

YOUR 2021 KAISER PERMANENTE
GUIDE TO MEDICARE

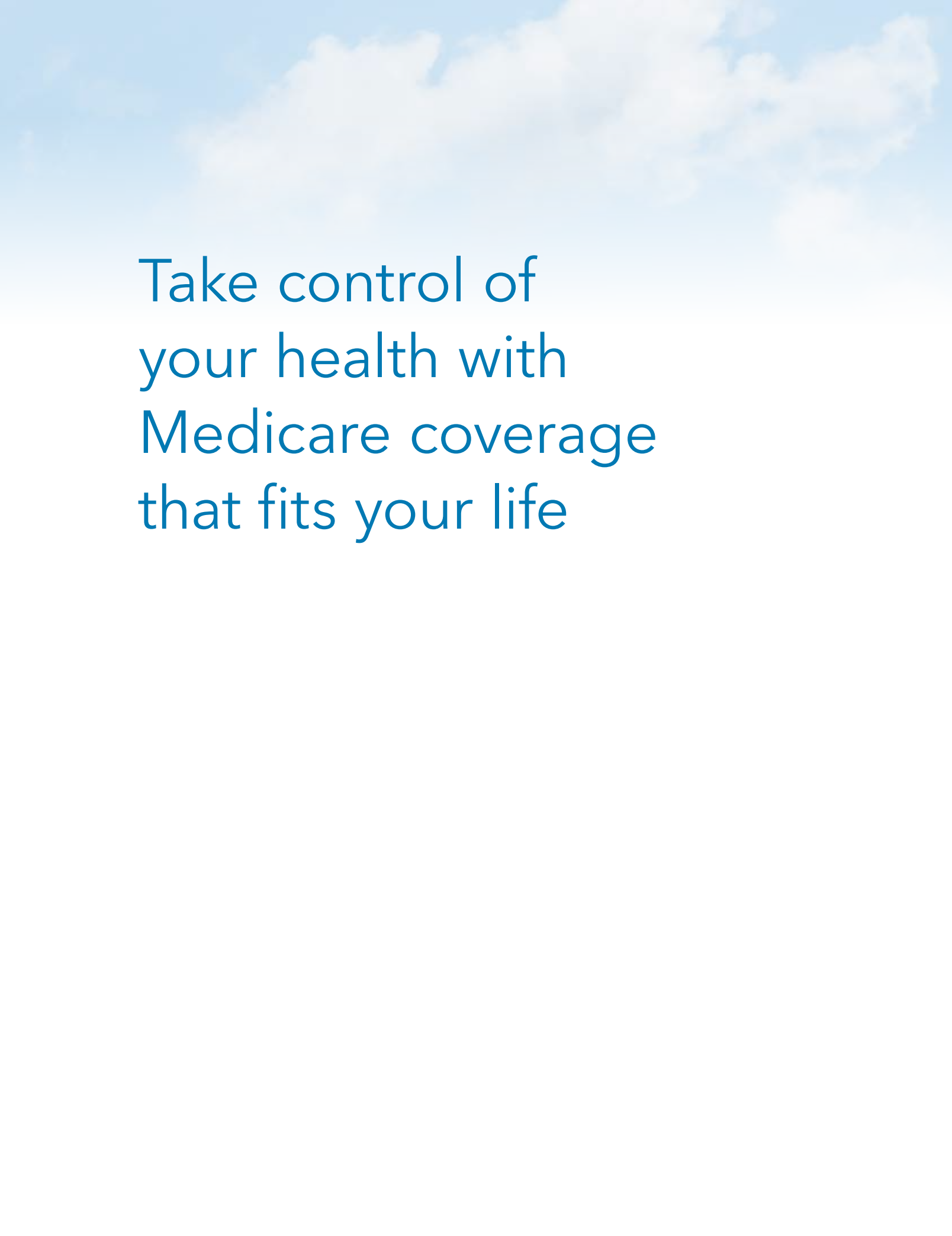


Welcome to more



**KAISER
PERMANENTE®**

Kaiser Permanente Medicare Advantage (HMO)
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Take control of
your health with
Medicare coverage
that fits your life

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 suit your needs, we can help you make a confident, informed decision.

