

Medicare health plans to help you thrive

Your Medicare overview
from Kaiser Permanente



Get care and coverage designed to help make your life easier

With Kaiser Permanente, you get quality care and coverage together.

Your doctors and care team coordinate seamlessly to help keep you healthy. Innovative tools connect you to care whenever you need it. And your personalized treatment plan reflects what's best for you and your unique needs.



The right choice for Medicare starts with understanding your options

Whether you're enrolling in Medicare for the first time or shopping for a new plan to better meet your needs, we can help you make a confident, informed decision.

Here, you'll find valuable information to help you choose the right Medicare coverage. In this booklet, we'll explain the different parts of Medicare, how much they could cost, and how you can sign up. You'll also see how Kaiser Permanente can help you enjoy life to the fullest with care and coverage in one easy-to-use package.

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Medicare: An overview

Understanding Parts A, B, C, and D

Medicare is a federal health insurance program that provides health care coverage to millions of Americans. It's part of Social Security and designed to protect the health and well-being of those who use it.

There are 4 parts to Medicare: A, B, C, and D. Each part covers specific services, from medical care to prescription drugs. In the following section, you can read about each part to better understand what coverage best fits your needs.

Helpful resources

We want you to understand your choices and options. If you have questions, here are some helpful resources:

Medicare

Call **1-800-633-4227**

24 hours a day, 7 days a week

TTY users, call **1-877-486-2048**

Visit **Medicare.gov***

Social Security

Call **1-800-772-1213**

7 a.m. to 7 p.m., Monday through Friday

TTY users, call **1-800-325-0778**

Visit **SocialSecurity.gov***



*Kaiser Permanente is not responsible for the content or policies of external sites.



Part A

Hospital coverage

Medicare Part A is offered by the federal government to help you pay for your inpatient care (care you get when you stay in a medical facility).

What it covers

Part A covers inpatient care if you meet certain conditions and get the care in Medicare-certified hospitals and other facilities. It includes:

- Inpatient care you get at hospitals and rehabilitation facilities
- Inpatient hospital stays in skilled nursing facilities (not custodial or long-term care)
- Hospice care services
- Home health care services
- Inpatient care in religious, nonmedical health care institutions

How much does it cost?

You typically won't have to pay a premium for Part A, but there are exceptions. If you do have to pay a premium, you may be able to get help from the state to pay for it.

How do I know if I'm eligible for Part A?

If you're 65 or older

You can get Part A without paying a premium if:

- You get retirement benefits from Social Security or the Railroad Retirement Board (RRB)
- You're eligible to get Social Security or RRB benefits but haven't yet filed for them
- You or your spouse worked for at least 10 years and paid Medicare taxes

What to know

Part A provides coverage for hospital services, including skilled nursing and hospice care. If you meet the qualifications, you can get Part A without paying a premium. You must have Parts A and B to get Part C.



If you're younger than 65

You can get Part A without paying a premium if:

- You've had Social Security or RRB disability benefits for 24 months
- You have end-stage renal disease and meet certain requirements

If you don't meet any of those conditions, you may be able to buy Part A if:

- You meet citizenship and residency requirements
- You're 65 or older, and you didn't work or didn't pay enough Medicare taxes while you worked
- You're disabled and have returned to work

If you already get benefits from Social Security or the RRB, your Medicare Part A coverage will automatically start as soon as you qualify. If you aren't getting Social Security benefits (for example, if you're still working), you may need to sign up for Part A, even if you're eligible to get Part A at no cost.

How do I know if I have Part A?

To see if you have Part A coverage, look for "HOSPITAL (PART A)" printed on your red, white, and blue Medicare card.

How do I enroll?

To learn more and enroll, call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), 7 a.m. to 7 p.m., Monday through Friday, or visit **SocialSecurity.gov**.

Part B

Medical coverage

Medicare Part B is coverage from the federal government to help you pay for some medical services that aren't covered by Part A.

