January 1–December 31, 2026

# 2026
# Summary of Benefits

Kaiser Permanente Senior Advantage Care Plus Plan
(HMO-POS)

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# About this Summary of Benefits

Thank you for considering Kaiser Permanente Senior Advantage Care Plus. 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, including Point-of-Service (POS) 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 of 1 Kaiser Permanente Senior Advantage Care Plus plan that includes Medicare Part D prescription drug coverage. 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.

We also offer a plan without Part D drug coverage. If you'd like information about our other plan, call **1-877-408-3493** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week or go to **kp.org/medicare**.

Kaiser Permanente Senior Advantage Care Plus plan has a Point-of-Service (POS) benefit. "Point-of-Service" means you can use providers outside the plan's network for an additional cost. Not all services are covered under POS. Covered services under POS are noted in the "Additional benefits" section and in your **EOC**.

### 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.

| Benefits and premiums | You pay |
|---|---|
| **Monthly plan premium** | **$0** |
| **Deductible** | **$0** |
| **Your maximum out-of-pocket responsibility**<br>Includes copays and other costs for medical services for the year.<br>Doesn't include Medicare Part D drugs. | **$8,000** |
| **Inpatient hospital services***†<br>There's no limit to the number of medically necessary inpatient hospital days. | **$395** per day for days 1–6 of your stay and **$0** for the rest of your stay |
| **Outpatient hospital services**† | **$0–$275** per visit |
| **Ambulatory Surgical Center (ASC)***† | **$275** per visit |
| **Doctor's visits**<br>• Primary care providers | **$10** |
| • Specialists* | **$40** per visit |
| **Preventive care**†<br>See the **EOC** for details. | **$0** |
| **Emergency care**<br>We cover emergency care anywhere in the world. | **$115** per Emergency Department visit |
| **Urgently needed services**<br>We cover urgent care anywhere in the world. | **$40** per office visit |
| **Diagnostic services, lab, and imaging**<br>• Lab tests*†<br>• Diagnostic tests and procedures (like EKG)*† | • **$0** in a medical office<br>• **$35** per encounter in an outpatient hospital department |
| • X-rays<br>• Ultrasounds*† | • **$10** per encounter in a medical office<br>• **$50** per encounter in an outpatient hospital department |
| • MRI, CT, and PET*† | • **$265** per encounter in a medical office<br>• **$340** per encounter in an outpatient hospital department |

| Benefits and premiums | You pay |
|---|---|
| **Hearing services**<br>• Evaluations to diagnose medical conditions | **$40** per visit |
| • 1 Routine hearing exam per calendar year<br>Note: If you sign up for optional benefits, you receive additional hearing benefits (see Advantage Plus for details). | **$0** |
| **Dental services**<br>• Preventive – Two oral exams, two teeth cleanings, two fluoride treatments, and one X-ray per calendar year. | **$0** |
| • Comprehensive*† – refer to the **Evidence of Coverage** for the list of covered services.<br>Note: If you sign up for optional benefits, you receive additional dental benefits (see Advantage Plus for details). | **$0–$738**, depending on the service. |
| **Vision services**<br>• Visits to diagnose and treat eye diseases and conditions | **$40** per visit |
| • 1 Routine eye exam per calendar year<br>• Preventive glaucoma screening and diabetic retinopathy services | **$0** |
| • Eyeglasses or contact lenses after cataract surgery | **20%** coinsurance up to Medicare's limit and you pay any amounts beyond that limit |
| • Other eyewear (**$500** allowance to purchase eyewear every 2 years)<br>Note: This eyewear benefit may not be available next year. | If your eyewear costs more than **$500**, you pay the difference. |
| **Mental health services**<br>• Inpatient mental health*† | You pay **$395** per day for days 1–5 (**$0** for the rest of your stay) |
| • Outpatient group therapy | **$20** per visit |
| • Outpatient individual therapy | **$40** per visit |
| **Skilled nursing facility***†<br>We cover up to 100 days per benefit period. | Per benefit period:<br>• **$0** per day for days 1 through 20<br>• **$218** per day for days 21 through 100 |
| **Physical therapy*** | **$35** per visit |

| Benefits and premiums | You pay |
|---|---|
| **Ambulance**† | **$275** per one-way trip |
| **Transportation services**<br>To get you to and from plan providers. | **$0** for 18 one-way trips per calendar year. |
| **Transportation services***†<br>Medically necessary, non-emergency transportation to and from medical facilities within our service area, when ordered by a network provider. Refer to the **EOC** for more details. | **$60–$125**, depending on the mode of transportation. |
| **Medicare Part B drugs**†<br>Medicare Part B drugs are covered when you get them from a plan provider. See the **EOC** for details.<br>• Drugs that must be administered by a health care professional | **0%–20%** coinsurance depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation. |
| • Up to a 30-day supply from a plan pharmacy | • **$0** for generic drugs<br>• **$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†

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.
- For drugs in Tiers 3–4, 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).

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 **$2,100**. If you reach the $2,100 limit in 2026, 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** | | |
| **Tier 2** (Generic) | **$0** | | |
| **Tier 3** (Preferred brand-name) | **$47** | **$94** | **$141** |
| **Tier 4** (Nonpreferred) | **$95** | **$190** | **$285** |
| **Tier 5** (Specialty-tier) | **33%** | | |
| **Tier 6*** (Injectable Part D vaccines) | **$0** | **N/A** | |

*Our plan covers most Injectable 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** | | |
| **Tier 2** (Generic) | **$0** | | |
| **Tier 3** (Preferred brand-name) | **$47** | **$94** | |
| **Tier 4** (Nonpreferred) | **$95** | **$190** | |
| **Tier 5** (Specialty-tier) | **33%** | | |

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

**Important message about what you pay for insulin:** You won't pay more than **$35** for up to a one-month supply, **$70** for up to a two-month supply or **$105** for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

## Catastrophic coverage stage

If you or others on your behalf spend **$2,100** on your Part D prescription drugs in 2026, 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 2026.