This guide provides valuable information to help you choose the right Medicare coverage. We'll explain the different parts of Medicare, how much they could cost, and how you can sign up.

You'll also get a better understanding of what Kaiser Permanente has to offer and learn about the benefits of becoming a Kaiser Permanente member.

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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. Medicare is part of Social Security and is designed to protect the health and well-being of those who use it.

Medicare is made up of 4 parts: 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 should call

1-877-486-2048.)

Visit **Medicare.gov**.

Social Security

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

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

(TTY users should call

1-800-325-0778.)

Visit **ssa.gov**.

PART A

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.

Hospital coverage

Medicare Part A is offered by the federal government to help 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 if you or your spouse paid Medicare taxes while working for a certain amount of time, but there are exceptions. If you aren't eligible for premium-free Part A and need to buy Part A, you may be able to get help from the state to pay for it.

Keep in mind that if you choose to buy Part A, you must also have Part B and pay the monthly premiums for both.

If you are not eligible for premium-free Part A and you don't buy it when you're first eligible, your monthly premium may go up 10%. You'll have to pay the higher premium for twice the number of years you could've had Part A but didn't sign up.

Continues ►

PART A (CONTINUED)

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

IF YOU'RE YOUNGER THAN 65

You can get Part A without paying a premium if:

- You've gotten 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 enroll, call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), 8 a.m. to 7 p.m., Monday through Friday, or visit **ssa.gov**.

PART B

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. Your monthly premium for Part B may go up 10% for each full 12-month period that you could've had Part B but didn't sign up for it.

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 services, such as blood work and X-rays
- Medical equipment, such as wheelchairs and walkers
- Physical therapy
- Behavioral health
- 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.

2020 Part B premium and deductible:

Average monthly premium: \$144.60

Average yearly deductible: \$198.00

If your income is higher than \$87,000 (\$174,000 per couple), you might have a higher premium.

Note: The above dollar amounts are for 2020 and may change in 2021.

Continues ►

PART B (CONTINUED)

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 enroll, call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), 8 a.m. to 7 p.m., Monday through Friday, or visit **ssa.gov**.

PART C

What to know

If you want coverage that includes more than what's in Parts A and B (which includes hospital services, doctor's visits, outpatient surgery, preventive services, and more), consider Part C.

Medical coverage

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

- Medicare-approved private health plans—called Part C or Medicare Advantage plans include both Part A and Part B coverage, plus additional benefits. Medicare Advantage is an all-in-one alternative to Original Medicare. These “bundled” plans include Part A, Part B, and usually Part D. They often include extra benefits that Original Medicare doesn't cover.
- Medicare pays a fixed amount for your coverage each month to these private health plans; however, each Medicare Advantage plan can charge different out-of-pocket costs and have different rules for how you get services.

What it covers

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

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

Medicare Advantage (HMO) plans

With Medicare 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. Unlike Original Medicare, there is an annual limit on your out-of-pocket costs. Once you reach this limit, you'll pay nothing for covered services.

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PART C (CONTINUED)

How much does it cost?

What you pay for coverage depends on the following:

- 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, if any
- 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're a U.S. citizen, U.S. national, or lawfully present in the United States
- You enroll when the plan is accepting new members

How do I enroll?

Sign up directly with the plan of your choice.

Medicare Supplement Insurance (Medigap) plans

If you choose Original Medicare, you can purchase Medicare Supplemental 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 pay the Part B premium, a monthly health plan premium, any coinsurance, and deductibles for out-of-network care, plus a separate premium for a Part D prescription drug plan.

There are other Medicare coverage options available, like preferred provider organization (PPO) plans, private fee-for-service (PFFS) plans, and medical savings account (MSA) plans.

PART D

What to know

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

Prescription drug coverage

There are two ways to get Medicare Part D prescription drug coverage:

- You can purchase a Medicare Prescription Drug Plan, which adds drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-for-Service plans, and Medicare Medical Savings Account plans.
- You can get your Medicare Part D prescription drug coverage through a Medicare Advantage plan or other Medicare health plans that offer Medicare Part D prescription drug coverage.