What it covers

Part B covers a range of outpatient services, including:

- Doctor's office visits
- Specialist visits
- Preventive care, such as flu shots and mammograms
- Lab costs, such as blood work and X-rays
- Medical equipment, such as wheelchairs and walkers
- Physical therapy
- Mental health care
- Ambulance services
- Annual wellness visits

How much does it cost?

Most people pay a monthly premium for Part B, usually deducted from their Social Security checks. Premiums are set each year by the Centers for Medicare & Medicaid Services (CMS). Your yearly income, whether high or low, affects how much you'll have to pay.

2022 Part B premium and deductible:

Average monthly premium = \$170.10

Average yearly deductible = \$233.00

If your income is higher than \$91,000 (\$182,000 per couple), you might have a higher premium.

Note: The above dollar amounts are for 2022 and may change in 2023.

What to know

If you want coverage for outpatient services, like doctor's office visits, and you meet the qualifications, you can sign up for Part B. In most cases, if you sign up for Part A, you must also sign up for Part B when you're first eligible. If you don't, you may have to pay a late enrollment penalty for as long as you have coverage.



How do I know if I'm eligible for Part B?

If you're 65 or older, you can buy Part B coverage from the federal government. If you already get benefits from Social Security or the RRB, you may be automatically enrolled in Part B. You may also be eligible for Part B if you have certain disabilities, including end-stage renal disease. In most cases, if you get Part A coverage, you must also sign up for Part B coverage during your initial enrollment period or your special enrollment period. If you don't, you may have to pay a late enrollment penalty for as long as you have coverage. This could mean an increase of your monthly premium.

How do I know if I have Part B?

To see if you have Part B coverage, look for "MEDICAL (PART B)" printed on your red, white, and blue Medicare card.

How do I enroll?

To learn more and enroll, call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), 7 a.m. to 7 p.m., Monday through Friday, or visit **SocialSecurity.gov**.

Part C

Medicare Advantage

Original Medicare (Parts A and B) doesn't cover all medical costs. You can buy more coverage through private health plans to help cover extra costs.

These Medicare-approved private health plans – called Part C or Medicare Advantage plans – include both Part A and Part B coverage, plus additional benefits. Medicare pays an amount for your coverage each month to these private health plans.

What it covers

In addition to services covered by Parts A and B, Medicare Advantage plans may also cover:

- Emergency and urgent care
- Vision services
- Hearing services
- Dental services
- Health and wellness programs
- Medicare Part D prescription drug coverage

Medicare Advantage HMO plans:

As with Original Medicare, with Medicare Advantage HMO plans, you'll usually use network providers for your care. By getting care in a coordinated network, you'll likely have predictable copays and out-of-pocket expenses. If you go to a non-network provider, you'll probably have to cover the cost.

What to know

If you want coverage that includes more than what's in Parts A and B, like vision or dental services or prescription drugs, consider Part C.



How much does it cost?

What you pay for coverage depends on:

- If the plan charges a monthly premium in addition to your Part B premium
- If the plan pays any of your monthly Part B premium
- If you have a Part D late enrollment penalty
- Your yearly deductible
- Your copays and coinsurance
- The types of services you need
- Whether the plan includes a limit on out-of-pocket costs

How do I know if I'm eligible for Part C (Medicare Advantage)?

In most cases, you can join a Medicare Advantage plan if:

- You have Original Medicare (Parts A and B)
- You live in the plan's service area
- You enroll when the plan is accepting new members

How do I enroll?

Sign up directly with the plan of your choice. For information on Kaiser Permanente Medicare health plans, visit kp.org/medicare.

Medicare Supplement Insurance plans

If you choose Original Medicare, you can purchase Medicare Supplement Insurance plans – also called Medigap plans – to help you pay for care not covered by Parts A and B. Unlike Medicare Advantage, these plans offer limited coverage and don't include prescription drug coverage. You'd pay the Part B premium, a monthly health plan premium, and any coinsurance and deductibles for out-of-network care.

Part D

Prescription drug coverage

Part D is an optional plan offered by Medicare-approved private companies and covers some of the costs for prescription drugs. You can sign up for a Part D plan if you have Part A, Part B, or both.

What it covers

Medications covered by your Part D plan vary based on the plan's formulary. A formulary is a list of medications covered by a plan and approved by CMS.

