

January 1–December 31, 2018

2018 Summary of Benefits

Kaiser Permanente Senior Advantage Medicare Medicaid Plan
(HMO SNP)

About this Summary of Benefits

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

- Premiums and benefits
- Part D prescription drugs
- Who can enroll
- Coverage rules (including referrals and prior authorizations)
- Getting care
- 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 we'll send you after you enroll. If you'd like to see it before you enroll, you can go to kp.org/medicare or ask for a copy from Member Services by calling **1-800-805-2739**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).

Have questions?

- If you're not a member, please call **1-877-408-3494** (TTY **711**).
- If you're a member, please call Member Services at **1-800-805-2739** (TTY **711**).
- 7 days a week, 8 a.m. to 8 p.m.

What's covered and what it costs

Benefits and premiums	You pay
Monthly plan premium	\$0
Deductible	None
Your maximum out-of-pocket responsibility You aren't responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Medicare Part A and Part B services.	\$3,400
Inpatient hospital coverage There's no limit to the number of medically necessary inpatient hospital days.	\$0
Outpatient hospital coverage	\$0
Doctor's visits Primary care providers and specialists	\$0
Preventive care See the EOC for details.	\$0
Emergency care We cover emergency care anywhere in the world.	\$0
Urgently needed services We cover urgent care anywhere in the world.	\$0
Diagnostic services, lab, and imaging <ul style="list-style-type: none"> • Lab tests • X-rays • Diagnostic tests and procedures (like EKG) • Other imaging procedures (like MRI, CT, PET, and nuclear medicine) 	\$0
Hearing services <ul style="list-style-type: none"> • Exams to diagnose and treat hearing and balance issues • Routine hearing exams 	\$0
Dental services Preventive and comprehensive dental coverage	Not covered
Vision services <ul style="list-style-type: none"> • Visits to diagnose and treat eye diseases and conditions • Routine eye exams 	\$0
<ul style="list-style-type: none"> • Preventive glaucoma screening 	\$0
<ul style="list-style-type: none"> • Eyeglasses or contact lenses after cataract surgery 	\$0 up to Medicare's limit, but you pay any amounts beyond that limit.

Benefits and premiums	You pay
Mental health services	
• Outpatient group therapy	\$0
• Outpatient individual therapy	\$0
Skilled nursing facility Our plan covers up to 100 days per benefit period.	\$0
Physical therapy	\$0
Ambulance	\$0
Transportation	Not covered
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.	\$0

Medicare Part D prescription drug coverage

Most persons who are entitled to Medicaid benefits also qualify for and are already getting 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 deductible and coinsurance discussed below do not apply to you; instead please refer to the rider called **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

Deductible stage

You must pay the full cost for your Part D drugs until you have spent **\$405** on your drugs in 2018. Then you move on to the initial coverage stage.

Initial coverage stage

During this stage, you pay **25%** coinsurance for your Part D drugs until your total yearly drug costs reach **\$3,750**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$3,750 limit, you move on to the coverage gap stage and your coverage changes.

Coverage gap and catastrophic coverage stages

The coverage gap stage begins if you or a Part D plan spends **\$3,750** on your drugs during 2018. You pay **44%** coinsurance for generic drugs and **35%** coinsurance for brand name drugs during this stage.

If you spend **\$5,000** on your Part D prescription drug costs in 2018, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, your coinsurance will change for the rest of the year. To find out what you would pay during this stage, see the **Evidence of Coverage**.

Who can enroll

You can sign up for our 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 full Medicaid benefit.
- You're a citizen or lawfully present in the United States.
- You don't have end-stage renal disease (ESRD) unless you got ESRD when you were already a member of one of our plans or you were a member of a different plan that ended.
- You live in the service area for this plan, which is all of Honolulu County and the following ZIP codes in Maui County: 96708, 96713, 96732, 96733, 96753, 96761, 96767, 96768, 96779, 96784, 96788, 96790, and 96793.

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

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers.

Referrals

Your plan provider must make a referral before you can get most services or items. But a referral **isn't** needed for the following:

- Behavioral health services provided by a plan provider
- Emergency services
- Flu shots and pneumonia vaccinations given by a plan provider
- Kidney dialysis services that you get at a Medicare-certified dialysis facility when you're temporarily outside our service area
- Optometry services provided by a plan provider
- Routine women's health care provided by a plan provider
- Second opinions from another plan provider except for certain specialty care
- Sports medicine services provided by a plan provider
- Urgently needed services from plan providers

- Urgently needed services from non-plan providers when plan providers are temporarily unavailable or inaccessible — for example, when you're temporarily outside of our service area

Prior authorization

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). These are some services and items that require prior authorization:

- Durable medical equipment
- Nonemergency ambulance services
- Post-stabilization care following emergency care from non-plan providers
- Prosthetic and orthotic devices
- Referrals to non-plan providers if services aren't available from plan providers
- Skilled nursing facility care
- Transplants

For details about coverage rules, including services that aren't covered (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. You aren't restricted to a particular plan facility or pharmacy, and we encourage you to use the plan facility or pharmacy that will be most convenient for you.

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 **1-800-805-2739**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).

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 1 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** for details.