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 and Medicare Cost 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:

- Removing deductibles
- Offering a different but equal share of the cost as the standard benefit, or improving your share of the cost
- Covering certain drugs through the coverage gap

How much does it cost?

Your Part D costs depend on which plan you choose. If you decide not to join a Medicare drug plan when you are first eligible, and you don't have other creditable prescription drug coverage or get Extra Help, you'll likely pay a late enrollment penalty for as long as you have Medicare prescription drug coverage.

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PART D (CONTINUED)

Standard Part D costs include:

- **Monthly premium:** The amount you pay for your Part D coverage. This varies by plan, and some plans have no monthly premium.
- **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. Some plans have no deductible, so your plan would start paying its share immediately.
- **Copays and coinsurance:** The amount you pay for covered drugs after your plan pays its share. This varies depending on your plan benefits and how much your plan has paid for your coverage.

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 \$4,130, you move to the coverage gap stage.
- **Coverage gap stage:** You pay more for your drugs. With the standard coverage gap benefit for 2021, you pay:
 - 25% of generic drug costs
 - 25% of brand-name drug costs, plus a portion of the dispensing feesSome plans may provide more coverage in addition to this standard benefit.

Once you meet \$6,550, you move on 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.

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**), 8 a.m. to 7 p.m., Monday through Friday, or visit **ssa.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. Keep in mind, you can join, change, or drop a Medicare Part D plan only during certain times of year, or under certain special circumstances. 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.

Generic drugs can save you money

As you look at formularies, you'll often see listings for generics and more costly brand-name prescription drugs. You can keep your costs down by asking your doctor to prescribe generic medications.

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

- Ingredients
- Quality
- Safety
- Strength
- Performance

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

How do I enroll?

There are two ways to get Medicare Part D prescription drug coverage: Join a Part C plan that includes Part D coverage (a Medicare Advantage or Medicare Cost plan) or enroll in a stand-alone 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, consider:

- You can join, change, or drop Part D plans only during certain times of year or under certain circumstances.
- You can have only 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 and go back to Original Medicare.

When and how you can enroll in Medicare

You can enroll in Medicare health or prescription drug plans only during certain times of the year or if you had a certain life event.

Initial Enrollment Period (IEP)

This is a 7-month period of enrollment for those who are about to become eligible for Medicare. It starts 3 months before the month of your 65th birthday, includes the month you turn 65, and ends 3 months after that month.

Annual Enrollment Period (AEP)

The AEP begins October 15 and runs through December 7. During this time, you can join, drop, or switch plans. Any change you make starts on January 1 of the following year.

General Enrollment Period (GEP)

If you didn't sign up for Part A (if you have to buy it) and/or Part B (for which you must pay premiums) during your IEP, you can sign up between January 1 and March 31 each year. Your coverage won't start until July 1 of that year, and you may have to pay a higher Part A and/or Part B premium for late enrollment.

Open Enrollment Period (OEP)

Between January 1 and March 31 each year, you can switch from one Medicare Advantage plan to another Medicare Advantage plan, or you can disenroll from your Medicare Advantage plan and return to Original Medicare.

Special Enrollment Period (SEP)

When you have a certain life event, you may be able to make plan changes outside of the IEP and AEP. Keep in mind, you can do it only once a year. Qualifying life events include:

- A Medicare health plan in your service area was awarded 5 stars by CMS. The 5-star SEP begins December 8 and ends November 30 of the following year.
- You move permanently out of your health plan's service area.
- You're entitled to both Medicare and Medicaid.
- Your current plan ends its contract with CMS.
- You qualify for Extra Help with your drug plan costs.
- You lose your employer group- or trust fund-sponsored coverage and can now enroll as an individual.

How to find a quality plan

Whether you're choosing or changing coverage, you have a smart, easy way to learn about our high-quality Kaiser Permanente Medicare Advantage (HMO) plans. Visit **kp.org/getmedicare**.

Discover what a Kaiser Permanente Medicare health plan has to offer

Our Medicare health plan is here to help you thrive.

From predictable costs and wellness benefits to a great selection of doctors and the freedom to change to another Kaiser Permanente physician anytime, you'll experience the benefits of having a Medicare health plan that supports your goals and helps you thrive.