You may be able to request coverage for a Part D drug that's not covered on the plan's formulary.

All Part D prescription drug plans, including Medicare Advantage plans that offer Part D, must provide coverage that's equal to or better than the standard Part D benefits.

These plans can enhance coverage by:

- Lowering deductibles
- Offering a different but equal share of the cost as the standard benefit, or improving your share of the cost
- Covering certain drugs that fall into the coverage gap

How much does it cost?

Your Part D costs depend on which plan you choose.

Standard Part D costs include:

- **Monthly premium** – The amount you pay for your Part D coverage. This varies by plan.
- **Yearly deductible** – The amount you pay for your prescriptions before your plan starts to pay its share. Once you reach your deductible, you'll pay only your copay or coinsurance. Not all Part D plans have a deductible.
- **Copays and coinsurance** – The amount you pay for covered drugs after your plan pays its share. This varies depending on your plan benefits.

What to know

If you have Medicare Parts A and B through Original Medicare and want prescription drug coverage, consider Part D or a Medicare Advantage with Part D coverage. Like Part B, Part D has a late enrollment penalty.



Your costs depend on the coverage stage you're in

When you meet certain dollar limits on Part D drug expenses, you'll move through the Part D coverage stages and pay different copays and coinsurance.

- **Initial coverage stage** – You pay the copays and coinsurance set by your plan after your plan pays its share. Once you reach a certain dollar limit, you move to the coverage gap stage.
- **Coverage gap stage**¹ – You pay more for your drugs. Most Medicare health plans with Part D coverage have a coverage gap. This means that after you and your plan have spent a certain amount in drug costs, then you have to pay more for your drugs while you are "in the gap." The amount you must pay varies by plan. Once you reach a certain dollar limit, you move to the catastrophic coverage stage.
- **Catastrophic coverage stage** – You usually pay a smaller share of the cost, which applies for the rest of the year. Most people never reach this stage.



Generic drugs can save you money

As you look at formularies, you'll often see listings for generic and costlier brand-name prescription drugs.

Generic drugs are required by the Food and Drug Administration to match brand-name drugs in:

- **Ingredients**
- **Quality**
- **Safety**
- **Strength**
- **Performance**

You can keep your costs down by asking your doctor to prescribe you generic medications.

And keep an eye on your formulary – new generic drugs are regularly added.

Getting financial help

If you're on a limited income, you may qualify for Extra Help, which could help you pay part or all of the costs of Part D premiums, deductibles, and your share of prescription drug costs. If you think you might qualify, contact Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), 7 a.m. to 7 p.m., Monday through Friday, or visit **SocialSecurity.gov**.

How do I know if I'm eligible for Part D?

You're eligible for Part D if you have Medicare Part A or Part B. If you decide not to sign up during your first enrollment period, you may have to pay a late enrollment penalty, which is 1% of your monthly premium for every month you delayed your enrollment.



How do I enroll?

There are 2 ways to get Medicare Part D prescription drug coverage: Join a Part C plan (a Medicare Advantage or Medicare Cost plan) or a Medicare prescription drug plan.

You can sign up directly with a plan of your choice, or contact Medicare at **1-800-633-4227** (TTY **1-877-486-2048**), 24 hours a day, 7 days a week, or visit **Medicare.gov**.

Before you join, please note:

- You can only join, change, or drop Part D plans during certain times of the year or under certain special circumstances
- You can only have one Part D plan at a time
- If you have a Medicare Advantage plan with Part D coverage, joining a Medicare prescription drug plan could make you lose your Medicare Advantage plan



Get more with a Kaiser Permanente Medicare health plan

Our Medicare health plan is here to help you thrive

Why choose Kaiser Permanente?

The high-quality care you deserve. The predictable costs you need. The doctor choice you want. With a Kaiser Permanente Medicare health plan, you'll get benefits that support your goals and help you thrive. Plus, many of our plans include prescription drug coverage, so you can enjoy the convenience of all-in-one coverage in a single plan.²

Learn more about the better benefits we offer to help you get care that best fits your life.

