

January 1–December 31, 2022

2022 Summary of Benefits

Kaiser Permanente Medicare Advantage Basic Plan (HMO)

This plan does not include Medicare Part D prescription drug coverage and is available in Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties and parts of Grays Harbor and Mason counties. (See “Who can enroll” for details.)

About this Summary of Benefits

Thank you for considering Kaiser Permanente Medicare Advantage. You can use this **Summary of Benefits** to learn more about our plan. It includes information about:

- Premiums
- Benefits and costs
- Optional supplemental dental benefits
- Additional benefits
- Who can enroll
- Coverage rules
- Getting care

For definitions of some of the terms used in this booklet, see the glossary at the end.

For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at kp.org/wa/eocs or ask for a copy from Member Services by calling **1-888-901-4600 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. **Note:** If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

We offer other plans that include Part D drug coverage. If you'd like information about our other plans, call **1-800-446-8882 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week, or go to kp.org/wa/medicare.

Have questions?

- If you're not a member, please call **1-800-446-8882 (TTY 711)**.
- If you're a member, please call Member Services at **1-888-901-4600 (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	\$40
Deductible	None
Your maximum out-of-pocket responsibility	\$4,200
Inpatient hospital coverage*† There's no limit to the number of medically necessary inpatient hospital days.	\$200 per day for days 1 through 3 of your stay and \$0 for the rest of your stay
Outpatient hospital coverage*†	\$200 per visit
Ambulatory Surgery Center*†	\$200 per visit
Doctor's visits	
• Primary care providers	\$0 per visit
• Specialists*†	\$30 per visit
Preventive care*† See the EOC for details.	\$0
Emergency care We cover emergency care anywhere in the world.	\$90 per Emergency Department visit
Urgently needed services We cover urgent care anywhere in the world.	\$25 per urgent care facility visit
Diagnostic services, lab, and imaging*	
• Lab tests • X-rays • Diagnostic tests and procedures (like EKG)†	\$0
• Other imaging procedures (like MRI, CT, and PET)†	\$200 per visit
Hearing services*†	
• Evaluations to diagnose medical conditions • Routine hearing exam (1 per calendar year) • Hearing aid fitting and evaluation exam (1 exam per calendar year)	\$0 per visit with an audiologist or \$30 per visit with other providers
• Hearing aid allowance every calendar year to purchase hearing aids	\$1,500 allowance (if your hearing aid purchase is more than \$1,500, you pay the difference).
Dental services Preventive and comprehensive dental care. Note: Additional dental coverage is available if you sign up for optional benefits (see "Optional supplemental dental benefits" for details).	\$200 dental reimbursement allowance per calendar year. If the dental care you receive costs more than \$200, you pay the difference .

Benefits and premiums	You pay
Vision services <ul style="list-style-type: none"> • Visits to diagnose and treat eye diseases and conditions • Routine eye exam (1 per calendar year) 	\$0 per visit with an optometrist or \$30 with an ophthalmologist
<ul style="list-style-type: none"> • Preventive glaucoma screening*† • Diabetic retinopathy services 	\$0
<ul style="list-style-type: none"> • Eyeglasses or contact lenses after cataract surgery 	\$0 up to Medicare's limit, but you pay any amounts beyond that limit
<ul style="list-style-type: none"> • Other eyewear • Eyewear can be purchased from any provider. If you get eyewear out-of-network, you must file a claim to get reimbursed for covered eyewear expenses. 	\$350 allowance per calendar year. If your eyewear costs more than \$350, you pay the difference.
Mental health services† <ul style="list-style-type: none"> • Outpatient group therapy 	\$20 per visit
<ul style="list-style-type: none"> • Outpatient individual therapy 	\$30 per visit
Skilled nursing facility*† We cover up to 100 days per benefit period.	Per benefit period: <ul style="list-style-type: none"> • \$0 per day for days 1 through 20 • \$50 per day for days 21 through 100
Physical therapy*†	\$30 per visit
Ambulance	\$150 per one-way trip
Transportation (non-emergent/routine) To and from plan providers	\$0 for up to 12 round trips per calendar year
Medicare Part B drugs† A limited number of Medicare Part B drugs are covered when you get them from a plan provider. See the EOC for details.	20% coinsurance

Optional supplemental dental benefits

In addition to the benefits that come with your plan, you can choose to buy an optional supplemental dental benefit for an additional monthly cost that's added to your monthly plan premium. Covered services are provided by Delta Dental of Washington and must be rendered by Delta Dental participating dental providers. See the **Evidence of Coverage** for details.

Dental HMO benefits and premium	You pay
Additional monthly premium	\$54
Annual benefit limit for preventive and comprehensive dental care	\$1,500 (You pay 100% for the rest of the calendar year after our plan has paid \$1,500 for dental care.)

