

# 2026 Summary of Benefits

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Kaiser Permanente Dual Essential Plan 2 (HMO D-SNP)



# About this Summary of Benefits

Thank you for considering Kaiser Permanente Dual Essential. 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
- 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
<b>Monthly plan premium</b>	<b>\$0</b>	<b>\$0</b>
<b>Deductible</b>	<b>\$0</b>	<b>\$0</b>
<b>Your maximum out-of-pocket responsibility</b> 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.	<b>\$8,850</b>	<b>\$8,850</b>
<b>Inpatient hospital services*†</b> There's no limit to the number of medically necessary inpatient hospital days.	<b>\$0</b>	<b>\$0**</b> or <b>\$325</b> per day for days 1 through 6 of your stay and <b>\$0</b> for the rest of your stay
<b>Outpatient hospital services†</b>	<b>\$0</b>	<b>\$0**</b> or <b>\$250</b> per visit
<b>Ambulatory Surgical Center (ASC)*†</b>	<b>\$0</b>	<b>\$0**</b> or <b>\$250</b> per visit
<b>Doctor's visits</b> <ul style="list-style-type: none"> <li>Primary care providers</li> <li>Specialists*</li> </ul>	<b>\$0</b>	<b>\$0</b>
<b>Preventive care†</b> See the <b>EOC</b> for details.	<b>\$0</b>	
<b>Emergency care</b> We cover emergency care anywhere in the world.	<b>\$0</b>	<b>\$0**</b> or <b>\$115</b> per Emergency Department visit
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	<b>\$0</b>	<b>\$0**</b> or <b>\$15</b> per visit
<b>Diagnostic services, lab, and imaging</b>	<b>\$0</b>	<ul style="list-style-type: none"> <li><b>\$0</b> in a medical office</li> </ul>

Benefits and premiums	You pay	
	With full Medicaid cost-sharing assistance	With partial Medicaid cost-sharing assistance
<ul style="list-style-type: none"> <li>Diagnostic procedures and tests*†</li> <li>Lab tests*†</li> </ul>		<ul style="list-style-type: none"> <li><b>\$0**</b> or <b>\$35</b> per encounter in an outpatient hospital department</li> </ul>
<ul style="list-style-type: none"> <li>X-rays</li> <li>Ultrasounds*†</li> </ul>	<b>\$0</b>	<ul style="list-style-type: none"> <li><b>\$0</b> in a medical office</li> <li><b>\$0**</b> or <b>\$35</b> per encounter in an outpatient hospital department</li> </ul>
<ul style="list-style-type: none"> <li>Other imaging procedures (like MRI, CT and PET)*†</li> </ul>	<b>\$0</b>	<ul style="list-style-type: none"> <li><b>\$0**</b> or</li> <li><b>\$175</b> per encounter in a medical office</li> <li><b>\$245</b> per encounter in an outpatient hospital department</li> </ul>
<b>Hearing services</b> <ul style="list-style-type: none"> <li>Evaluations to diagnose medical conditions</li> <li>1 Routine hearing exam per calendar year</li> <li>Hearing aid fitting or evaluation exam†</li> </ul>	<b>\$0</b>	<b>\$0</b>
<ul style="list-style-type: none"> <li>Hearing aids*†</li> </ul>	<b>\$1,000</b> 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. Note: This hearing aid benefit may not be available next year.	
<b>Dental services</b> <ul style="list-style-type: none"> <li>Preventive – Two oral exams, two teeth cleanings, two fluoride treatments, and one X-ray per calendar year.</li> </ul>	<b>\$0</b>	<b>\$0</b>
<ul style="list-style-type: none"> <li>Comprehensive*† – refer to the <b>Evidence of Coverage</b> for the list of covered services</li> </ul>	<b>\$0</b>	<b>\$0</b>
<b>Vision services</b> <ul style="list-style-type: none"> <li>Visits to diagnose and treat eye diseases and conditions</li> <li>1 Routine eye exam per calendar year</li> </ul>	<b>\$0</b>	<b>\$0</b>