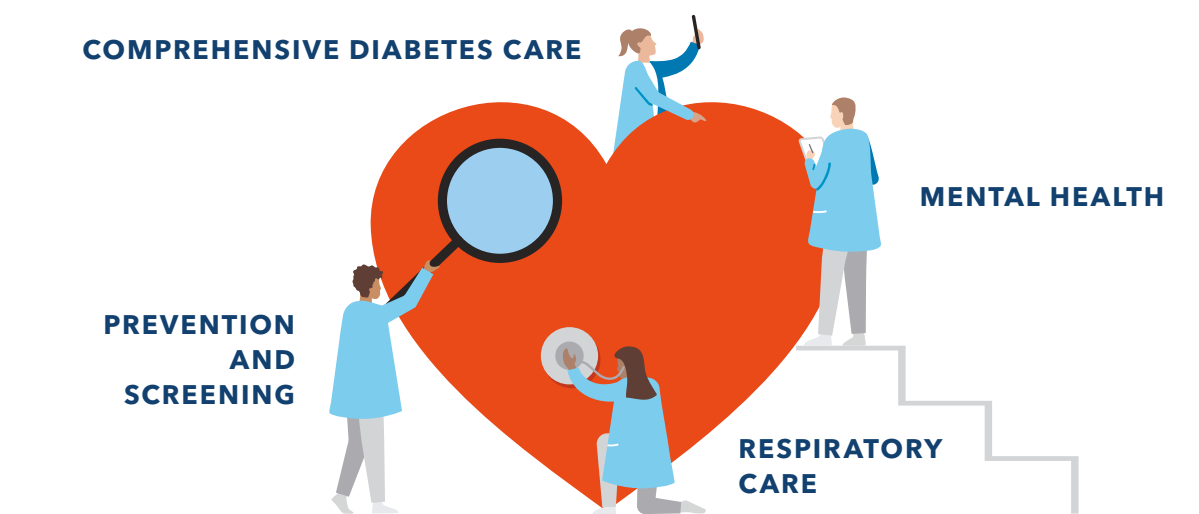
For more information on our Kaiser Permanente Medicare health plans, visit kp.org/medicare.



Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our industry-leading specialty care has you covered.

In 2020, Kaiser Permanente led the nation as the top performer in 34 effectiveness-of-care measures. The closest national competitor led in only 17.³



Specialty care when you need it

No matter your needs – mental health, cancer care, heart health, or another specialty – you'll have access to great doctors, advanced technology, and evidence-based care to help you recover quickly.

A comprehensive approach to care

With one of the largest multispecialty medical groups in the country, we can connect you with the right specialist who will create a personalized plan for your care. To learn how our specialists work together in a connected system, visit kp.org/specialtycare.

Support for ongoing conditions

If you have a condition like diabetes or heart disease, you're automatically enrolled in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.

Convenient ways to get what you need

You've got more ways to get quality care than ever before, so it's easier to stay on top of your health. Learn more at kp.org/getcare.



Video or phone appointment

Schedule a face-to-face video visit or phone appointment with a Kaiser Permanente care team and any specialists you've been referred to.⁴



In-person care

We offer same-day, next-day, after-hours, and weekend services at many of our locations.⁵



Email

Message your Kaiser Permanente doctor's office with nonurgent questions and get a reply usually within 2 business days.



Prescription delivery

Use the Kaiser Permanente app to fill prescriptions for delivery or same-day pickup.⁶



24/7 advice

Get on-demand support with 24/7 care advice by phone.



E-visit

Use our online symptom checker for certain conditions and get personalized care advice within a few hours.



Care away from home

You're covered for emergency care anywhere in the world. When you're not in a Kaiser Permanente area, get urgent care from any provider, including MinuteClinic[®] locations (in select CVS and Target stores) or Concentra[®] urgent care centers. Call the Away from Home Travel Line at 951-268-3900⁷ or visit kp.org/travel for more. Some regions offer additional options for out-of-network care.

