

# 2012 KAISER PERMANENTE MEDICARE PLUS

MedicareRx  
Prescription Drug Coverage X

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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.  
2101 East Jefferson Street  
Rockville, MD 20852

## SUMMARY OF BENEFITS REPORT FOR CONTRACT H2150, PLANS 801 AND 805 KAISER PERMANENTE MEDICARE PLUS PLAN C++ WITH PART D

DC, MD, VA  
January 1, 2012 – December 31, 2012

KAISER PERMANENTE®  thrive

### Section I: Introduction to Summary of Benefits

Thank you for your interest in Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost). Our plan is offered by Kaiser Foundation Health Plan of the Mid-Atlantic States/Kaiser Permanente Medicare Plus, a Medicare Cost Managed Care organization. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) and ask for the "Evidence of Coverage."

### You have choices in your health care

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program. You may be able to join or leave a plan only at certain times. Please call Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) at the number listed at the end of this introduction or **1-800-MEDICARE (1-800-633-4227)** for more information. TTY/TDD users should call **1-877-486-2048**. You can call this number 24 hours a day, 7 days a week.

### How can I compare my options?

You can compare Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

### Where is Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) available?

The service area for this plan includes: District of Columbia County, DC; Anne Arundel, Baltimore, Baltimore City, Calvert\*, Carroll, Charles\*, Frederick\*, Harford, Montgomery, Prince George's Counties, MD; Alexandria City, Arlington, Fairfax, Fairfax City, Falls Church City, Loudon, Manassas City, Manassas Park City, Prince William Counties, VA. You must live in one of these areas to join the plan.

\* **Calvert** is a partial county consisting of the following zip codes: 20639, 20678, 20689, 20714, 20732, 20736, 20754.

\* **Charles** is a partial county consisting of the following zip codes: 20601, 20602, 20603, 20604, 20612, 20616, 20617, 20637, 20640, 20643, 20646, 20658, 20675, 20677, and 20695.

\* **Frederick** is a partial county consisting of the following zip codes: 21701, 21702, 21703, 21704, 21705, 21709, 21710, 21714, 21716, 21717, 21718, 21754, 21755, 21758, 21759, 21762, 21769, 21770, 21771, 21774, 21775, 21777, 21790, 21792, 21793.

### **Who is eligible to join Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)?**

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You can join Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) if you are entitled to Medicare Part A and enrolled in Part B or enrolled in Part B only and live in the service area. However, individuals with End Stage Renal Disease generally are not eligible to enroll in Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) unless they are members of our organization and have been since their dialysis began.

### **Can I choose my doctors?**

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Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory by contacting our customer service number listed at the end of this introduction.

### **What happens if I go to a doctor who's not in your network?**

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You can always choose to go to a doctor outside our network. We may not pay for the services you receive outside of our network, but Medicare will pay for its share of charges it approves. You will be responsible for Medicare Part B deductible and coinsurance.

### **Where can I get my prescriptions if I join this plan?**

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Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.kp.org/seniorrx](http://www.kp.org/seniorrx). Our customer service number is listed at the end of this introduction.

Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

### **Does my plan cover Medicare Part B or Part D Drugs?**

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Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

### **What is a prescription drug formulary?**

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Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.kp.org/seniorrx](http://www.kp.org/seniorrx). If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## How can I get extra help with prescription drug plan costs or get extra help with other Medicare costs?

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You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY/TDD users should call **1-877-486-2048**, 24 hours a day/7 days a week and see **www.medicare.gov** 'Programs for People' with limited Income and Resources in the publication Medicare & You.
- The Social Security Administration at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call **1-800-325-0778**; or
- Your State Medicaid Office.

## What are my protections in this plan?

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All Medicare Cost Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue for another year. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Cost Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put

your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state.

As a member of Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

## What is a Medication Therapy Management (MTM) Program?

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A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) for more details.

### What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin alpha or Epogen®):** By injection if you have End-Stage Renal Disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and infusion drugs** administered through DME.

### Where can I find information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can

also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Kaiser Permanente Medicare Plus for more information about Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost).

Visit us at [kp.org/medicare](http://kp.org/medicare) or, call us:

#### **CUSTOMER SERVICE HOURS:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 8:00 p.m. Eastern

Current members should call toll-free **(888)-777-5536** for questions related to the Medicare Cost Plan and the Medicare Part D Prescription Drug program. **(TTY/TDD (866)-513-0008)**.

Prospective members should call toll-free **(877)-408-8607** for questions related to the Medicare Cost Plan and the Medicare Part D Prescription Drug program. **(TTY/TDD (866)-513-0008)**.