Take some time to read about some of the ways we offer more than Original Medicare, and keep them in mind when you're looking for a Medicare health plan that best fits your needs.

For more information on our Medicare health plans, visit **kp.org/getmedicare**.

As a Kaiser Permanente Medicare Advantage plan member, you get more than a health plan.

Great care you can count on

From our predictable costs to high-quality doctors and specialists, you can feel confident about the care you get with a Kaiser Permanente Medicare Advantage (HMO) plan.



Predictable costs for care that fits your life

With a Kaiser Permanente Medicare Advantage 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 all work together to keep you healthy. They're connected to each other and to you through your electronic health record.¹

Because all providers at Kaiser Permanente medical centers have access to your electronic medical record, they know important things about you and your health, not just about the care they personally provide, such as when you're due for a screening and what medications you're taking. A connected care team helps ensure that nothing gets missed or forgotten, and you get thorough, personalized care.



Access to specialists

You have access to a full range of specialists, including cardiologists, orthopedists, audiologists, endocrinologists, and many more.



Quality care with you at the center

While we emphasize preventive care to help keep you healthy, we also have specialty and sick care when you need it. From cardiovascular care to treatment for cancer, diabetes, and more, you get great doctors, the latest technology, and evidence-based care—all combined to help you get the right care at the right time and recover quickly.

¹When receiving care at a Kaiser Permanente facility. Not all online features may be available in some areas.

Care the way you want it

From choosing your Kaiser Permanente physician to choosing the way you receive your care, you've got many convenient options.



A wide selection of great doctors and specialists

Many people today are left without a trusted doctor when that doctor stops accepting Medicare. At Kaiser Permanente, you don't have to worry about that. All our available doctors welcome our Medicare health plan members. Visit kp.org/doctor to read our doctors' profiles to get a better sense of who they are before you choose. Plus, you can switch to another available Kaiser Permanente physician at any time.

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



Online tools to manage your health, 24/7

You can email your doctor's office, view most test results, refill prescriptions, and schedule or cancel appointments—all online.¹ You can also download the Kaiser Permanente mobile app at no cost, to manage your health on the go.



More choices for how to get care

Our members choose how, when, and where to access care. We offer flexible virtual care options to visit with your Kaiser Permanente doctor, specialist, emergency physician, or another clinical provider. Providing care by email, phone, video,² and online are core components of our integrated delivery system, not add-ons, so quality care is built into every experience.



Convenience you need, usually under one roof

When you visit a Kaiser Permanente facility, you can see your doctor, get lab work or X-rays done, and pick up your prescriptions—often in one trip. In many regions, specialists' offices and hospitals are also at the same location.

For more information on our Medicare health plans, visit kp.org/getmedicare.

¹When receiving care at a Kaiser Permanente facility. Not all online features may be available in some areas.

²When appropriate and available.

More than just Original Medicare

With Kaiser Permanente Medicare Advantage, you can get Parts A, B, C, and D all in one convenient plan, plus extra benefits that support your health care needs.

Prescription drug benefit

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

Help managing your prescription drug costs

We choose our formulary carefully with a team of our health care providers to give you the most effective and affordable medications. It meets rigorous standards, including those set by CMS.

More coverage "in the gap"

With the Kaiser Permanente Medicare Prescription Drug Benefit, you may pay a lower share of the cost than with the standard Part D benefit for generic prescription drugs in the coverage gap and pay only 25% (plus a portion of the dispensing fee) for brand-name and specialty-tier drugs.

Most prescription refills mailed to your home

As a member, when you order prescription refills from a Kaiser Permanente pharmacy—by phone, on **kp.org**, or on our mobile app—you can have your refills sent to your home at no extra charge.¹ Even better, you may get up to a 3-month supply at a lower share of the cost—saving you time and money.

Optional supplemental benefits

You can choose to add the Advantage Plus² package to your Kaiser Permanente Medicare Advantage plan for an additional \$25 monthly premium. Advantage Plus covers hearing plus extra dental, and vision benefits. This way, it's easier to take care of your health care needs with just one plan and one bill.

Emergency and urgent care

As a Kaiser Permanente Medicare health plan member, you're covered for emergency and urgent care anywhere in the United States or anywhere in the world.³

For drug costs, please check the *Summary of Benefits* or *Evidence of Coverage*.

