

# Advantage Plus

Get dental, hearing aid, and extra  
eyewear benefits

Kaiser Permanente Senior Advantage (HMO)  
Northwest

Enroll now for 2018



All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest.  
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# Be healthy. Be vibrant.

Now you have the option to add dental, hearing aid, and extra eyewear benefits to your Kaiser Permanente Senior Advantage plan. And even better, it's affordable.

With Advantage Plus, you get a bundle of valuable dental care, hearing aid, and extra eyewear benefits added to your plan — so all your health benefits come in one convenient package.

- **Save time and money** by eliminating the need to shop around for dental care, hearing aid, and extra eyewear benefits separately.
- **One bill** — for both your Kaiser Permanente Senior Advantage Basic or Senior Advantage individual plan and Advantage Plus coverage — makes taking care of your health easier than ever.

You deserve the total health care that's yours through Senior Advantage Basic or Senior Advantage with Advantage Plus. It's one more way we can help you live a more vibrant life.

*Refer to your Kaiser Permanente Senior Advantage (HMO) or Senior Advantage Basic (HMO) Evidence of Coverage (EOC) for detailed information about dental services provided under your Senior Advantage Basic or Senior Advantage individual plan.*

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# 1 BENEFITS AT A GLANCE

The **Advantage Plus** package gives you the option of adding more benefits to your Kaiser Permanente Senior Advantage Basic or Senior Advantage individual plan. This chart shows the **dental services, hearing aid, and extra eyewear benefits** you receive when you purchase Advantage Plus for an additional \$44 a month for all 3 benefits. This \$44 monthly premium will be added to your Senior Advantage Basic or Senior Advantage individual plan premium.

The \$1,250 annual dental benefit maximum applies for most dental services. The total plan charges for preventive, diagnostic, and most restorative services received apply to the annual dental benefit maximum except where noted.

| Senior Advantage Basic or Senior Advantage individual plan coverage only | Advantage Plus coverage combined with Senior Advantage Basic or Senior Advantage individual plan coverage  |
|--|--|
| <b>DENTAL</b>  |  |
| <p><b>Preventive dental services are not covered.</b></p>                | <p><b>Preventive and diagnostic services:</b></p> <p>No copayment or coinsurance up to the \$1,250 annual dental benefit maximum for:</p> <ul style="list-style-type: none"> <li>• Oral examination (maximum of 2 per calendar year).</li> <li>• Bitewing X-ray (maximum of 2 per calendar year).</li> <li>• Other X-rays dentally needed.</li> <li>• One full mouth X-ray every 5 calendar years.</li> <li>• Cleanings (no more than 2 per calendar year).</li> <li>• Fluoride treatments.</li> </ul> <p>Note: Total plan charges for preventive and diagnostic services received apply to the annual dental benefit maximum. Preventive and diagnostic services are not subject to meeting your dental deductible.</p> |

| Senior Advantage Basic or Senior Advantage individual plan coverage only                   | Advantage Plus coverage combined with Senior Advantage Basic or Senior Advantage individual plan coverage  |
|--|--|
| <b>DENTAL (continued)</b>  |  |
| <p><b>Comprehensive (basic and major restorative) dental services are not covered.</b></p> | <p><b>Basic restorative services:</b><br/>Member pays 30% coinsurance after a \$50 dental deductible up to the \$1,250 annual dental benefit maximum.</p> <p><b>Major restorative services:</b><br/>Member pays 40% coinsurance after \$50 dental deductible up to the \$1,250 annual dental benefit maximum.</p> <p><b>Restorative services include:</b></p> <ul style="list-style-type: none"> <li>• Fillings.</li> <li>• Periodontal cleaning.</li> <li>• Simple extractions.</li> <li>• Oral surgery.</li> <li>• Endodontic services (e.g., root canal).</li> <li>• Fixed prosthetics (e.g., bridges and crowns).</li> <li>• Removable prosthetics (dentures).</li> </ul> <p>Note: Total plan charges for services we cover, less deductible and/or coinsurance you pay, count toward the \$1,250 annual dental benefit maximum.</p> <p>Nightguards: 10% coinsurance (based on full price).*</p> <p>Nitrous oxide:*</p> <ul style="list-style-type: none"> <li>• \$25 copayment per occurrence for adults and children 13 years of age and older.</li> <li>• \$0 copayment per occurrence for children under 13.</li> </ul> <p><b>Emergency or urgent dental care:</b></p> <ul style="list-style-type: none"> <li>• \$25 copayment per office visit on the same or next business day.* (This copayment only applies to emergency or urgent dental care received at Kaiser Permanente facilities.)</li> <li>• All other applicable copayments, coinsurance, and total plan charges apply.</li> </ul> <p>Out-of-area dental emergency care: Plan pays up to \$100 per episode for emergency dental care provided by non-network providers outside the Northwest Kaiser Permanente Senior Advantage service area.</p> <ul style="list-style-type: none"> <li>• You pay all dental charges exceeding \$100.</li> </ul> |