Current members should call locally **(888)-777-5536** for questions related to the Medicare Cost Plan and the Medicare Part D Prescription Drug program. **(TTY/TDD (866)-513-0008)**.

Prospective members should call locally **(888)-777-5536** for questions related to the Medicare Cost Plan and the Medicare Part D Prescription Drug program. **(TTY/TDD (866)-513-0008)**.

For more information about Medicare, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call 24 hours a day, 7 days a week. Or, visit [medicare.gov](http://medicare.gov) on the Web.

This document may be available in other formats such as Braille, large print or other alternate formats. This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

## Section II – Summary of Benefits

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<b>IMPORTANT INFORMATION</b>		
<p><b>1 – Premium and Other Important Information</b></p>	<p>In 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at <b>1-800-MEDICARE (1-800-633-4227)</b>. TTY users should call <b>1-877-486-2048</b>. You may also call Social Security at <b>1-800-772-1213</b>. TTY users should call <b>1-800-325-0778</b>.</p>	<p><b>General</b> Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at <b>1-800-MEDICARE (1-800-633-4227)</b>. TTY users should call <b>1-877-486-2048</b>. You may also call Social Security at <b>1-800-772-1213</b>. TTY users should call <b>1-800-325-0778</b>.</p> <p><b>In-Network</b> \$3,400 out-of-pocket limit for Medicare-covered services and select Non-Medicare Supplemental Services. Contact plan for details regarding Non-Medicare Supplemental Services covered under this limit.</p>
<p><b>2 – Doctor and Hospital Choice</b> (For more information, see Emergency Care – #15 and Urgently Needed Care – #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> Referral required for network hospitals and specialists (for certain benefits).</p> <p><b>In and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<b>SUMMARY OF BENEFITS</b>		
<b>INPATIENT CARE</b>		
<p><b>3 – Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were:  <b>Days 1 – 60:</b> \$1132 deductible  <b>Days 61 – 90:</b> \$283 per day  <b>Days 91 – 150:</b> \$566 per lifetime reserve day                      These amounts may change for 2012.</p> <p>Call <b>1-800-MEDICARE (1-800-633-4227)</b> for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>In-Network</b>                      No limit to the number of days covered by the plan each hospital stay.</p> <p><b>IF YOU HAVE BOTH MEDICARE PARTS A&amp;B:</b>                      \$0 copay for each Medicare-covered hospital stay</p> <p>\$0 copay for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>IF YOU HAVE MEDICARE PART B ONLY:</b>                      \$0 copay for each network hospital stay</p> <p>No limit to the number of days covered by the plan each hospital stay.</p>
<p><b>4 – Inpatient Mental Health Care</b></p>	<p>In 2011 the amounts for each benefit period were:  <b>Days 1 – 60:</b> \$1132 deductible  <b>Days 61 – 90:</b> \$283 per day  <b>Days 91 – 150:</b> \$566 per lifetime reserve day</p> <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p><b>In-Network</b>  <b>IF YOU HAVE BOTH MEDICARE PARTS A&amp;B</b>                      \$0 copay for each Medicare-covered hospital stay</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>IF YOU HAVE MEDICARE PART B ONLY</b>                      \$0 copay for each stay at a network hospital</p> <p>No limit to the number of days covered by the plan each hospital stay.</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<p><b>5 – Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:  <b>Days 1 – 20:</b> \$0 per day  <b>Days 2 –100:</b> \$141.50 per day</p> <p>These amounts may change for 2012.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>General</b>  Authorization rules may apply.</p> <p><b>In-Network</b>  <b>IF YOU HAVE BOTH MEDICARE PARTS A&amp;B</b>  Plan C++ covers up to 100 days each benefit period.</p> <p>For SNF stays:  <b>Days 1 – 10:</b> \$0 copay per day  <b>Days 11 – 100:</b> \$0 copay per day</p> <p><b>IF YOU HAVE MEDICARE PART B ONLY:</b>  \$0 copay for each SNF stay</p> <p>100 days for each benefit period</p> <p>No prior hospital stay is required.</p>
<p><b>6 – Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay</p>	<p><b>General</b>  Authorization rules may apply.</p> <p><b>In-Network</b>  \$0 copay for Medicare-covered home health visits</p>
<p><b>7 – Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.</p>	<p><b>General</b>  <b>IF YOU HAVE BOTH MEDICARE PARTS A&amp;B</b>  You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p> <p><b>IF YOU HAVE MEDICARE PART B ONLY</b>  Hospice care covered, contact plan for details.</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<b>OUTPATIENT CARE</b>		
<b>8 – Doctor Office Visits</b>	20% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$10 copay for each primary care doctor visit for Medicare-covered benefits</p> <p>\$10 copay for each in-area, network urgent care Medicare-covered visit</p> <p>\$10 copay for each specialist visit for Medicare-covered benefits</p>
<b>9 – Chiropractic Services</b>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$10 copay for each Medicare-covered visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