¹For 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 **1-800-733-6345** (TTY **711**), 24 hours a day, 7 days a week. Some medications are not eligible for Mail Order Pharmacy. Mail Order Pharmacy can deliver to addresses in MD, VA, DC, and certain locations outside the service area.

²You must be a Kaiser Permanente Medicare Advantage individual plan member to apply.

³If you need emergency or out-of-area urgent care, you can get care from any provider. Check your *Evidence of Coverage* for details.

How does Kaiser Permanente Medicare Advantage stack up?

Column II shows how you can add to your Original Medicare coverage with a Medicare Supplement plan and a Part D prescription drug plan. Column III shows how you can simplify your coverage with a Medicare Advantage plan. Write just one monthly check, have one point of contact, and use one identification card for an all-in-one plan that includes Parts A, B, and D, plus extras.

Note: If you receive group coverage through an employer or union, your costs and coverage may be different.

	I Original Medicare	II Original Medicare + Supplement	III Kaiser Permanente Medicare Advantage
Monthly premium for Part B medical	2020 Cost of Part B monthly premium varies based on income. Starts at \$135.50/mo. for those with income no greater than \$87,000 single/\$174,000 couple.		
Monthly premium for Medicare health plan		2020 Costs of supplement plan options range from \$27 to \$344. ¹	All-in-one plan that includes Parts A, B, and D. 2021 options range from \$0 ² to \$142. Many extras at no cost, including preventive dental, routine vision, gym/at-home fitness membership, health and wellness classes, other discounted services.
Part D (outpatient) prescription drug coverage included?	No	No. May purchase stand-alone Part D prescription drug plan and pay separately. Options range from \$13.20 to \$80.30. ¹	Yes. Part D prescription drug coverage is included with most plans.

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¹For 2020 plans available in Montgomery County, Maryland, ZIP code 20850.

²For our Medicare Advantage Value (HMO) plans.

	I Original Medicare	II Original Medicare + Supplement	III Kaiser Permanente Medicare Advantage
Extras included?	Not available	May be purchased and paid for separately.	Many included, such as: <ul style="list-style-type: none"> • Over-the-counter wellness credit • Transportation • Routine vision care • Preventive dental • And more Additional dental, vision, and hearing coverage available for \$25 more per month.
Deductible	Yes. \$1,408 per benefit period for Part A plus \$189 for Part B.	Yes. \$198 Part B deductible, plus any Part D deductible if added (up to \$435).	No deductible
Medically underwritten (can you be refused for a pre-existing medical condition?)	No	Yes, except during the Medigap open enrollment period, which starts the month you're 65 and enrolled in Medicare Part B.	No
Worldwide emergency coverage	No. Generally not covered outside the United States.	Supplement plans C, D, F, G, M, and N cover 80% of worldwide emergency costs after you meet a \$250 deductible. Not covered in plans A, B, K, and L.	Yes, worldwide emergency coverage is included.
Dental coverage	No	No	Yes, preventive dental coverage is included. Comprehensive dental is available for a low additional monthly fee as part of the Advantage Plus package.

	I Original Medicare	II Original Medicare + Supplement	III Kaiser Permanente Medicare Advantage
Eye exams related to prescribing glasses	No	No	Yes. Routine eye care is included as well as an allowance on glasses and contact lenses. Additional eyewear benefits are available for an additional monthly fee as part of the Advantage Plus package.
Hearing aids and fitting exams	No	No	Hearing aids and fitting exams are available for a low additional monthly fee as part of the Advantage Plus package.


Nationwide locations for your convenience

We are 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.

- Northern California
- Southern California
- Colorado
- District of Columbia
- Georgia
- Hawaii
- Maryland
- Oregon
- Virginia
- Washington State

Ready to enroll? Have questions?

To enroll or learn more about our Medicare health plans, visit us at **kp.org/getmedicare** or call **1-888-777-5536** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week.



Kaiser Permanente is an HMO 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. Every year, Medicare evaluates plans based on a 5-star rating system.

kp.org/getmedicare



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2101 E. Jefferson St., Rockville, MD 20852 2020AR1129 MAS 10/1/20-12/31/21