Summary of Benefits Chart for
Kaiser Permanente Senior Advantage (HMO) with Part D (1/1/22—12/31/22)

Plan Out-of-Pocket Maximum
For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the following amount:
For any one Member .......................................................... $1,500 per calendar year

Plan Deductible
None

Professional Services (Plan Provider office visits) You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits $10 per visit
Most Physician Specialist Visits ........................................... $10 per visit
Annual Wellness visit and the “Welcome to Medicare” preventive visit ................................................................. No charge
Routine physical exams .......................................................... No charge
Routine eye exams with a Plan Optometrist ......................... $10 per visit
Urgent care consultations, evaluations, and treatment .......... $10 per visit
Physical, occupational, and speech therapy ....................... $10 per visit

Outpatient Services You Pay
Outpatient surgery and certain other outpatient procedures $10 per procedure
Allergy injections (including allergy serum) ................. No charge
Most immunizations (including the vaccine) .................... No charge
Most X-rays and laboratory tests ........................................ No charge
Manual manipulation of the spine ..................................... $10 per visit

Hospitalization Services You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs ................................................................. No charge

Emergency Health Coverage You Pay
Emergency Department visits ........................................... $50 per visit
Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see “Hospitalization Services” for inpatient Cost Share)

Ambulance and Transportation Services You Pay
Ambulance Services .............................................................. No charge
Other transportation Services when provided by our designated transportation provider as described in this EOC ........................................ No charge for up to 24 one-way trips (50 miles per trip) per calendar year

Prescription Drug Coverage You Pay
Most covered outpatient items in accord with our drug formulary guidelines ................................................. $10 for up to a 100-day supply

Durable Medical Equipment (DME)
Covered durable medical equipment for home use ................. No charge

Mental Health Services You Pay
Inpatient psychiatric hospitalization .................................. No charge
Individual outpatient mental health evaluation and treatment $10 per visit
Group outpatient mental health treatment ......................... $5 per visit

Kaiser Foundation Health Plan, Inc., Southern California Region
<table>
<thead>
<tr>
<th>Substance Use Disorder Treatment</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient detoxification</td>
<td>No charge</td>
</tr>
<tr>
<td>Individual outpatient substance use disorder evaluation and treatment</td>
<td>$10 per visit</td>
</tr>
<tr>
<td>Group outpatient substance use disorder treatment</td>
<td>$5 per visit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Health Services</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health care (part-time, intermittent)</td>
<td>No charge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyeglasses or contact lenses every 24 months</td>
<td>Amount in excess of $150 Allowance</td>
</tr>
<tr>
<td>Skilled nursing facility care (up to 100 days per benefit period)</td>
<td>No charge</td>
</tr>
<tr>
<td>External prosthetic and orthotic devices</td>
<td>No charge</td>
</tr>
<tr>
<td>Ostomy and urological supplies</td>
<td>No charge</td>
</tr>
<tr>
<td>Meals delivered to your home following discharge from a hospital due to congestive heart failure</td>
<td>No charge up to two meals per day in a consecutive four-week period, once per calendar year</td>
</tr>
</tbody>
</table>

This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For additional information, please refer to the Summary of Benefits booklet enclosed; for a complete explanation, refer to the EOC.
2022 Summary of Benefits

Kaiser Permanente Senior Advantage (HMO) Group plan

With Medicare Part D prescription drug coverage
About this Summary of Benefits

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

- Benefits and costs
- Part D prescription drugs
- Who can enroll
- Coverage rules
- Getting care

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

For more details

This document is a summary. It doesn’t include everything about what’s covered and not covered or all the plan rules. For details, see the Evidence of Coverage (EOC), which we’ll send you after you enroll. If you’d like to see it before you enroll, please ask your group benefits administrator for a copy.

Have questions?

- Please call Member Services at 1-800-443-0815 (TTY 711).
- 7 days a week, 8 a.m. to 8 p.m.
What’s covered and what it costs

<table>
<thead>
<tr>
<th>Benefits and premiums</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan premium</strong></td>
<td>Your group will notify you if you are required to contribute to your group’s premium. If you have any questions about your contribution toward your group’s premium and how to pay it, please contact your group’s benefits administrator.</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>Please see the enclosed Kaiser Permanente Senior Advantage benefit chart to find out if your plan has a deductible and the yearly limit amount.</td>
</tr>
<tr>
<td><strong>Your maximum out-of-pocket responsibility</strong></td>
<td>Please see the enclosed Kaiser Permanente Senior Advantage benefit chart to find out what the yearly limit is for your group’s plan.</td>
</tr>
<tr>
<td>Doesn’t include Medicare Part D drugs</td>
<td></td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td>Please see the enclosed Kaiser Permanente Senior Advantage benefit chart for benefits you receive through your employer or trust fund.</td>
</tr>
</tbody>
</table>

Medicare Part D prescription drug coverage

The amount you pay for drugs will be different depending on:

- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at [kp.org/seniormx](http://kp.org/seniormx) or call Member Services to ask for a copy at [1-800-443-0815](tel:1-800-443-0815) (TTY 711), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 100-day supply). Note: A supply greater than a 30-day supply isn’t available for all drugs.
- When you get a 31- to 100-day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you’re in (deductible, initial, coverage gap, or catastrophic coverage stage).