Benefits and premiums	You pay	
	With full Medicaid cost-sharing assistance	With partial Medicaid cost-sharing assistance
<ul style="list-style-type: none"> <li>Preventive glaucoma screening and diabetic retinopathy services</li> </ul>		
<ul style="list-style-type: none"> <li>Eyeglasses or contact lenses after cataract surgery</li> </ul>	\$0 up to Medicare's limit, but you pay any amounts beyond that limit	
<ul style="list-style-type: none"> <li>Other eyewear (\$575 allowance to purchase eyewear every 2 years)</li> </ul> <p>Note: This eyewear benefit may not be available next year.</p>	If your eyewear costs more than \$575, you pay the difference.	
<b>Mental health services</b> <ul style="list-style-type: none"> <li>Inpatient mental health*†</li> </ul>	\$0	\$0** or \$325 per day for days 1–6 of your stay and \$0 for the rest of your stay.
<ul style="list-style-type: none"> <li>Outpatient individual or group therapy</li> </ul>	\$0	\$0
<b>Skilled nursing facility*†</b> We cover up to 100 days per benefit period.	\$0	\$0** or Per benefit period: <ul style="list-style-type: none"> <li>\$0 per day for days 1 through 20</li> <li>\$218 per day for days 21 through 100</li> </ul>
<b>Physical therapy*</b>	\$0	\$0** or \$20 per visit
<b>Ambulance†</b>	\$0	\$0** or \$250 per one-way trip
<b>Transportation services</b> To get you to and from plan providers.	\$0 for 36 one-way trips per calendar year.	
<b>Transportation services*†</b> Medically necessary, non-emergency transportation to and from medical facilities within our service area, when ordered by a network provider. Refer to the <b>EOC</b> for more details.	\$60–\$125, depending on the mode of transportation.	
<b>Medicare Part B drugs†</b> Medicare Part B drugs are covered when you get them from a plan provider. See the <b>EOC</b> for details. <ul style="list-style-type: none"> <li>Drugs that must be administered by a health care professional</li> </ul>	\$0	\$0

Benefits and premiums	You pay	
	With full Medicaid cost-sharing assistance	With partial Medicaid cost-sharing assistance
<ul style="list-style-type: none"> <li>Up to a 30-day supply from a plan pharmacy</li> </ul>	\$0	\$0** or 20% coinsurance for generic or brand-name drugs, except you pay <b>\$35</b> 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](https://www.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 **\$615** for them in 2026. After you have met the deductible, you move on to the initial coverage stage for Tiers 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 **\$2,100**. 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
<b>Tier 1</b> (Preferred generic)	<b>\$0</b>		
<b>Tier 2</b> (Generic)	<b>\$0</b>		
<b>Tier 3</b> (Preferred brand-name)	<b>17%</b>		
<b>Tier 4</b> (Nonpreferred)	<b>25%</b>		
<b>Tier 5</b> (Specialty-tier)	<b>25%</b>		
<b>Tier 6*</b> (Injectable Part D vaccines)	<b>\$0</b>	<b>N/A</b>	

\*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
<b>Tier 1</b> (Preferred generic)	<b>\$0</b>		
<b>Tier 2</b> (Generic)	<b>\$0</b>		
<b>Tier 3</b> (Preferred brand-name)	<b>17%</b>		
<b>Tier 4</b> (Nonpreferred)	<b>25%</b>		
<b>Tier 5</b> (Specialty-tier)	<b>25%</b>		

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

## 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.

## 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
<p><b>Fitness benefit – One Pass™</b></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"> <li>• A large core and premium gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location.</li> <li>• Live, on-demand, and digital fitness programs at home.</li> <li>• Social clubs and activities available on the One Pass member website and mobile app.</li> <li>• One home fitness kit annually for strength, yoga, or dance.</li> <li>• Online brain health cognitive training programs.</li> </ul> <p>For more information about participating gyms and fitness locations, the program's benefits, or to set up your online account, visit <b>YourOnePass.com</b> or call <b>1-877-614-0618 (TTY 711)</b>, Monday through Friday, 9 a.m. to 10 p.m.</p>	<p><b>\$0</b></p>
<p><b>Home medical care not covered by Medicare (Advanced Care at Home)*†</b></p> <p>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 <b>EOC</b> for details.</p>	<p><b>\$0</b> when prescribed as part of your home treatment plan, otherwise you pay the applicable cost share</p>
<p><b>Over-the-counter (OTC) items</b></p> <p>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.</p>	<p><b>\$0</b> up to the <b>\$150</b> quarterly benefit limit for your plan.</p>