Telehealth is covered at no cost with most plans⁸

Telehealth has been part of how we deliver care for years, making it easy for our members to connect virtually to care during the pandemic. Our members had 15 million more telehealth care encounters in 2020 than in 2019.⁹



Personalized care that fits your life

You can feel confident about the care you get with a Kaiser Permanente Medicare health plan.



Consistent costs for quality care

With a Kaiser Permanente Medicare health plan, you pay predictable copays and coinsurance, and no additional costs for preventive services like your yearly checkup, mammograms, prostate exams, flu shots, and cholesterol tests.



Better care with a connected team

Your doctor, nurses, and other specialists work together to keep you healthy. They're connected to each other, and to you, through your electronic health record.¹⁰ So they know important things about you and your health – like when you're due for a screening and what medications you're taking. A connected care team helps ensure nothing gets missed or forgotten, so you can stay on track.



Choose your Kaiser Permanente doctor – and change to another available Kaiser Permanente doctor anytime

All of our available doctors welcome Kaiser Permanente Medicare health plan members. Read profiles online so you can select your personal doctor based on what's important to you – education, languages spoken, specialties, and more. Plus, you have the freedom to switch to another available Kaiser Permanente doctor at any time.

If you're already a member and are joining our Medicare health plan, you can stay with the health care team you know and trust.



Quality care with you at the center

Preventive care can help keep you healthy, but we're also here if you get sick or need specialty care. Your primary doctor can refer you to a full range of specialists, including cardiologists, orthopedists, audiologists, and more. Our doctors are highly trained and experienced and come from renowned medical schools. More importantly, they're passionate about delivering high-quality care.

Prescription drug coverage

Benefit

With most of our plans, you'll also get the Kaiser Permanente Medicare prescription drug benefit, which is our Medicare Part D prescription drug coverage.



What's covered

Our plans that include Part D prescription drug coverage have an approved list of drugs (the formulary) to make sure you get the most effective and safe prescription medications available. The formulary is carefully chosen with a team of our health care providers to help manage your prescription drug costs.

Plans don't cover:

- Drugs for cosmetic uses
- Drugs for weight loss or sexual dysfunction
- Drugs that Medicare won't cover

Ordering prescriptions

As a member, you can review your medications and request most refills online or on our mobile app. Then choose whether you want to have it ready for pickup at an in-network pharmacy or have your refill mailed to you at no extra charge. If you choose mail order, you can track your order online.

Save time and money with mail order

Get your prescriptions delivered to your front door. For most drugs, you can get a 3-month supply for just 2 copays when you use our mail-order pharmacy.¹¹

Manage your prescriptions online

On our member website, you'll also be able to see your prescription and claim history, and you'll find a link to look up pricing information and find pharmacies in your network.

For drug costs, please check your summary of benefits or *Evidence of Coverage (EOC)*.

Special discounts with ChooseHealthy*

The ChooseHealthy® program gives you reduced rates on a variety of fitness, health, and wellness products and services.¹²



Specialty wellness services

Rebalance your mind and body, relieve pain, and manage chronic conditions with acupuncture, chiropractic care, and massage therapy.



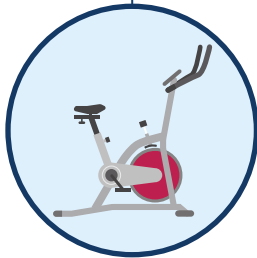
Activity trackers

Take advantage of special savings on activity trackers from Fitbit, Garmin, and more.



Workout apparel

Save on clothing and accessories from Skechers, 2XU, PRO Compression, and more.



Exercise equipment

Enjoy discounts on fitness equipment from TRX, Gaiam, BOSU, and more.

To learn more and explore your discounts, visit kp.org/choosehealthy.

*The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Medicare health plan grievance process.

Convenient locations nationwide

You can find Kaiser Permanente medical facilities, doctors' offices, labs, pharmacies, and other health care services throughout the country:



California



Hawaii



Virginia



Colorado



Maryland



Washington



Georgia



Oregon



Washington,
D.C.

We're here to help

To learn more about the advantages of enrolling in a Kaiser Permanente Medicare health plan, call a Kaiser Permanente Medicare specialist at **1-866-680-1523** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week. For our Group members who are enrolled in an employer-sponsored plan, contact your employer or union's benefits administrator.