| Senior Advantage Basic or Senior Advantage individual plan coverage only | Advantage Plus coverage combined with Senior Advantage Basic or Senior Advantage individual plan coverage   |
|--|---|
| <b>DENTAL (continued)</b>  |   |
|  | <ul style="list-style-type: none"> <li>• Emergency dental care is covered for relief of pain, acute infection, hemorrhage or necessary treatment (including local anesthesia and pre-medication) due to injury.</li> </ul> <p>*Annual dental benefit maximum does not apply.</p> <p>NOTE:</p> <ul style="list-style-type: none"> <li>• In any calendar year, we will not cover services that are subject to the deductible until you meet the deductible listed in the “Benefit Chart” during that calendar year.</li> <li>• The only payments that count toward the deductible are those you make for covered services that are subject to the deductible under your <i>EOC</i>.</li> <li>• The value of preventive and diagnostic services that you receive does not count toward the deductible.</li> <li>• For services subject to the deductible, you must pay total plan charges until you meet the deductible.</li> <li>• Once the deductible is satisfied, no further deductible will be due for the remainder of the calendar year.</li> </ul> |
| <b>HEARING AIDS</b>  |   |
| Hearing aids and fitting services are not covered.                       | <p><b>\$500 for up to one aid per ear every 3 calendar years.</b></p> <p><b>You must pay</b> all hearing aid charges after the \$1,000 hearing aid benefit maximum coverage amount.</p>   |

| Senior Advantage Basic or Senior Advantage individual plan coverage only   | Advantage Plus coverage combined with Senior Advantage Basic or Senior Advantage individual plan coverage   |
|--|---|
| <b>EYEWEAR</b>   |   |
| <p>No charge for Medicare-covered eyewear after each cataract surgery; eyeglasses or contact lenses from a designated selection of frames/lenses or contact lenses.</p> <p>Medicare-covered eyewear after cataract surgery is only covered for the cost of basic eyeglass frames and lenses. <b>You must pay</b> charges above the Medicare-covered amount for premium lenses, premium eyeglass frames, antireflective coating, tints, polarized, photochromic lenses, or other premium options.</p> | <p>\$175 allowance toward prescription eyeglasses or contact lenses once within a 2-calendar-year period.</p> <p><b>and</b></p> <p>No charge for Medicare-covered eyewear after each cataract surgery; 1 pair of eyeglasses or contact lenses from a designated selection of frames/lenses or contact lenses.</p> |

See your Kaiser Permanente Senior Advantage Basic or Senior Advantage *Evidence of Coverage* for detailed information about dental, hearing, and vision services provided under your Senior Advantage Basic or Senior Advantage individual plan.



## 2 THE POWER OF A HEALTHY SMILE

Personal dental care means seeing a friendly, familiar face when you visit your Kaiser Permanente dental office. It means getting care from dental professionals who understand your needs and history. We're here to help make it easy.

Prevention and treatment of dental problems are important at any stage of life. You may experience more tooth sensitivity or have dental problems as a result of certain medications or health conditions. Regular oral exams not only keep your mouth healthy, but can also help identify medical problems.

Advantage Plus makes it easy to get the dental care you need. Enjoy the power of a healthy smile.

### **Kaiser Permanente Dental Contact Information**

For the most-up-to-date information on locations and providers, go to [kp.org/dental/nw/directory](http://kp.org/dental/nw/directory).

For questions about benefits, eligibility, or dental services, call the Dental Appointment Center Monday through Friday, 6:30 a.m. to 6 p.m., and Saturday, 7:30 a.m. to 4 p.m.

Dental Appointment Center..... **1-800-813-2000**

TTY .....**711**

# Q&As

## DENTAL

Advantage Plus dental benefits are provided through Kaiser Permanente dental providers. For the most up-to-date information on providers, please visit [kp.org/dental/nw/directory](http://kp.org/dental/nw/directory) or call **1-800-813-2000** (TTY 711).

### 1. Which dentist can I visit?

Your personal care dentist plays an important role in coordinating your dental care needs, including routine dental visits and referrals to specialists. To choose a personal care dentist, visit [kp.org/dental/nw/directory](http://kp.org/dental/nw/directory) or call us at **1-800-813-2000** (TTY 711).

### 2. How do I schedule or cancel a dental appointment?

To schedule or cancel a dental appointment, call the Dental Appointment Center at **1-800-813-2000** (TTY 711). If canceling an appointment, please give us a 24-hour notice.

For dental emergencies outside of the above hours, call our 24-hour advice nurse at **1-800-813-2000** (TTY 711).

### 3. What happens if I have an urgent dental need?

If you need urgent dental care, call the Dental Appointment Center. A representative will arrange for you to receive care as soon as possible. See your Kaiser Permanente Senior Advantage Basic or Senior Advantage *Evidence of Coverage* and Benefit Chart for a description of your urgent dental care benefit. Examples include:

- Treatment of toothache.
- Chipped teeth.
- Broken filling that causes irritation.
- Swelling around a tooth.

