

2025 Summary of Benefits

Kaiser Permanente Senior Advantage Choice South (PPO)

Southern Colorado service area

About this Summary of Benefits

Thank you for considering Kaiser Permanente Senior Advantage Choice South. 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
- Medicare prescription payment plan

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/eocco 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 South 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 | \$0 | |
| 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 1–5 of your stay and \$0 for the rest of your stay | \$500 per day for days 1–18 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 | \$35 per visit |
| • Specialists | \$30 per visit | \$65 per visit |
| Preventive care | | |
| <ul style="list-style-type: none"> • Abdominal aortic aneurysm screenings • Alcohol misuse screenings & counseling • Blood-based biomarker tests • Bone mass measurements • 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) • Counseling to prevent tobacco use & tobacco-caused disease • Depression 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 |
|--|--|-------------------------|
| <ul style="list-style-type: none"> • Diabetes screenings • Diabetes self-management training • Glaucoma screenings • Hepatitis B Virus (HBV) infection screenings • Hepatitis C screening tests • HIV screenings • Lung cancer screenings • Mammograms (screening) • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Obesity behavioral therapy • 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 • Yearly “Wellness” visit | | |
| <p>Emergency care We cover emergency care anywhere in the world.</p> | \$125 per Emergency Department visit | |
| <p>Urgently needed services We cover urgent care anywhere in the world.</p> | \$45 per visit | |
| <p>Diagnostic services, lab, and imaging*</p> <ul style="list-style-type: none"> • Lab tests† • Diagnostic tests and procedures (like EKG)† | \$0 | 40% coinsurance |
| <ul style="list-style-type: none"> • X-rays | \$15 per X-ray | 40% coinsurance |
| <ul style="list-style-type: none"> • Other imaging procedures (like MRI, CT, and PET)† | <ul style="list-style-type: none"> • \$150 per procedure, per body part studied • (\$50 for ultrasounds) | 40% coinsurance |
| <p>Hearing services</p> <ul style="list-style-type: none"> • Evaluations to diagnose medical conditions | \$10 per visit | 40% coinsurance |
| <ul style="list-style-type: none"> • Routine hearing exams • Hearing aid fitting or evaluation exam | \$0 | 40% coinsurance |
| <ul style="list-style-type: none"> • Hearing aid allowance every year to purchase hearing aids* | \$400 allowance for both ears combined. If your hearing aid purchase is more than \$400, you pay the difference. | |

| Benefits and premiums | In-network, you pay | Out-of-network, you pay |
|---|--|--|
| | Note: Benefit is combined in- and out-of-network. | |
| <p>Dental services Preventive and diagnostic dental care provided by either Delta Dental Medicare Advantage Premier® or Delta Dental Medicare Advantage PPO™ dentists (see the Provider Directory for network dentists):</p> <ul style="list-style-type: none"> • 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 | <p>\$0 up to the combined annual benefit limit specified below. Note: Benefit is combined in- and out-of-network.</p> | |
| <p>Comprehensive dental care when provided by Delta Dental Medicare Advantage PPO™ dentists (see the Provider Directory for network dentists):</p> <ul style="list-style-type: none"> • Covered services include fillings, root canals, implants and periodontics. Please see EOC for details. <p>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 coverage (see Advantage Plus PPO for details).</p> | <p>30% coinsurance for fillings and 50% coinsurance for root canals, implants and periodontics services from Delta Dental Medicare Advantage 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.</p> | |
| <p>Vision services</p> <ul style="list-style-type: none"> • Visits to diagnose and treat eye diseases and conditions | <ul style="list-style-type: none"> • \$10 per optometry visit • \$30 per ophthalmology visit | <p>40% coinsurance</p> |
| <ul style="list-style-type: none"> • Routine eye exams | <p>\$0</p> | <p>40% coinsurance</p> |
| <ul style="list-style-type: none"> • Preventive glaucoma screening | <p>\$0</p> | <p>\$0</p> |
| <ul style="list-style-type: none"> • Eyeglasses or contact lenses after cataract surgery | <p>\$0 up to Medicare's limit, but you pay any amounts beyond that limit.</p> | <p>\$0 up to Medicare's limit, but you pay any amounts beyond that limit.</p> |

| Benefits and premiums | In-network, you pay | Out-of-network, you pay |
|--|--|--|
| <ul style="list-style-type: none"> Other eyewear | <p>\$400 allowance every year. If your eyewear costs more than \$400, you pay the difference.</p> <p>Note: Benefit is combined in- and out-of-network</p> | |
| <p>Mental health services</p> <ul style="list-style-type: none"> Inpatient mental health*† | <p>You pay \$295 per day for days 1–5 (\$0 for the rest of your stay).</p> | <p>You pay \$500 per day for days 1–18 (\$0 for the rest of your stay).</p> |
| <ul style="list-style-type: none"> Outpatient group therapy | <p>\$15 per visit</p> | <p>\$40 per visit</p> |
| <ul style="list-style-type: none"> Outpatient individual therapy | <p>\$25 per visit</p> | <p>\$50 per visit</p> |
| <p>Skilled nursing facility*† We cover up to 100 days per benefit period.</p> | <p>Per benefit period:</p> <ul style="list-style-type: none"> \$0 per day for days 1–20 \$203 per day for days 21–46 \$0 per day for days 47–100 | <p>Per benefit period:</p> <ul style="list-style-type: none"> \$225 per day for days 1–40 \$0 per day for days 41–100 |
| <p>Physical therapy</p> | <p>\$30 per visit</p> | <p>40% coinsurance</p> |
| <p>Ambulance†</p> | <p>\$340 per one-way trip</p> | |
| <p>Transportation We cover a certain amount of one-way trips per calendar year as noted on the right (limited to 65 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.</p> | <p>\$0 for up to 18 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</p> | |
| <p>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.</p> <ul style="list-style-type: none"> 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 | <p>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.</p> | <p>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.</p> |

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 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 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 | |
| | 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 |

| 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 4* (Non-preferred drugs) | \$100 | | \$200 | | \$300 | |
| Tier 5* (Specialty) | 33% | | | | | |
| Tier 6** (Vaccines) | \$0 | | \$0 | | 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* (Non-preferred drugs) | \$100 | \$200 | \$300 |
| Tier 5* (Specialty) | 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.