<b>10 – Podiatry Services</b>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$10 copay for each Medicare-covered visit</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<b>11 – Outpatient Mental Health Care</b>	<p>40% coinsurance for most outpatient mental health services</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$10 copay for each Medicare-covered individual or group therapy visit</p> <p>\$10 copay for each Medicare-covered individual or group therapy visit with a psychiatrist</p> <p>\$10 copay for Medicare-covered partial hospitalization program services</p>
<b>12 – Outpatient Substance Abuse Care</b>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$10 copay for Medicare-covered individual or group visits</p>
<b>13 – Outpatient Services/Surgery</b>	<p>20% coinsurance for the doctor’s services</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for each Medicare-covered ambulatory surgical center visit</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit</p>
<b>14 – Ambulance Services</b> (medically necessary ambulance services)	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered ambulance benefits</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<p><b>15 – Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor’s services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don’t have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$50 copay for Medicare-covered emergency room visits</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 48-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p><b>16 – Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$10 copay for Medicare-covered urgently-needed-care visits</p>
<p><b>17 – Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$10 copay for Medicare-covered Occupational Therapy visits</p> <p>\$10 copay for Medicare-covered Physical and/or Speech and Language Therapy visits</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<b>18 – Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	20% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered items</p>
<b>19 – Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered items</p>
<b>20 – Diabetes Programs and Supplies</b>	<p>20% coinsurance for diabetes self-management training</p> <p>20% coinsurance for diabetes supplies</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Diabetes self-management training</p> <p>\$0 copay for Diabetes monitoring supplies</p> <p>\$0 copay for Therapeutic shoes or inserts</p>
<b>21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered lab services</p> <p>\$0 copay for Medicare-covered diagnostic procedures and tests</p> <p>\$0 copay for Medicare-covered X-rays</p> <p>\$0 copay for Medicare-covered diagnostic radiology services (not including X-rays)</p> <p>\$10 copay for Medicare-covered therapeutic radiology services</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<p><b>22 – Cardiac and Pulmonary Rehabilitation Services</b></p>	<p>20% coinsurance Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor’s office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$10 copay for Medicare-covered Cardiac Rehabilitation Services</p> <p>\$10 copay for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>\$10 copay for Medicare-covered Pulmonary Rehabilitation Services</p>
<p><b>PREVENTIVE SERVICES</b></p>		
<p><b>23 – Preventive Services and Wellness/Education Programs</b></p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening</li> <li>• Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>• Cardiovascular Screening</li> <li>• Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>• Colorectal Cancer Screening</li> <li>• Diabetes Screening</li> <li>• Influenza Vaccine</li> <li>• Hepatitis B Vaccine for people with Medicare who are at risk</li> <li>• HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor’s visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</li> </ul>	<p><b>General</b> \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm screening</li> <li>• Bone Mass Measurement</li> <li>• Cardiovascular Screening</li> <li>• Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</li> <li>• Colorectal Cancer Screening</li> <li>• Diabetes Screening</li> <li>• Influenza Vaccine</li> <li>• Hepatitis B Vaccine</li> <li>• HIV Screening</li> <li>• Breast Cancer Screening (Mammogram)</li> <li>• Medical Nutrition Therapy Services</li> <li>• Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>• Pneumococcal Vaccine</li> <li>• Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</li> <li>• Smoking Cessation (Counseling to stop smoking)</li> <li>• Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)</li> </ul>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<p><b>23 – Preventive Services and Wellness/Education Programs – cont.</b></p>	<ul style="list-style-type: none"> <li>• Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.</li> <li>• Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease</li> <li>• Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>• Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> <li>• Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</li> <li>• Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</li> <li>• Welcome to Medicare Physical Exam (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</li> </ul>	<p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p><b>In-Network</b> The Plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including Newsletters</li> <li>• Nursing Hotline</li> </ul>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<p><b>24 – Kidney Disease and Conditions</b></p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for kidney disease education services</p>	<p><b>General</b> Authorization rules may apply.</p> <p>Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><b>In-Network</b> \$0 copay for renal dialysis</p> <p>\$0 copay for kidney disease education services</p>