### 4. What happens if I have a dental emergency?

In a dental emergency, please call the Dental Appointment Center. For dental emergencies outside the Dental Appointment Center hours, call our 24-hour advice nurse to arrange for care.

Emergency dental care involves treatment of sudden and unexpected conditions in or around the teeth and gums needing immediate attention. Examples include:

- Severe traumatic injury.
- Swelling that interferes with swallowing or breathing.
- Bleeding that doesn't stop.

For additional details on emergency dental care, see your *EOC*.

## **5. What denture services are available?**

Denture services are available at some Kaiser Permanente dental offices. You will need a referral from your Kaiser Permanente dentist.

## **6. If I am traveling outside the Northwest Senior Advantage service area, do I have any dental coverage?**

Yes, you have limited coverage for emergency or urgent dental care outside the service area. Kaiser Permanente pays up to \$100 per episode for emergency relief of pain, acute infection, or hemorrhage or necessary treatment, including local anesthesia and premedication, due to injury.

You will need to fill out the Non Plan Care Information Form within 365 days after first receiving dental care at non-Kaiser Permanente dental facilities. You can obtain a claim form from Member Services or at [kp.org](http://kp.org). Mail your completed claim form and request for payment with any dental bills or dental receipts to:

Kaiser Permanente National Claims Administration – Northwest  
PO Box 370050  
Denver, CO 80237-9998

## **7. Will I get a separate Kaiser Permanente dental ID card?**

No, your Kaiser Permanente medical ID card is all you need at Kaiser Permanente dental offices.

## **8. Does my dental plan have a deductible?**

Yes, there is a \$50 annual deductible for basic and major restorative dental services. There is no deductible for preventive and diagnostic dental services.

## **9. How does the dental deductible work?**

A deductible is the amount you must pay before our plan begins to pay its share of your covered dental services. You pay for covered basic and major restorative dental services until you meet the \$50 deductible. Once you meet the deductible, you will pay 30% coinsurance for basic restorative dental services and 40% for major restorative dental services until you meet the annual dental benefit maximum.

## **10. What is the annual dental benefit maximum?**

Your dental benefits have a \$1,250 annual dental benefit maximum. The actual cost of the services you receive (the total plan charges), not counting copayment, coinsurance, or deductible amounts, accrue or apply to the \$1,250 annual dental benefit maximum. Once you reach the annual dental benefit maximum, you are responsible for the total plan charges for any additional dental services you receive in that calendar year. The actual costs (total plan charges) for most, but not all, covered dental services apply to the dental benefit maximum.

**11. What actual costs (total plan charges) apply to the annual dental benefit maximum?**

The actual cost for the following services applies to the dental benefit maximum:

- Preventive and diagnostic services (such as oral exams, X-rays, and cleanings).
- Basic and major restorative services (such as fillings, crowns, and dentures).

**12. What does not apply to the annual dental benefit maximum?**

Your copayment, coinsurance, deductible amount and emergency office visit fees that you pay for any covered dental service do not apply to the annual dental benefit maximum.

The actual cost for the following covered services does not apply to the dental benefit maximum:

- Nightguards.
- Nitrous oxide.

This chart shows an example of how the deductible and the annual dental benefit maximum work. Amounts listed may not reflect your actual services or dental needs.

| <b>Annual care</b>                  | <b>Actual cost of the dental service (total plan charges)</b> | <b>Member out-of-pocket \$0 for preventive services and diagnostic services 30% coinsurance for basic services and 40% for major restorative services after \$50 deductible</b> | <b>Kaiser Permanente pays</b> | <b>Annual dental benefit maximum balance</b> |
|-------------------------------------|---|---|-------------------------------|--|
| 2 cleanings                         | \$190.00  | \$0   | \$190.00                      | \$1,060.00                                   |
| 2 oral exams                        | \$114.00  | \$0   | \$114.00                      | \$946.00                                     |
| 1 set of X-rays (4 bitewings)       | \$70.00   | \$0   | \$70.00                       | \$876.00                                     |
| 1 surface amalgam (metal) filling   | \$138.00  | Annual deductible \$50 + 30% coinsurance:<br>\$138-\$50 (deductible) = \$88<br>\$88 at 30% coinsurance = \$26.40<br>\$50 + \$26.40 = \$76.40 member out-of-pocket               | \$61.60                       | \$814.40                                     |
| 4+ surface amalgam (metal) fillings | \$224.00  | \$48.80   | \$195.20                      | \$619.20                                     |
| Tooth extraction                    | \$150.00  | \$30.00   | \$120.00                      | \$499.20                                     |
| <b>Total</b>                        | <b>\$886.00</b>   | <b>\$155.20</b>   | <b>\$750.80</b>               | <b>\$499.20</b>                              |

**13. Do I have a share of the cost (deductible, copayment, or coinsurance) for covered preventive and diagnostic services (cleanings, oral exams, fluoride treatments, and X-rays)?**

There is no deductible or cost share (copayment or coinsurance) for preventive and diagnostic services as long as you have not reached your annual dental benefit maximum. If you have reached your annual dental benefit maximum, then you will pay the actual cost (total plan charges) for preventive and diagnostic services.