Dental HMO benefits and premium	You pay
Annual deductible for comprehensive dental care	\$100 (You pay 100% at the beginning of the year for comprehensive dental care until you have spent \$100.)
Preventive and diagnostic services <ul style="list-style-type: none"> • Oral exam (2 per calendar year) • Teeth cleaning (2 per calendar year) • Topical fluoride (2 per calendar year) • X-rays (2 per calendar year) 	\$0
Comprehensive dental care*† <ul style="list-style-type: none"> • Covered services include fillings, extractions, crowns, endodontics, periodontics, and dentures 	After the deductible is met, 20% or 50% coinsurance, depending on the service

Additional benefits

These benefits are available to you as a plan member:	You pay
Fitness benefit – The Silver&Fit® Program You pay no additional cost for a fitness center membership with any Silver&Fit standard network participating facility. You can select one Home Fitness Kit per calendar year from many Home Fitness Kits to help you stay fit at home. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. Participating fitness centers and fitness chains may vary by location and are subject to change.	\$0
Combined acupuncture and chiropractic care benefit Up to 15 visits total per calendar year for acupuncture and chiropractic care not covered by Medicare.	<ul style="list-style-type: none"> • \$10 per acupuncture visit. • \$20 per chiropractic visit.

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 the service area, which includes:
 - All of Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties

- These ZIP codes in Grays Harbor County: 98541, 98557, 98559, and 98568
- These ZIP codes in Mason County: 98524, 98528, 98546, 98548, 98555, 98584, 98588, and 98592

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**. But there are exceptions to this rule. We also cover:
 - Care from plan providers in another Kaiser Permanente Region
 - Covered care from designated providers in Maricopa and Pima counties in Arizona
 - 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)
 - Covered care from designated providers in Maricopa and Pima counties in Arizona
 - 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 and lab work. To find our provider locations, see our **Provider Directory** at wa-medicare.kp.org/providers or ask us to mail you a copy by calling Member Services at **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

The 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.

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.

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered. 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 (kp.org/wa/eocs)** 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.

Notice of nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable federal civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
 - Assistive devices (magnifiers, Pocket Talkers, and other aids)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at **1-888-901-4636 (TTY 711)**.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance by mail, phone, or online at **kp.org/wa/feedback**. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201
- **1-800-368-1019, 1-800-537-7697 (TDD)**
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** at kp.org/wa/medicare-privacy to learn more.

Helpful definitions (glossary)

Allowance

A dollar amount you can use to help pay for items and services.

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 Medicare Part B 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

If you sign up for optional supplemental dental benefits, it's the amount you must pay for comprehensive dental services before our plan begins to pay.

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 Medicare Advantage.

Plan premium

The amount you pay for your Kaiser Permanente Medicare Advantage health care 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.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. This contract is renewed annually by the Centers for Medicare & Medicaid Services (CMS). By law, our plan or CMS can choose not to renew our Medicare contract.

For information about Original Medicare, refer to your “**Medicare & You**” handbook. You can view it online at [medicare.gov](https://www.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**.

Multi-language Interpreter Services

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-888-901-4636** (TTY **711**).

Español (Spanish): ATENCIÓN: si habla otro idioma que no sea español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Llame al **1-888-901-4636** (TTY **711**).

中文 (Chinese) : 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-901-4636** (TTY **711**)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị nói tiếng Việt, hiện có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-888-901-4636** (TTY **711**).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-901-4636** (TTY **711**) 번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ! Если вы говорите на русском языке, вам доступны бесплатные услуги перевода. Звоните **1-888-901-4636** (TTY **711**).

Tagalog: PAUNAWA: Kung nagsasalita ka ng wika maliban sa Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-901-4636** (TTY **711**).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-888-901-4636** (TTY **711**).

ភាសាខ្មែរ (Khmer) : សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃគឺមានសម្រាប់អ្នក។ ទូរស័ព្ទទៅលេខ **1-888-901-4636** (TTY **711**)។

日本語 (Japanese): 注意事項 : 英語以外の言語を話される場合、無料の言語サポートをご利用いただけます。 **1-888-901-4636** (TTY **711**) まで、お電話にてご連絡ください。

አማርኛ (Amharic)፡ ማሳሰቢያ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እገዛ አገልግሎቶች፣ በነጻ ለእርስዎ ይቀርባሉ፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-888-901-4636** (መስመር ለተሰናዥው **711**)።

Oromiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa yoo ta'e, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. **1-888-901-4636** (TTY **711**) irraatti bilbilaa.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-888-901-4636** (TTY **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic): انتباه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، متوفرة لك، مجاناً.
اتصل بالرقم **(TTY 711) 1-888-901-4636**

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-888-901-4636** (TTY **711**).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY 711).

kp.org/wa/medicare

Kaiser Foundation Health Plan of Washington
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