### 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**†<br>• **$500** allowance to buy 1 aid, per ear every 3 years<br>Note: This hearing aid benefit may not be available next year. | If your hearing aid costs more than **$500** per ear, you pay the difference. |
| • Hearing exam for fitting and evaluation of hearing aids | **$0** |
| **Dental care – comprehensive***†<br>DeltaCare® USA Dental HMO Program | Varies depending on the comprehensive dental service. See the **Evidence of Coverage** for details. |

# Additional benefits

*Your plan provider may need to provide a referral.

†Prior authorization may be required.

| **These benefits are available to you as a plan member:** | **You pay** |
|---|---|
| **Fitness benefit – One Pass™** | **$0** |

| These benefits are available to you as a plan member: | You pay |
|---|---|
| You have access to the One Pass complete fitness program for the body and mind. One Pass includes:<br>• A large core gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location.<br>• Live, on-demand, and digital fitness programs at home.<br>• Social clubs and activities available on the One Pass member website and mobile app.<br>• One home fitness kit annually for strength, yoga, or dance.<br>• Online brain health cognitive training programs.<br>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. | |
| **Home medical care not covered by Medicare (Advanced Care at Home)*†**<br>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 |
| **Over-the-counter (OTC) items**<br>You will receive a preloaded healthy extras card with the quarterly benefit limit listed on the right to purchase eligible OTC items online and at participating retail stores. Your card will be reloaded on January 1, April 1, July 1, and October 1. Any unused portion of the quarterly benefit limit doesn't roll over to the next quarter.<br>For more information, please see the **EOC**, visit **mybenefitscenter.com**, or call **1-833-524-7035** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m. EST. | **$0** up to the **$25** quarterly benefit limit for your plan. |
| **Point-of-Service (POS) Care Plus out-of-network benefit**<br>When you are anywhere in the United States or its territories, we cover preventive, routine, follow-up, or continuing care office visits, outpatient tests and | You pay the following up to the **$1,500** annual benefit limit:<br>• **$50** per specialty care visit. |

| These benefits are available to you as a plan member: | You pay |
|---|---|
| services, and Part B drugs obtained from out-of-network Medicare providers not to exceed a benefit maximum of **$1,500** in covered plan charges per calendar year.<br>Covered services, include, but are not limited to:<br>• Primary care and specialty care visits.<br>• Mental health care outpatient visits.<br>• Outpatient tests and services, such as lab tests, X-rays, and ultrasounds.<br>• Medicare Part B drugs.<br>For coverage details, including a full list of covered services, how to locate an eligible provider, how to schedule an appointment, and claims, please see the Medical Benefits Chart, Chapter 4, Section 2.2 in the **Evidence of Coverage**. | • **$50** per mental health care individual therapy visit or **$25** per mental health care group therapy visit.<br>• **$50** per lab test or X-ray.<br>• **$50** per ultrasound<br>• **$50** per for blood, including storage and administration.<br>• **$25** per primary care visit.<br>• **$0** for preventive care visits<br>• You pay **0%–20% of the provider's fee schedule** for Medicare Part B drugs administered in an office or clinic. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.<br>Once you reach the maximum plan benefit coverage amount of $1,500 per calendar year, you pay any amounts that exceed the benefit maximum. |
| **Special Supplemental Benefits for the Chronically Ill (Healthy Food)****<br>Eligible members with certain chronic conditions listed below receive a preloaded healthy extras card with a quarterly allowance to buy approved foods, such as produce, online and at participating retail stores.<br>This benefit will be available only to plan-identified members who have met benefit eligibility criteria with the following conditions:<br>• Chronic alcohol use disorder and other substance use disorders (SUDs)<br>• Autoimmune disorders<br>• Cancer<br>• Cardiovascular disorders<br>• Chronic heart failure<br>• Dementia<br>• Diabetes mellitus<br>• Chronic kidney disease (CKD)<br>• Severe hematologic disorders<br>• HIV/AIDS<br>• Chronic lung disorders<br>• Stroke<br>• Neurologic disorders<br>• Chronic and disabling mental health conditions | Members who meet the criteria for this benefit will receive a preloaded card to purchase approved healthy foods with a quarterly allowance of **$85** for your plan. |

| These benefits are available to you as a plan member: | You pay |
|---|---|
| Your card will be reloaded on January 1, April 1, July 1, and October 1. Any unused portion of the quarterly benefit limit doesn't roll over to the next quarter.<br>For more information, please see the **EOC**, visit **mybenefitscenter.com**, or call **1-833-524-7035** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m. EST. | |

**The Healthy Food Card benefit is part of a special supplemental program for the chronically ill. Not all members qualify. Members must have specific chronic conditions, like diabetes, chronic lung disorders, cardiovascular disorders, chronic heart failure, or cancer to be eligible. There are other conditions that may qualify you for the benefit. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

# 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 personal care, 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. 

# 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'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
    - Care covered under the Care Plus point-of-service benefit. See the **Evidence of Coverage** for details.
    - Emergency care
    - Out-of-area dialysis care
    - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
    - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

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

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

# Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. 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 payment option 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** 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.

# 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.

**Evidence of Coverage**

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

**HMO-POS**

An HMO-POS plan is an HMO plan with a Point-of-Service (POS) benefit. "Point-of-Service" means you can use providers outside the plan's network for certain services for an additional cost.

**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-POS 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.

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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