**14. When will I be charged a coinsurance or copayment?**

You will be charged a \$25 office visit copayment for emergency or urgent dental appointments at Kaiser Permanente dental offices. You also have a share of the cost for nightguards (10% coinsurance) and nitrous oxide (a \$25 copayment for those 13 and older). These cost shares apply regardless of whether you have reached the annual dental benefit maximum.

**15. If I have dental X-rays from my previous dentist, can they be used in place of new X-rays?**

Your dentist will determine whether your outside X-rays can be used or if you'll need new ones. You can ask your former dentist to send the X-rays to the Kaiser Permanente dental office you have chosen for your appointment prior to your examination. Or you may bring them to your initial exam. Your initial examination cannot be completed without dental X-rays.

Copies of X-rays are often unclear and difficult to read, making them unusable for a new exam. The dentist must feel sure about making an accurate diagnosis from any dental X-ray.

If too much time has gone by, your dentist might decide you need new X-rays. If you have dental disease or a history of a lot of dental treatment, you may need X-rays more frequently. If you're in good dental health with very few previous dental restorations, you'll probably wait longer between X-rays.

**16. Why am I going to receive a comprehensive examination with X-rays as a new Kaiser Permanente dental program member?**

Our dentists and hygienists follow specific care standards, which include a comprehensive examination of all new members. By providing a comprehensive oral health assessment, we're better able to diagnose and treat potential problem areas while laying the groundwork for future dental care. The guidelines used for determining the number of X-rays needed at an initial examination are based on the U.S. Food and Drug Administration (FDA) guidelines for prescribing dental radiographs (X-rays).

# DENTAL BENEFIT DESCRIPTIONS

**Note: Services are covered up to the annual dental benefit maximum. You are responsible for any total plan charges that exceed the annual maximum.**

We provide treatment and services based on dental need and appropriateness. A dentally necessary service is, in the judgment of a licensed dentist, required to prevent, diagnose, or treat a dental condition. A service is dentally necessary and dentally appropriate only if a dentist determines that its omission would adversely affect your dental health and its provision constitutes a dentally appropriate course of treatment for you in accord with generally accepted professional standards of practice that are consistent with a standard of care in the dental community.

## **Preventive and diagnostic services**

- **Diagnostic examination.** Examination of your mouth, X-rays to check for cavities, and determining the condition of your teeth and gums.
- **Preventive services.** Preventive care includes such services as routine teeth cleaning (prophylaxis) and fluoride treatments.
- **Prophylaxis.** Preventive cleaning of the teeth. You are covered for no more than 2 visits for oral prophylaxis treatments in any consecutive 12-month period, except when you are receiving periodontal treatment.
- **Space maintainer.** Appliance used to maintain spacing after removal of a tooth or teeth.

## **Oral surgery services**

- **Oral surgery.** Surgical tooth extractions, including diagnosis and evaluation, are covered.

## **Periodontics**

- **Periodontics (gum treatment).** Treatment of disease of the gums. Diagnosis, evaluation, and treatment of disease of the gums, including scaling and root planing, are provided.

## **Basic restoration services**

- **Basic restorative services.** Your plan covers routine fillings and stainless steel and plastic/acrylic crowns.
- **Simple extractions.** Your plan covers simple tooth extractions.

## **Endodontics**

- **Endodontics (root canal therapy).** Treatment of the root canal or tooth pulp. Your benefit includes root canal and related therapy, including diagnosis and evaluation.

## Major restorative services

- **Major restorative services.** Your plan covers gold and porcelain crowns, inlays, bridge abutments and pontics, and other cast metal restorations. If you request a procedure or material not covered, or in excess of what is recommended by your dentist, you will be responsible for the additional total plan charges. Repair or replacement of prosthetic appliances that are less than 5 years old is not covered.
- **Pontic.** An artificial tooth on a dental bridge.
- **Removable prosthetic services.** Covered services include full and partial dentures, relines, and rebases. Your plan covers repair and adjustment of dentures and other prosthetic devices damaged through normal use. If a prosthetic device cannot be repaired, we will cover replacement once every 5 years.
- **Prosthetic device.** We cover artificial teeth such as dentures or bridges.
- **Rebase.** We cover replacement of the entire denture base, except the teeth, to improve the bite and/or fit.
- **Reline.** We cover adding a new layer of plastic material to the inside of a set of full or partial dentures to improve the fit.