Please see the enclosed Kaiser Permanente Senior Advantage benefit chart for your group’s prescription drug coverage.

Long-term care, plan home-infusion, and non-plan pharmacies

- If you live in a long-term care facility and get your drugs from their pharmacy, you pay the same as at a retail plan pharmacy and you can get up to a 31-day supply.
- Covered Part D home infusion drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a non-plan pharmacy, you pay the same as at a retail plan pharmacy and you can get up to a 30-day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can’t use a network pharmacy, like during a disaster. See the Evidence of Coverage for details.
Who can enroll

You can sign up for this plan if:

- You are enrolled in Kaiser Permanente through your group plan and meet your group’s eligibility requirements.
- You have both Medicare Part A and Part B or Part B only. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare.)
- You’re a citizen or lawfully present in the United States.
- You live in the Northern California region’s service area for this plan, which includes all of Alameda, Contra Costa, Marin, Napa, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Cruz, Solano, and Stanislaus counties. It also includes parts of these counties in these ZIP codes only:
  - **Amador County**: 95640 and 95669
  - **El Dorado County**: 95613–14, 95619, 95623, 95633–35, 95651, 95664, 95667, 95672, 95682, and 95762
  - **Kings County**: 93230, 93232, 93242, 93631, and 93656
  - **Madera County**: 93601–02, 93604, 93614, 93623, 93626, 93636–39, 93643–45, 93653, 93669, and 93720
  - **Mariposa County**: 93601, 93623, and 93653
  - **Placer County**: 95602–04, 95610, 95626, 95648, 95650, 95658, 95661, 95663, 95668, 95677–78, 95681, 95703, 95722, 95736, 95746–47, and 95765
  - **Sutter County**: 95626, 95645, 95659, 95668, 95674, 95676, 95692, and 95836–37
  - **Tulare County**: 93238, 93261, 93618, 93631, 93646, 93654, 93666, and 93673
  - **Yolo County**: 95605, 95607, 95612, 95615–18, 95645, 95691, 95694–95, 95697–98, 95776, and 95798–99
  - **Yuba County**: 95692, 95903, and 95961
• You live in the Southern California region’s service area for this plan, which includes all of Orange County and parts of these counties in these ZIP codes only:
  o **Kern County**: 93203, 93205–06, 93215–16, 93220, 93222, 93224–26, 93238, 93240–41, 93243, 93249–52, 93263, 93268, 93276, 93280, 93285, 93287, 93301–09, 93311–14, 93380, 93383–90, 93501–02, 93504–05, 93518–19, 93531, 93536, 93560–61, and 93581
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. If you receive non-covered care or services, you must pay the full cost.

For details about coverage rules, including non-covered services (exclusions), see the Evidence of Coverage.

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:

- Emergency services
- Flu shots, hepatitis B vaccinations, 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
- Mental health services provided by a plan provider
- Most preventive care
- 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
- 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 1-800-443-0815 (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You may choose any available plan provider 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/mydoctor/connect (Northern California region)
- kp.org/finddoctors (Southern California region)

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 about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

Kaiser Foundation Health Plan
Kaiser Foundation Health Plan, Inc., is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Senior Advantage. When you join Kaiser Permanente, you are enrolling in one of two health plan regions in California (either our Northern California region or Southern California region), which we call your "Home Region." The coverage information in this Summary of Benefits applies when you obtain care in your Home Region.

You must complete a new Senior Advantage enrollment request to continue Senior Advantage coverage if you move from your Home Region service area to the service area of our other California Region.

Privacy
We protect your privacy. See the Evidence of Coverage or view our Notice of Privacy Practices on kp.org/privacy to learn more.

Helpful definitions (glossary)
Allowance
A dollar amount you can use toward the purchase of an item. If the price of the item is more than the allowance, you pay the difference.

Benefit period
The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

Calendar year
The year that starts on January 1 and ends on December 31.

Coinsurance
A percentage you pay of our plan's total charges for certain services or prescription drugs. For example, a 20% coinsurance for a $200 item means you pay $40.

Copay
The set amount you pay for covered services — for example, a $20 copay for an office visit.
Deductible
   It's the amount you must pay for Medicare Part D drugs before you will enter the initial coverage stage.

Evidence of Coverage
   A document that explains in detail your plan benefits and how your plan works.

Maximum out-of-pocket responsibility
   The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the calendar year.

Medically necessary
   Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

Non-plan provider
   A provider or facility that doesn’t have an agreement with Kaiser Permanente to deliver care to our members.

Plan
   Kaiser Permanente Senior Advantage.

Plan provider
   A plan or network provider can be a facility, like a hospital or pharmacy, or a health care professional, like a doctor or nurse.

Prior authorization
   Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization).

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.

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

For information about Original Medicare, refer to your “Medicare & You” handbook. You can view it online at medicare.gov 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.
Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not 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 is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., seven 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 One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 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, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.