These benefits are available to you as a plan member:	You pay
<p>For more information, please see the <b>EOC</b>, visit <b>mybenefitscenter.com</b>, or call <b>1-833-524-7035</b> (TTY 711), 7 days a week, 8 a.m. to 8 p.m. EST.</p>	
<p><b>Special Supplemental Benefits for the Chronically Ill (Healthy Food)**</b></p> <p>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.</p> <p>This benefit will be available only to plan-identified members who have met benefit eligibility criteria with the following conditions:</p> <ul style="list-style-type: none"> <li>• Chronic alcohol use disorder and other substance use disorders (SUDs)</li> <li>• Autoimmune disorders</li> <li>• Cancer</li> <li>• Cardiovascular disorders</li> <li>• Chronic heart failure</li> <li>• Dementia</li> <li>• Diabetes mellitus</li> <li>• Chronic kidney disease (CKD)</li> <li>• Severe hematologic disorders</li> <li>• HIV/AIDS</li> <li>• Chronic lung disorders</li> <li>• Stroke</li> <li>• Neurologic disorders</li> <li>• Chronic and disabling mental health conditions</li> </ul> <p>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.</p> <p>For more information, please see the <b>EOC</b>, visit <b>mybenefitscenter.com</b>, or call <b>1-833-524-7035</b> (TTY 711), 7 days a week, 8 a.m. to 8 p.m. EST.</p>	<p>Members who meet the criteria for this benefit will receive a preloaded card to purchase approved healthy foods with a quarterly allowance of <b>\$275</b> for your plan.</p>

**\*\*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](https://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](https://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](https://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](https://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 Dual Essential Plan 2 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:

- Barrow, Butts, Newton, Rockdale, Spalding, and Walton.

## 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 physician at a Kaiser Permanente medical office in our Core 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 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](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](https://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.

\*Your plan provider may need to provide a referral.

†Prior authorization may be required.

Benefit	Medicaid State Plan	Kaiser Permanente Dual Essential Plan 2
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

<b>Benefit</b>	<b>Medicaid State Plan</b>	<b>Kaiser Permanente Dual Essential Plan 2</b>
<b>Nursing facilities (nursing homes)</b>	<b>\$0</b> copay for Medicaid-covered services	Not covered
<b>Emergency ambulance services</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$0</b> or <b>\$250</b> for Medicare-covered services
<b>Preventive dental care, fillings and oral surgery for children</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$0</b> for certain preventive and comprehensive dental care
<b>Certain emergency dental care for adults</b>	<b>\$0</b> copay for Medicaid-covered services	Not covered
<b>Non-emergency transportation (to get to and from medical appointments)</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$0</b> for 36 one-way trips per calendar year.
<b>Non-emergency transportation (to get to and from medical facilities)*†</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$60–\$125</b> , depending on the mode of transportation.
<b>Exams, immunizations (shots), and treatments for children</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$0</b> copay for Medicare-covered services
<b>Family planning services (such as exams, drugs, treatment, and counseling)</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$0</b> copay for Medicare-covered services
<b>Hospice care services provided by a Medicaid hospice provider</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$0</b> copay for Medicare-covered services
<b>Hearing services for children</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$0</b> copay for Medicare-covered services
<b>Diagnostic, screening and preventive services</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$0</b> copay for Medicare-covered services
<b>Laboratory services</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$0–\$35</b> copay for Medicare-covered services
<b>Mental health clinic services</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$0</b> copay for Medicare-covered services
<b>Nurse midwife and nurse practitioner services</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$0</b> copay for Medicare-covered services
<b>Psychological services (for people under the age of 21)</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$0</b> copay for Medicare-covered services
<b>Therapy services (physical, occupational and speech)</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$20</b> copay for Medicare-covered services