## Emergency/urgent care

- **Emergency care.** Care for a condition requiring immediate treatment for acute infection, hemorrhage, injury to the gums and/or teeth, or relief of extreme pain that would lead a prudent layperson possessing an average knowledge of health and medicine to reasonably expect that immediate dental attention is needed. Coverage includes local anesthesia and premedication.
- **Urgent condition.** A dental problem such as toothaches, chipped teeth, broken/lost fillings causing irritation, swelling around a tooth, or a broken prosthetic that may require something other than a routine appointment.

## Other services/benefits

- **Nightguard.** A removable dental appliance designed to minimize the effects of grinding and other occlusal factors.
- **Nitrous oxide.** Covered for children when administered by a participating pediatric dentist, oral surgeon, or periodontist and for adults when administered by a participating oral surgeon or periodontist.

## Exclusions

- Conditions for which service or reimbursement is required by law to be provided at or by a government agency.
- Cosmetic services, supplies, or prescription drugs that are intended primarily to improve appearance, repair, and/or replace cosmetic dental restorations.

- Dental implants, including bone augmentation and fixed or removable prosthetic devices attached to or covering the implants; all related services, including diagnostic consultations, impressions, oral surgery, placement, removal, and cleaning when provided in conjunction with dental implants; and services associated with postoperative conditions and complications arising from implants.
- Experimental or investigational treatments, procedures, and other services that are not commonly considered standard dental practice or that require governmental approval.
- Full mouth reconstruction and occlusal rehabilitation, including appliances, restorations, and procedures needed to alter vertical dimension, occlusion, or correct attrition or abrasion.
- Genetic testing.
- "Hospital call fees," "call fees," or similar charges associated with dentally necessary services that are performed at ambulatory surgery centers or hospitals.
- Medical or hospital services, unless otherwise specified in the *EOC*.
- Orthodontic services.
- Prescription drugs obtainable with or without a prescription. These may be covered under your medical benefits.
- Prosthetic devices following your decision to have a tooth (or teeth) extracted for nonclinical reasons or when a tooth is restorable.
- Replacement of prefabricated, noncast crowns, including noncast stainless steel crowns not placed by a participating dentist.
- Sedation and general anesthesia (including, but not limited to, intramuscular IV sedation, non-IV sedation and inhalation sedation) are not covered, except when administered by an oral surgeon, periodontist, or pediatric dentist pursuant to the nitrous oxide benefit as described in your *EOC*.
- Services for conditions that are covered by workers' compensation or that are the employer's responsibility.
- Services furnished by a family member.
- Services provided or arranged by criminal justice institutions for members confined therein, unless care would be covered as emergency care.
- Speech aid prosthetic devices and follow-up modifications.
- Surgery to correct malocclusion or temporomandibular joint disorders; treatment for problems of the jaw joint, including temporomandibular joint syndrome and craniomandibular disorders; and treatment of conditions of the joint linking the jawbone and skull and of the complex of muscles, nerves, and other tissues related to that joint.
- Treatment to restore tooth structure lost due to attrition, erosion, or abrasion.

## Limitations

- Dental services in conjunction with medically necessary general anesthesia. We cover the dental services described in your *EOC* when provided in a hospital or ambulatory surgery center, if these services are performed at that location in order to obtain medically necessary general anesthesia for a member. We do not cover the general anesthesia services.
- Repair or replacement needed due to normal wear and tear of fixed and removable prosthetic devices that are less than 5 years old.
- Works in progress started prior to your effective date are not covered and are the liability of the member or a prior dental insurance carrier. The only exception is a root canal in which the pulpal debridement has been completed. Dental services to complete the root canal following pulpal debridement will be covered at 50% of the usual and customary charges, subject to deductibles and dental benefit maximum as indicated in the *EOC* on the Benefit Chart.



## 3 HEAR WELL, LIVE WELL

Good hearing means you can participate in life more fully. You're more confident, more secure, and more connected to your world.

Millions of Americans experience some degree of hearing loss. But now, more than ever, hearing loss doesn't mean that your quality of life has to change. Today's hearing products are smaller, more effective, and more comfortable.

The hearing aid benefit from Advantage Plus can help make sure you're not missing the sounds and conversations that make life more fulfilling.

### **Kaiser Permanente Audiology Contact Information**

For the most up-to-date information on providers, visit [kp.org/directory/nw](https://www.kp.org/directory/nw) or call Member Services at **1-877-221-8221 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

# Q&As

## HEARING SERVICES

Kaiser Permanente or Kaiser Permanente–designated physicians or audiologists provide hearing care products and services for Kaiser Permanente members.

### 1. Are hearing tests covered?

Kaiser Permanente Senior Advantage Basic and Senior Advantage individual plans cover hearing tests that determine the need for hearing correction. These tests are provided at the specialty office visit copayment. There is no charge for hearing aid evaluations that determine the appropriate hearing aid and for tests to verify that the aid matches the prescription. If you suspect you have a hearing loss, call your Kaiser Permanente primary care physician.

