out-of-pocket responsibility

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

Medically necessary

Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

Non-plan provider

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

Plan

Kaiser Permanente Senior Advantage.

Plan premium

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

Plan provider

A plan or network provider can be a facility, like a hospital or pharmacy, or a health care professional, like a doctor or nurse.

Prior authorization

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). Services or items subject to prior authorization are flagged with a † symbol in this document.

Region

A Kaiser Foundation Health Plan organization. We have Kaiser Permanente Regions located in Northern California, Southern California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

Retail plan pharmacy

A plan pharmacy where you can get prescriptions. These pharmacies are usually located at plan medical offices.

Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Kaiser Permanente depends on contract renewal. By law, our plan or CMS can choose not to renew our Medicare contract.

For information about Original Medicare, refer to your “**Medicare & You**” handbook. You can view it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

kp.org/medicare

Kaiser Foundation Health Plan of Georgia, Inc.
3495 Piedmont Road NE
Atlanta, GA 30305

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