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and doesn't discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente doesn't exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no-cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no-cost language services to people whose primary language isn't English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Member Services at **1-800-805-2739** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week.

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, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 711 Kapiolani Blvd, Honolulu, HI 96813 or calling Member Services at the number listed above. You can file a grievance by mail or phone. 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** on kp.org to learn more.

Summary of Medicaid-Covered Benefits

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

Benefit	Medicaid State Plan	Senior Advantage Medicare Medicaid Plan
Dialysis	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Durable medical equipment and medical supplies with prosthetics and orthotics	\$0 copay for Medicaid-covered services. Prior approval is required	\$0 copay for Medicare-covered supplies.
Emergency and post stabilization services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Family planning services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Fluoride varnish for children (covered for children between 1 and 6 years of age who have not received topical fluoride treatment by a dentist or qualified PCP within the past six months)	\$0 copay for Medicaid-covered services.	Not covered.
Habilitation services (Audiology services, occupational therapy, physical therapy, speech-language therapy, vision services, augmentative communication devices, reading device, visual aids)	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services. Augmentative communication devices, reading devices, and visual aids are not covered.
Medical transportation services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Outpatient hospital services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Physician services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Pregnancy-related services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Prescription drugs	\$0 copay for Medicaid-covered services.	Medicare Part B drugs: \$0 copay.

Benefit	Medicaid State Plan	Senior Advantage Medicare Medicaid Plan
Preventive services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Radiology, laboratory, and other diagnostic services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Rehabilitation services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Smoking cessation services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Urgent care services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Vision and hearing services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Acute inpatient hospital for behavioral health services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Ambulatory mental health services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Services from qualified professional like psychiatrists, psychologists, counselors, social workers, registered nurses, and others	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Substance abuse treatment programs	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Prescribed drugs including medication management and patient counseling	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Psychiatric or psychological evaluation	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Nursing facility	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Home- and community-based services including: (chore, adult day health, personal care, adult day care, personal emergency response system, skilled nursing, residential care like Community Care Foster Family Home or Expanded Adult Residential Care Home	\$0 copay for Medicaid-covered services.	Not covered.

Benefit	Medicaid State Plan	Senior Advantage Medicare Medicaid Plan
Dental Services	<p>Medicaid-Fee-For Service.</p> <p>Med-QUEST covers dental services through the month of a member's 21st birthday. Adults age 21 or older may receive emergency dental services.</p> <p>If you're 21 or older, you get:</p> <ul style="list-style-type: none"> • Emergency services that include: <ul style="list-style-type: none"> - Eliminating dental pain - Eliminating dental infection <p>Treating acute injuries to the teeth and supporting structures.</p>	Not covered.
School health	Services are covered by the Department of Education (DOE).	Not covered.
Zero to Three program	Services are covered by the Department of Health (DOH).	Not covered.
Behavioral health services for adults enrollees with serious mental illness (SMI)	Services are covered by Community Care Services (CCS).	Not covered.
Behavioral health services for children under 21 years old with serious emotional disturbances (SEBD)	Services are covered by the Child and Adolescent Mental Health Division (CAMHD) in DOH.	Not covered.
Services for developmental or intellectual disabilities	Services are covered by the Developmental Disabilities Division (DDD) in DOH.	Not covered.

Kaiser Permanente is an HMO SNP plan with a Medicare contract and a contract with the state Medicaid program. 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.

The benefit information provided is a brief summary, not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. If you receive Extra Help to pay for

Medicare Part D prescription drug coverage, premiums and cost sharing will vary based on the level of Extra Help you receive. Please contact the plan for further details.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. 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**.

Helpful definitions (glossary)

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.

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 Medicare Medicaid.

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.

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.

Service area

The geographic area where we offer Senior Advantage plans. To enroll and remain a member of our plan, you must live in one of our Senior Advantage plan's service area.

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 **1-800-805-2739** (TTY: **711**).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-805-2739** (TTY: **711**).

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 **1-800-805-2739** (TTY: **711**)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-805-2739** (TTY: **711**).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-805-2739** (TTY: **711**).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-800-805-2739 (TTY: **711**)번으로 전화해 주십시오.

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-805-2739** (TTY:**711**) まで、お電話にてご連絡ください。

Lao

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-805-2739 (TTY: 711).

Ilocano

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti **1-800-805-2739** (TTY: **711**).

Samoan

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se togoti, mo oe, Telefoni mai: **1-800-805-2739** (TTY: **711**).

Marshallese

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjeļok wōñāān. Kaalok **1-800-805-2739** (TTY: **711**)

Trukese

MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-805-2739** (TTY: **711**).

Hawaiian

E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo ho‘okomo ‘ōlelo, loa‘a ke kōkua manuahi iā ‘oe. E kelepona iā **1-800-805-2739** (TTY: **711**).

Pohnpeian

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie Lokaiahn Pohnpei komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call **1-800-805-2739** (TTY: **711**).

Bisayan

ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-800-805-2739** (TTY: **711**).

Tongan

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-800-805-2739** (TTY: **711**).

kp.org/medicare

Kaiser Foundation Health Plan, Inc.
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Kaiser Foundation Health Plan, Inc., Hawaii Region. A nonprofit corporation and Health Maintenance Organization (HMO)