### 2. If I have a hearing loss, are hearing aids covered?

Yes, you have a \$1,000 benefit allowance toward the purchase of hearing aids. You are covered for up to \$500 per ear per aid every 3 calendar years. If your hearing aids cost more than \$500 per ear per aid, you will be responsible for 100% of the difference. If you do not use all of the \$500 at the initial point of sale, you cannot use it later.

### 3. Where can I obtain my hearing aids?

You can get your hearing aids from a Kaiser Permanente Audiology Department.

### 4. Are referrals or special claim forms required to use my hearing aid benefit?

No, referrals or claim forms are not required for a hearing aid purchased from or authorized by Kaiser Permanente.

### 5. Are there any limitations to the type of style of hearing aid that is covered?

A range of technologies and styles are available. Your audiologist will help you choose the hearing aids that best meet your needs. Coverage is limited to the types and models of hearing aids furnished by Kaiser Permanente or a Kaiser Permanente–designated audiologist.

### 6. What if I have a medical problem with my hearing?

If a medical problem is identified during the hearing examination, the audiologist can notify your primary care physician of the results to assist you in obtaining the appropriate medical follow-up.

### 7. What if I need service or repairs on my hearing aids?

If you purchased your hearing aid at a Kaiser Permanente or Kaiser Permanente–designated network audiology provider, you have a manufacturer’s warranty. Batteries, accessories, and damaged hearing aid repairs are not part of your hearing aid package and are an out-of-pocket expense. There is a \$100 nonrefundable fee, per hearing aid, should you decide to return the hearing aid during the trial period.

## Hearing aid exclusions

- Bone-anchored hearing aids are not covered under Advantage Plus hearing aid benefit (instead, refer to “Prosthetic or orthotic devices and related supplies” benefit description in the Senior Advantage individual plans’ EOC).
- Cochlear implants and osseointegrated external hearing devices (instead, refer to “Prosthetic or orthotic devices and related supplies” benefit description in the Senior Advantage individual plans’ EOC).
- Hearing aids that were fitted before you were covered under Advantage Plus (for example, a hearing aid that was fitted during the previous contract year will not be covered under Advantage Plus, though it might be covered under your EOC for the previous contract year).
- Internally implanted hearing aids.
- Repair of hearing aids beyond the warranty period.
- Replacement parts and batteries, repair of hearing aids, earmolds, and replacement of lost or broken hearing aids (the manufacturer warranty may cover some of these).
- Services related to the ear or hearing other than those described in this section (instead, refer to the “Hearing services” benefit description in the Senior Advantage individual plans’ EOC).



## 4 FOCUS ON A HEALTHIER YOU

Good vision and healthy eyes are your keys to seeing the world around you. At Vision Essentials by Kaiser Permanente, we offer eye care services to help keep your world in focus. Our team of experienced eye care professionals will work closely with you to help keep your vision sharp and your eyes healthy by providing eye exams, prescription updates, eyeglasses, and contact lenses to suit your every need.

It's important to have your eyes checked regularly to identify minor as well as more serious eye problems. Advantage Plus gives you a \$175 allowance toward the purchase of eyewear. This is in addition to eye exams and standard eyewear following cataract surgery covered under our Kaiser Permanente Senior Advantage individual plans.

### **Vision Essentials By Kaiser Permanente Contact Information**

To find a Vision Essentials location near you, call Kaiser Permanente Member Services at **1-877-221-8221 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m., or visit **kp2020.org**.

# Q&As

## EYEWEAR COVERAGE

The extra eyewear benefit covered by Advantage Plus is provided at Vision Essentials by Kaiser Permanente locations, and at participating network providers. For information about vision benefits (including limitations and exclusions) covered under your Kaiser Permanente Senior Advantage Basic or Senior Advantage individual plan, please refer to your EOC Benefit Chart under "Vision Services."

### 1. What is my coverage for eyeglass frames, lenses, and contact lenses?

As a Kaiser Permanente member with the Advantage Plus benefit package, you will receive a maximum plan benefit allowance amount of \$175 once within a 2-calendar-year period to use toward the purchase of eyeglass frames, lenses, and/or contact lenses. This benefit is in addition to standard eyewear following cataract surgery covered at no charge under your Senior Advantage Basic or Senior Advantage individual plan.

### 2. Where can I obtain my eyeglasses and contact lenses?

You may use your vision benefit at any of our Vision Essentials locations, which are conveniently located in most of our medical offices and carry a large selection of eyeglass frames, lenses, and contact lenses\* priced to fit many budgets, or at participating network providers.

\*Contact lens services are provided at most of our Vision Essentials locations.

### 3. How do the prices compare with the competition?

At Vision Essentials, you will find a wide selection of the latest eyeglass and sunglass frames — at the lowest possible cost, guaranteed. If you purchase frames from our regularly stocked inventory and find the same brand and style priced lower elsewhere within 30 days of receiving your eyeglasses, we will match it and refund the difference to you, plus \$1. This guarantee excludes internet pricing.

### 4. How long will it take to get my glasses?

Our average turnaround time is 3 to 5 business days. Every prescription has to be precisely custom-made, and certain types of specialized lenses take longer than others.

