

2019 Summary of Benefits

Kaiser Permanente Medicare coverage for retirees of D.C. Government



January 1, 2019 - December 31, 2019

Kaiser Permanente Medicare Advantage is a Medicare Advantage HMO plan with a Medicare contract. Kaiser Permanente Medicare Plus is an HMO with Medicare Cost contract. Enrollment in the Plan depends on contract renewal.

To join a Kaiser Permanente Medicare plan you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in the plan service area. If you reside in the following counties in Maryland: Anne Arundel, Charles*, Harford, Howard, Montgomery and Prince George's, as well as the District of Columbia, you will enroll in the Kaiser Permanente Medicare Advantage plan.

If you reside in Calvert*, Carroll or Frederick* counties in Maryland, or in the Northern Virginia area covered by Kaiser Permanente Medicare, you will enroll in Kaiser Permanente Medicare Plus (Cost)**

For coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you use providers that are not in the network, (except in an emergency or if you need urgent care while traveling outside of the Kaiser Permanente Medicare plan service area), Kaiser Permanente will not pay for these services.*** You are covered anywhere in the world for emergency services or urgently needed care while you are traveling. You can call the Kaiser Permanente 24/7 Travel Support line at (951) 268-3900 (Dial US Country Code 001+1 if outside of the United States). For more information about the Kaiser Permanente plan, please call Kaiser Permanente at 301-816-5690. For questions about premium or eligibility, contact your Human Resources Department at DCHR.benefits@dc.gov or 202.442.7627

Covered Services	Your Kaiser Permanente Medicare Plan
Monthly Plan Premium	Your premium share is determined by your employer. Please consult your employer health plan materials or contact your Benefits Department for details. You must continue to pay your Medicare Part B premium
Deductible	No deductibles for medical or prescription drug coverage
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than \$3,400 annually in copays and other costs for Medicare covered medical services for the year.
Inpatient Hospital	You pay \$100 per benefit period for covered hospitalizations
Skilled Nursing Facility	You pay nothing for up to 100 days per benefit period
Doctor Visits <ul style="list-style-type: none"> o Primary o Specialists 	You pay \$ 15 per office visit with your Primary Doctor You pay \$ 15 per office visit with a Specialist Prior authorization may be required for specialist visits.
Preventive Care (e.g., flu vaccine, diabetic screenings, mammograms,)	You pay nothing for Medicare covered preventive care and screenings. Other preventive services are available. Office visit copay applies if services include more than the preventive screening
Ambulance Emergency Care	You pay \$ 0 for Medicare covered ambulance services You pay \$50 per ER visit If you are admitted to the hospital, then you do not have to pay \$50.
Urgently Needed Services	You pay \$ 15 per visit for an urgent care visit

The benefit information provided does not list every service provided or list every limitation or exclusion. To get a complete list of covered services , please request the "Evidence of Coverage."

Covered Services	Your Kaiser Permanente Medicare Plan
Diagnostic Services/Labs/Imaging ○ Diagnostic tests ○ Radiology and procedures ○ Lab services	You pay \$0 for diagnostic tests and procedures, including Lab services, EKG, X-Ray, MRI, CAT and PET scans Prior authorization is required for some services
Physical Therapy	You pay \$ 15 per visit
Mental Health Services Outpatient group therapy/individual therapy visit	You pay \$ 15 per visit
Hearing Services	You pay \$15 per visit for routine hearing exam or exams to diagnose and treat hearing and balance issues.
Vision Services	You pay \$ 15 per visit with optometrist or ophthalmologist for routine vision exam or exams to diagnose and treat eye diseases and conditions
Eyeglasses/Contact lenses after cataract surgery	You pay 20% coinsurance up to Medicare's limit plus any charges above Medicare's allowed amount
Other glasses or contact lenses	You receive a 25% discount on eyeglasses and 15% discount on contacts when purchased at participating Kaiser Permanente vision centers
Non-Emergency Transportation	Not covered
Discounted Preventive Dental Services from Dominion Dental providers	A dental discount plan is included with your coverage. You pay \$30 for an examination, cleaning and 2 bitewing x rays and receive a 25% discount on other services when provided by participating Dominion Dental providers
Medicare Part B Drugs that must be administered by a health care professional	You pay \$0 (A limited number of drugs are covered under Medicare Part B when you get them from a plan provider.)

Medicare Part D Prescription Drug Coverage

Deductible	You pay \$0 (There is no deductible)		
	Kaiser Permanente Pharmacy 60-day supply	Non-Preferred Retail Rx 60-day supply	Kaiser Permanente Mail Order 90-day supply
Initial Coverage			
Tier 1: Preferred Generic	You pay \$15	You pay \$25	You pay \$10
Tier 2: Non-Preferred Generic	You pay \$15	You pay \$25	You pay \$10
Tier 3: Preferred Brand	You pay \$15	You pay \$25	You pay \$10
Tier 4: Non-Preferred Brand	You pay \$15	You pay \$25	You pay \$10
Tier 5: Speciality Tier	You pay \$15	You pay \$25	You pay \$10

Cost-Sharing changes depending on the pharmacy you choose

* Denotes partial county

**The Kaiser Permanente Medicare Plus (Cost) Northern Virginia service area includes: Alexandria City, Arlington County, Fairfax County, Fairfax City, the City of Falls Church, Loudoun and Prince William Counties.

***Members of the Kaiser Permanente Medicare Plus (Cost) plan may be able to use their red, white and blue Medicare card and have Medicare providers file directly to Medicare for reimbursement, but the member will be responsible for Original Medicare deductibles and coinsurance, plus any charges above the Medicare allowable amounts.