We're part of your community

Our members enjoy a coordinated approach to care and coverage, combined with the convenience of treatment close to home. Kaiser Permanente has medical facilities, doctors' offices, labs, pharmacies, and other health care services throughout the country.

**Kaiser Foundation
Health Plan, Inc.**
393 E. Walnut St.
Pasadena, CA 91188-8514

**Kaiser Foundation
Health Plan of Colorado**
10350 E. Dakota Ave.
Denver, CO 80247

**Kaiser Foundation
Health Plan of Georgia, Inc.**
Nine Piedmont Center
3495 Piedmont Road NE
Atlanta, GA 30305

**Kaiser Foundation
Health Plan, Inc.**
711 Kapiolani Blvd.
Honolulu, HI 96813

**Kaiser Foundation
Health Plan of the
Mid-Atlantic States, Inc.**
2101 E. Jefferson St.
Rockville, MD 20852

**Kaiser Foundation
Health Plan of the Northwest**
500 NE Multnomah St.
Suite 100
Portland, OR 97232

**Kaiser Foundation
Health Plan of Washington**
1300 SW 27th Street
Renton, WA 98057



1. Most Medicare Advantage Group Plans, offered by your employer or union, do not include a Coverage gap stage. Please review your EOC for your Part D copay structure. **2.** All-in-one coverage includes Medicare Parts A, B, and D in a single plan. **3.** Kaiser Permanente 2020 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2020 and is used with the permission of NCQA. Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. **4.** When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. **5.** In the case of a pandemic, some facilities may be closed or offer limited hours and services. **6.** Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. **7.** This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT. **8.** High deductible health plans may require a copay or coinsurance for phone appointments and video visits. **9.** Source: Kaiser Permanente Telehealth Insights Dashboard. **10.** When receiving care at a Kaiser Permanente facility. All online features may not be available in some areas. **11.** For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 3-5 days. If not, please call: Northern California: **1-888-218-6245 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m.; Southern California: **1-866-206-2983 (TTY 711)**, Monday through Friday, 7 a.m. to 7 p.m.; Colorado: **1-866-523-6059 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m.; Georgia: **770-434-2008** or toll-free **1-800-733-6345 (TTY 711)**, 7 days a week, 24 hours; Hawaii: **808-643-7979 (TTY 711)**, Monday through Friday, 8:00 a.m. to 5 p.m.; Maryland, Virginia, and the District of Columbia: toll-free **1-800-733-6345 (TTY 711)**, Monday through Friday, 8 a.m. to 7 p.m.; Washington and Oregon: **1-800-548-9809 (TTY 711)**, Monday through Friday, 8 a.m. to 5:30 p.m. **12.** The ChooseHealthy program is provided by ChooseHealthy, Inc. The Active&Fit Direct program is provided by American Specialty Health Fitness Inc., (ASH Fitness). ChooseHealthy, Inc., and ASH Fitness are subsidiaries of American Specialty Health, Inc. (ASH). Active&Fit Direct and ChooseHealthy are trademarks of ASH and used with permission herein. Please note: The ChooseHealthy program is a discount program; it is not insurance. You can access services from any ChooseHealthy participating provider; referral from a primary care physician is not required. You're responsible for paying the discounted fee directly to the contracted provider. The ChooseHealthy products and services are provided by entities other than Kaiser Permanente, and Kaiser Permanente disclaims any liability for them. Some Kaiser Permanente members may have coverage through their health plan for some of the same services available through ChooseHealthy. Check your Kaiser Permanente Evidence of Coverage or Membership Agreement for details or call our Member Service Contact Center before accessing the discounted services. If a problem arises with the discounted services, you may take advantage of the Kaiser Permanente grievance process by calling the Member Service Contact Center.

In California, Hawaii, and Washington, Kaiser Permanente is an HMO plan with a Medicare contract. In Colorado, Oregon, Southwest Washington, Georgia, Maryland, Virginia and the District of Columbia, Kaiser Permanente is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

kp.org/medicare