### 5. Does Vision Essentials by Kaiser Permanente offer a warranty on eyeglasses?

Your new eyeglasses are warranted against breakage and defects in materials or workmanship for a period of 1 year from the date you receive your glasses. In the event of a defect, you will pay 50% of the retail price for a replacement of the same item. If that item is discontinued, you will receive 50% of the original retail value to use on a new product. This warranty does not cover loss or theft.

We also offer a 30-day eyeglass satisfaction guarantee. We want you to be completely satisfied with your prescription eyeglasses. You may exchange or return them for a complete refund within 30 days from the original date you receive your eyeglasses (less your reinstated vision benefit, if applicable).

**6. What if my prescription changes shortly after I get my new prescription and eyeglasses?**

Doctor-approved prescription changes can be made at no charge within 90 days from the original date you receive your eyeglasses.

**7. Will I get a separate ID card for Vision Essentials by Kaiser Permanente?**

No, your Kaiser Permanente medical ID card is all you need at Vision Essentials locations.

**8. How do I make or cancel an eye care optometry/ophthalmology appointment?**

Please call **1-800-813-2000 (TTY 711)**, 7 a.m. to 6 p.m., to make or cancel an appointment. If you need to cancel, please give us a 24-hour notice.

**9. When will I be eligible to use my Advantage Plus extra eyewear benefit for the first time?**

Once you receive confirmation of your enrollment in Advantage Plus, you can begin using your extra eyewear benefit on your effective date.

**10. After I use my Advantage Plus extra eyewear \$175 benefit, when can I use it again?**

You are eligible to use your Advantage Plus eyewear \$175 benefit allowance once within a 2-calendar-year period. This is counted from the date you last ordered your eyeglasses or contact lenses while enrolled as a member of Kaiser Permanente Senior Advantage Basic or Senior Advantage individual plan with Advantage Plus.

**11. Can I combine my Advantage Plus extra eyewear \$175 benefit allowance with other optical discounts or promotions offered by Vision Essentials?**

No. Depending on the total price of your eyeglasses (frame and lenses) or contact lenses, you may either use your Advantage Plus \$175 vision benefit allowance or take advantage of our current promotions, whichever option provides the best savings for you. Please visit [kp2020.org](http://kp2020.org) to learn more.

**12. Can I combine my Advantage Plus extra eyewear \$175 benefit allowance with my Senior Advantage Basic or Senior Advantage individual plan eyewear benefit listed in the EOC?**

These are 2 separate benefits. Under your Senior Advantage Basic or Senior Advantage individual plan post-cataract surgery eyewear benefit, there is no charge for Medicare-covered standard eyeglasses or contact lenses. Any remaining balance resulting from the purchase of premium products/options is calculated as follows:

Premium eyeglass and lens products/options\*  
– Medicare allowable amounts for frame and lens  
= What you pay

\*Premium eyeglass and lens products/options include premium lenses, premium eyeglass frames, antireflective coatings, tints, and polarized or photochromic lenses.

You may not combine your Advantage Plus extra eyewear \$175 benefit allowance with your Senior Advantage Basic or Senior Advantage individual plan post-cataract surgery eyewear benefit to decrease your out-of-pocket member obligation amount.

The Advantage Plus extra eyewear allowance may not be used for total plan charges associated with professional services, Protection Plan, cosmetic contact lenses fitting and follow-up care, low-vision aids, or post-cataract surgery eyewear.

**Multiple replacement eyeglass and cosmetic lenses are covered if a member's prescription changes 0.5 diopter or more within 12 months of the initial exam. Replacement lenses are covered up to the following maximum allowances:**

- \$60 for single vision lenses and contact lenses.
- \$90 for multifocal lenses and contact lenses.
- Replacement coverage is for the original product type (eyeglasses or contacts only).

# TYPES OF EYE CARE PROFESSIONALS

We have eye care professionals practicing in the following specialties:

## **Contact lens professionals**

Specialize in fitting your contact lenses.

## **Eye care professionals**

Inclusive term for all the people who provide eye care services at and in conjunction with Vision Essentials, including ophthalmologists, optometrists, opticians, and contact lens fitters.

## **Ophthalmologists (MD)**

Diagnose and treat eye diseases and disorders and are licensed to perform eye surgery.

## **Opticians**

Help you select the right eyewear for your needs. Technicians are trained to fill prescriptions for glasses written by optometrists. They are responsible for the fit and comfort of prescription glasses.

## **Optometrists (OD)**

Examine your eyes for general eye health, diagnose and treat eye diseases, and write prescriptions for vision correction.

## **Vision definitions**

**Eye care services.** The products and services offered by Vision Essentials by Kaiser Permanente.

**Eyewear.** Prescription glasses, sunglasses, and contact lenses.

**Optical center.** A Vision Essentials facility where you can receive eye care services and purchase eyewear.

**Prescription sunglasses.** Glasses that contain a corrective prescription and are primarily used to shield eyes from sun damage.