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 preferred 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 preferred 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.

| Advantage Plus PPO benefits and premium | You pay |
|---|---|
| Additional monthly premium | \$41 |
| <p>Comprehensive dental care Covered basic and major services include fillings, crowns, extractions, endodontics, periodontics, implants and dentures when provided by either Delta Dental Medicare Advantage Premier® or Delta Dental Medicare Advantage PPO™ dentists (see the Provider Directory for network dentists):</p> <ul style="list-style-type: none"> • Annual benefit limit: \$1,000 <p>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.</p> | <p>After the plan pays \$1,000 in a calendar year for preventive and comprehensive dental care provided by Delta Dental Medicare Advantage Premier network dentists, you pay 100% for the rest of the year.</p> <p>After the plan pays \$2,350 in a calendar year for preventive and comprehensive dental care provided by Delta Dental Medicare Advantage PPO network dentists, you pay 100% for the rest of the year.</p> <p>When you reach the \$2,350 combined annual benefit limit for preventive and comprehensive dental care provided by Delta Dental Medicare Advantage PPO and/or Delta Dental Medicare Advantage Premier dentists, you pay 100% for the rest of the year. Note: The maximum benefit limit for Delta Dental Medicare Advantage Premier dentists may not exceed \$1,000.</p> |
| <ul style="list-style-type: none"> • Basic comprehensive services | <p>50% coinsurance for basic comprehensive dental services provided by Delta Dental Medicare Advantage Premier network dentists, up to the annual benefit limit.</p> <p>30% coinsurance for basic comprehensive dental services provided by Delta Dental Medicare Advantage PPO network dentists, up to the annual benefit limit.</p> |
| <ul style="list-style-type: none"> • Major comprehensive services Please see EOC for details. | <p>50% coinsurance for major comprehensive dental services up to the annual benefit limit.</p> |
| <p>In-home support We cover up to 60 hours of non-medical, in-home support services per year to address assistance with ADLs and IADLs within the home. Each visit must be at least 3 hours and there is a maximum of 8 hours per shift. Note: Benefit is combined in- and out-of-network.</p> | <p>\$0</p> |

| Advantage Plus PPO benefits and premium | You pay |
|--|--|
| <p>Transportation</p> <p>We cover up to 20 one-way trips per calendar year (limited to 65 miles one way) to get you to or from a plan provider when provided by our transportation provider.</p> <p>For more information, visit https://healthy.kaiserpermanente.org/colorado/health-wellness/senior-health/extras.</p> <p>Note: Benefit is combined in- and out-of-network.</p> | <p>\$0</p> <p>This benefit and the benefit described in “Transportation” are combined to give you 38 one-way trips per calendar year.</p> |

Additional benefits

| These benefits are available to you as a plan member: | You pay |
|---|--|
| <p>Fitness benefit (fitness allowance)</p> <p>You receive an annual (one calendar year) allowance of up to \$125 to spend on covered health-related services. Covered items include:</p> <ul style="list-style-type: none"> • Personal training fees. • Fitness class fees that do not come with a basic One Pass membership (e.g., yoga, Pilates). • Out-of-network fitness location fees (e.g., gyms, fitness studios, climbing gyms). • Additional class fees within the One Pass network that exceed the basic One Pass membership (e.g., power cycling). • Raquet club memberships (e.g., tennis, pickleball). <p>Members will be reimbursed for covered expenses. Any unused amounts do not roll over to the next year. Please see the EOC for more information.</p> | <p>You pay \$0 for covered expenses up to the \$125 annual allowance. If the fees and services you purchase are more than \$125, you pay the difference.</p> |
| <p>Fitness benefit — One Pass™</p> <p>You have access to the One Pass complete fitness program for the body and mind. One Pass includes:</p> <ul style="list-style-type: none"> • A large premium 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. | <p>\$0</p> |

| These benefits are available to you as a plan member: | You pay |
|--|--|
| <ul style="list-style-type: none"> • One home fitness kit annually for strength, yoga, or dance. • Online brain health cognitive training programs. <p>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, 7 a.m. to 8 p.m.</p> | |
| <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) 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.</p> <p>Note: Benefit is combined in- and out-of-network.</p> | <p>\$0 up to the \$75 quarterly benefit limit.</p> |

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 <https://www.carelinx.com/kaiserpermanente> 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 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 El Paso, Fremont, Pueblo, and Teller 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](https://www.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](https://www.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.

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** at 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. By law, our plan or CMS can choose not to renew our Medicare contract.

Kaiser Permanente's pharmacy network includes limited lower-cost, preferred pharmacies in El Paso, Fremont, Pueblo and Teller Counties in Colorado. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m. or consult the online pharmacy directory at **kp.org/directory**.

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

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