<p><b>25 – Outpatient Prescription Drugs</b></p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><b>DRUGS COVERED UNDER MEDICARE PART B</b></p> <p><b>General</b> \$0 to \$15 copay for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>HOME INFUSION DRUGS, SUPPLIES AND SERVICES</b></p> <p><b>General</b> \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.</p> <p><b>DRUGS COVERED UNDER MEDICARE PART D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.kp.org/seniorrx">www.kp.org/seniorrx</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>• have limited incomes,</li> <li>• live in long term care facilities,</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<p><b>25 – Outpatient Prescription Drugs</b> – cont.</p>		<p>Your in-network prescription coverage may be limited to the plan’s service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>Your provider must get prior authorization from Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on <b>Medicare.gov</b>.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost) approves the exception, you will pay Tier 3: Preferred Brand Drugs cost sharing for that drug.</p> <p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$4,700:</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<p><b>25 – Outpatient Prescription Drugs</b> – cont.</p>		<p><b>Retail Pharmacy</b> GENERIC OR BRAND <b>Kaiser Permanente Medical Center Pharmacy</b></p> <ul style="list-style-type: none"> <li>• \$10 copay for a 60-day supply of drugs</li> <li>• \$15 copay for a 90-day supply of drugs</li> </ul> <p><b>Affiliated Network Pharmacy</b></p> <ul style="list-style-type: none"> <li>• \$15 copay for a 60-day supply of drugs</li> <li>• \$22.50 copay for a 90-day supply of drugs</li> </ul> <p><b>Long Term Care Pharmacy</b></p> <ul style="list-style-type: none"> <li>• \$7.50 copay for a 31-day supply of drugs</li> </ul> <p><b>Kaiser Permanente Mail Order Pharmacy</b></p> <ul style="list-style-type: none"> <li>• \$5 copay for a 60-day supply of drugs</li> <li>• \$5 copay for a 90-day supply of drugs</li> </ul> <p><b>VACCINES</b> <b>Kaiser Permanente Medical Center Pharmacy</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for drugs in this tier</li> </ul> <p><b>Affiliated Network Pharmacy</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for drugs in this tier</li> </ul> <p><b>Long Term Care Pharmacy</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for drugs in this tier</li> </ul> <p><b>Catastrophic Coverage</b> After you yearly out-of-pocket drug costs reach \$4,700, you pay the following GENERIC: \$2 copay for drugs in this tier BRAND: \$5 for drugs in this tier VACCINES: \$0 copay for drugs in this tier</p> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost).</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<p><b>25 – Outpatient Prescription Drugs</b> – cont.</p>		<p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the plan’s cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$4,700: GENERIC OR BRAND</p> <ul style="list-style-type: none"> <li>• \$7.50 copay for a 30-day supply of drugs</li> </ul> <p>VACCINES</p> <ul style="list-style-type: none"> <li>• \$0 copay for drugs in this tier</li> </ul> <p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following: GENERIC: \$2 copay for drugs in this tier BRAND: \$5 copay for drugs in this tier VACCINES: \$0 copay for drugs in this tier</p>
<p><b>26 – Dental Services</b></p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$10 copay for Medicare-covered dental benefits</p> <p>\$30 copay for an office visit that includes:</p> <ul style="list-style-type: none"> <li>• up to 1 oral exam(s) every six months</li> <li>• up to 1 cleaning(s) every six months</li> <li>• up to 1 fluoride treatment(s) every six months</li> <li>• up to 1 dental x-ray(s) every six months</li> </ul> <p>Plan offers additional comprehensive dental benefits.</p>

Benefit	Original Medicare	Kaiser Permanente Medicare Plus Plan C++ with Part D (Cost)
<b>27 – Hearing Services</b>	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> In general, supplemental routine hearing exams and hearing aids not covered.</p> <p>\$10 copay for Medicare-covered diagnostic hearing exams</p>
<b>28 – Vision Services</b>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• 20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery</li> <li>• \$0 to \$10 copay for exams to diagnose and treat diseases and conditions of the eye</li> <li>• \$10 copay for supplemental routine eye exams</li> <li>• 75% of the cost for glasses</li> <li>• 85% of the cost for contacts</li> </ul> <p>If the doctor provides you services in addition to eye exams, separate cost sharing of \$10 may apply.</p>
<b>Over-the-Counter Items</b>	Not covered.	<p><b>General</b> The plan does not cover Over-the-Counter items.</p>
<b>Transportation (Routine)</b>	Not covered.	<p><b>In-Network</b> This plan does not cover supplemental routine transportation.</p>
<b>Acupuncture</b>	Not covered.	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>