**Sunglasses.** Glasses primarily used to shield eyes from sun damage that do not contain a corrective prescription.

## **Vision/eyewear exclusions**

- Low-vision aids.
- Nonprescription products (other than eyeglass frames), such as nonprescription sunglasses, eyeglass holders, eyeglass cases, repair kits, contact lens cases, contact lens cleaning and wetting solution, and lens protection plans.
- Professional services for fitting and follow-up care for cosmetic contact lenses.
- Replacement of lost, broken, or damaged lenses or frames.
- Vision therapy (orthoptics or eye exercises).



# 5 HOW TO APPLY FOR COVERAGE

## Applying for Advantage Plus is easy

1. If you are **currently** a Kaiser Permanente Senior Advantage Basic or Senior Advantage individual plan member, please complete the enrollment form. The annual enrollment period for Advantage Plus is October 15 to December 7, 2017, for a January 1, 2018, effective date. You can also enroll any time through March 31, 2018, for coverage effective the first day of the following month. If you would like to receive an enrollment form, please call one of our licensed sales specialists at **1-877-451-3817 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.
2. If you are **now applying** for Kaiser Permanente Senior Advantage Basic or Senior Advantage individual plan membership and you also want the Advantage Plus package, complete the Advantage Plus enrollment form. If you would like to receive an Advantage Plus enrollment form, please call one of our licensed sales specialists at **1-877-451-3817 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.
3. Return your Advantage Plus enrollment form in the enclosed business reply envelope to:  
Kaiser Permanente  
Medicare Department  
P.O. Box 232407  
San Diego, CA 92193-9914
4. We'll notify you when your application has been approved and give you additional details about your coverage and start date.

The premium for your Advantage Plus optional benefit package of dental, hearing aid, and extra eyewear benefits is \$44 per month. The \$44 monthly premium is in addition to your Senior Advantage Basic or Senior Advantage individual plan premium.

# 6

## INFORMATION YOU NEED TO KNOW

### ENROLLMENT/DISENROLLMENT

#### Enrollment

Other important information about applying for Advantage Plus:

- You must be a Kaiser Permanente Senior Advantage Basic or Senior Advantage **individual** plan member to enroll in the Advantage Plus package. (If your Senior Advantage plan is provided to you under a group or trust fund, you are not eligible to enroll in Advantage Plus.)
- If you are **currently** a Kaiser Permanente Senior Advantage Basic or Senior Advantage individual plan member, you can enroll in the Advantage Plus package during the annual enrollment period from October 15 through December 7, 2017, to begin your Advantage Plus plan year on January 1, 2018. You can also enroll any time through March 31, 2018, for coverage effective the first day of the following month.
- If you are **applying** for Kaiser Permanente Senior Advantage Basic or Senior Advantage individual plan membership, you can enroll in the Advantage Plus package at the same time by completing the Advantage Plus enrollment form. Your Advantage Plus benefit coverage period will begin on the same date as your Kaiser Permanente Senior Advantage Basic or Senior Advantage.
- If you are a new Kaiser Permanente Senior Advantage Basic or Senior Advantage individual plan member **and** your Senior Advantage membership effective date is *within* the past 30 days, you can enroll in the Advantage Plus package by completing an enrollment form. Your Advantage Plus benefit coverage period will begin on the first day of the month after your completed Advantage Plus enrollment form is received by Kaiser Foundation Health Plan of the Northwest. Please note that if you do not enroll in Advantage Plus within the first 30 days of your Kaiser Permanente Senior Advantage Basic or Senior Advantage effective date, then you cannot apply for Advantage Plus until the annual enrollment period for an effective date of January 1.

#### Disenrollment

You may terminate your Advantage Plus coverage at any time during the year. Your disenrollment will be effective the first of the month following the date we receive your written disenrollment request or completed Advantage Plus disenrollment form. For more information regarding disenrollment, please call Member Services at **1-877-221-8221** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

If you disenroll from Advantage Plus, you will not be eligible to re-enroll until the next annual enrollment period October 15 through December 7, 2018, for coverage to be effective January 1. You can keep the Senior Advantage Basic or Senior Advantage plan coverage you are enrolled in as long as you continue to pay your full plan premiums and continue to meet the eligibility requirements.

If you disenrolled after you used your Advantage Plus extra eyewear benefit, **and** subsequently re-enrolled in Advantage Plus with the same Senior Advantage individual plan, you will be able to get covered eyewear once every 2 calendar years after you last used your Advantage Plus eyewear benefit.

If you disenrolled after you used your Advantage Plus hearing aid benefit, **and** subsequently re-enrolled in Advantage Plus with the same Senior Advantage individual plan, you won't be able to get covered hearing aids until 3 calendar years after you last used your Advantage Plus hearing aid benefit.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. This information is 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. The provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium and any other applicable Medicare premium(s), if not otherwise paid by Medicaid or another third party. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.



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