<b>Benefit</b>	<b>Medicaid State Plan</b>	<b>Kaiser Permanente Dual Essential Plan 2</b>
<b>Rural Health Clinic and Federally Qualified Health Center services</b>	<b>\$0</b> copay for Medicaid-covered services	Not covered
<b>Childbirth education classes</b>	<b>\$0</b> copay for Medicaid-covered services	<b>\$0</b> copay
<b>Birthing center services</b>	<b>\$0</b> copay for Medicaid-covered services	Not covered
<b>Dialysis and services for end-stage renal (kidney) disease</b>	<b>\$0</b> copay for Medicaid-covered services	<b>20%</b> coinsurance for Medicare-covered services
<b>Vision services</b>	Cost-based for Medicaid-covered services: <b>\$10.00</b> or less— <b>\$0.50</b> <b>\$10.01–\$25.00—\$1.00</b> <b>\$25.01–\$50.00—\$2.00</b> <b>\$50.01</b> or more— <b>\$3.00</b>	<b>\$0</b> 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 <b>\$575</b> every two years.
<b>Durable medical equipment and supplies prescribed by a doctor for use in your home (such as wheelchairs, crutches or walkers)</b>	<b>\$3.00</b> copay for Medicaid-covered services (members over the age of 21)	<b>\$0</b> or <b>0%–20%</b> coinsurance for Medicare-covered services
<b>Home health services ordered by a doctor and received in your home (such as part-time nursing, physical therapy or home health aides)</b>	<b>\$3</b> copay for Medicaid-covered services Copayment does not apply to the following members: <ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Members under 21 years of age</li> <li>• Hospice care members</li> <li>• Women diagnosed with breast or cervical cancer and receiving Medicaid under the Women's Health Medicaid program</li> </ul>	<b>\$0</b> copay for Medicare-covered services
<b>Outpatient hospital services you receive in a hospital even though you do not stay in the hospital overnight</b>	<b>\$3</b> copay for Medicaid-covered services Copayment does not apply to the following members: <ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Members under 21 years of age</li> </ul>	<b>\$0–\$250</b> copay for Medicare-covered services

Benefit	Medicaid State Plan	Kaiser Permanente Dual Essential Plan 2
	<ul style="list-style-type: none"> <li>• Nursing Facility Members</li> <li>• Women diagnosed with breast or cervical cancer and receiving Medicaid under the Breast and Cervical Cancer program</li> <li>• Hospice care participants</li> </ul>	
<b>Inpatient hospital services (room and board, drugs, lab tests and other services when you have to stay in the hospital)</b>	<b>\$12.50</b> for Medicaid-covered benefits	<b>\$0</b> or <b>\$325</b> per day for days 1 through 6 of your stay and <b>\$0</b> for the rest of your stay
<b>Prescription drugs</b>	Cost-based for Medicaid-covered services: Preferred Generic <b>\$0.50</b> Preferred Brand <b>\$0.50</b> Non-Preferred Brand or Non-Preferred Generic Under <b>\$10.00 = \$0.50</b> <b>\$10.01–\$25.00 = \$1.00</b> <b>\$25.01–\$50.00 = \$2.00</b> <b>\$50.01 or more = \$3.00</b> Copayment does not apply to the following members: <ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Members under 21 years of age</li> <li>• Institutionalized individuals</li> <li>• Hospice care members</li> <li>• Members enrolled in the Breast and Cervical Cancer eligibility groups</li> <li>• Emergency services and planning services</li> </ul>	Medicare Part B drugs (up to a 30-day supply from a network pharmacy): Generic and Brand: <b>20%</b>
<b>Orthotics and prosthetics (artificial limbs and replacement devices)</b>	<b>\$3</b> copay for Medicaid-covered services Copayment does not apply to the following members: <ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Members under 21 years of age</li> <li>• Nursing Facility residents</li> <li>• Hospice care members</li> </ul>	<b>20%</b> coinsurance for Medicare-covered services

Benefit	Medicaid State Plan	Kaiser Permanente Dual Essential Plan 2
	<ul style="list-style-type: none"> <li>Women diagnosed with breast cervical cancer and receiving Medicaid under BCC Waiver or Presumptive Eligibility</li> </ul>	

## 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 Dual Essential.

### Plan premium

The amount you pay for your Dual Essential 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](https://kp.org/medicare)**

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