January 1–December 31, 2027

2027
Summary of Benefits

Kaiser Permanente Senior Advantage Core North Plan (HMO-POS) and Kaiser Permanente Senior Advantage Silver North Plan (HMO-POS)

Northern Colorado service area

H0630_27SB020021_M
PBP #: 020 & 021
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KAISER PERMANENTE®

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 plans. It includes information about:

- Premiums
- Benefits and costs
- Part D prescription drugs
- Optional supplemental benefits (Advantage Plus)
- Additional benefits, including Point-of-Service (POS) benefits for Silver plan members
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care
- Medicare prescription payment plan

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 of 2 Kaiser Permanente Senior Advantage plans, Core North (referred to in this document as the “Core plan”), and Silver North (referred to in this document as the “Silver plan”). 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 is located on our website at **kp.org/eocco** or ask for a copy from Member Services by calling **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

Kaiser Permanente Senior Advantage Core and Silver plans have a Point-of-Service (POS) benefit. “Point-of-Service” means you can use providers outside the plan’s network for certain services. Not all services are covered under POS. Covered services under POS are noted in the “Additional benefits” section and also in your **EOC**.

Have questions?

- If you’re not a member, please call **1-877-408-3492** (TTY **711**).
- If you’re a member, please call Member Services at **1-800-476-2167** (TTY **711**).
- 7 days a week, 8 a.m. to 8 p.m.

What’s covered and what it costs

*Your plan provider may need to provide a referral.

†Prior authorization may be required.

Benefits and premiums	With our **Core North Plan**, you pay	With our **Silver North Plan**, you pay
Monthly plan premium	**$0**	**$55**
Deductible	**$0**	**$0**
Your maximum out-of-pocket responsibility Doesn’t include Medicare Part D drugs.	**$6,600**	**$4,400**
Inpatient hospital services*† There’s no limit to the number of medically necessary inpatient hospital days.	**$370** per day for days 1–6 of your stay and **$0** for the rest of your stay.	**$290** per day for days 1–6 of your stay and **$0** for the rest of your stay.
Outpatient hospital services*†	**$370** per visit	**$290** per visit
Ambulatory Surgical Center (ASC)*†	**$185** per visit	**$165** per visit
Doctor visits • Primary care providers	**$0**	**$0**
• Specialists*	**$30** per visit	**$25** per visit

Preventive care
• Abdominal aortic aneurysm screenings
• Alcohol misuse screenings & counseling
• Bone mass measurements
• Cardiovascular disease screenings
• Cardiovascular disease (behavioral therapy)
• Cervical & vaginal cancer screenings
• Colorectal cancer screenings
  ○ Blood-based biomarker tests
  ○ Colonoscopies
	$0
	Any additional preventive services approved by Medicare during the contract year will be covered. See your EOC for frequency of covered services.
		$0
		Any additional preventive services approved by Medicare during the contract year will be covered. See your EOC for frequency of covered services.

Benefits and premiums	With our **Core North Plan**, you pay	With our **Silver North Plan**, you pay
○ Computed tomography (CT) colonography ○ Fecal occult blood tests ○ Flexible sigmoidoscopies ○ Multi-target stool DNA tests • Counseling to prevent tobacco use & tobacco-caused disease • Depression screenings • Diabetes screenings • Diabetes self-management training • Glaucoma screenings • Hepatitis B shots • Hepatitis B virus (HBV) infection screenings • Hepatitis C virus screenings • HIV screenings • Lung cancer screenings • Mammograms (screening) • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Obesity behavioral therapy • One-time “Welcome to Medicare” preventive visit • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screenings • Sexually transmitted infections screenings & counseling • Shots: ○ COVID-19 vaccines ○ Flu shots ○ Hepatitis B shots ○ Pneumococcal shots • Yearly “Wellness” visit		
Emergency care We cover emergency care anywhere in the world.	**$130** per Emergency Department visit	**$150** per Emergency Department visit
Urgently needed services	**$50** per visit	**$50** per visit

Benefits and premiums	With our **Core North Plan**, you pay	With our **Silver North Plan**, you pay
We cover urgent care anywhere in the world.		
Diagnostic services, lab, and imaging* • Lab tests† • Diagnostic tests and procedures (like EKG)†	**$0**	**$0**
• X-rays	**$5** per X-ray	**$0**
• Other imaging procedures (like MRI, CT, and PET)†	**$295** per procedure, per body part studied	**$275** per procedure, per body part studied
• Ultrasounds†	**$50** per ultrasound	**$55** per ultrasound
Hearing services • Evaluations to diagnose medical conditions • Routine hearing exams • Hearing aid fitting or evaluation exam	**$0**	**$0**
• Hearing aid allowance every calendar year to purchase hearing aids* Note: If you sign up for optional supplemental benefits, the allowance is combined (see Advantage Plus Options 1 & 2 for details).	**$250 allowance** per ear. If your hearing aid purchase is more than $250, you pay the difference.	**$400 allowance** per ear. If your hearing aid purchase is more than $400, you pay the difference.
Dental services Preventive and diagnostic dental services: • Oral exams (2 per calendar year) • Prophylaxis (cleanings) (2 per calendar year) • X-rays (every 12 to 60 rolling months, depending on the type) • Fluoride treatments (1 per 11 rolling months from the date of the prior treatment) • Pulp vitality tests • Palliative treatment of dental pain (3 visits in any 6-rolling month	You pay the following up to the **$1,000 annual benefit maximum:** • **$0** for preventive and diagnostic dental services when provided by an in-network dentist • **50%** coinsurance for comprehensive dental services After you reach your annual benefit maximum, you pay **100%** of the costs for the rest of the calendar year. You may also see an out-of-network dentist under the	You pay the following up to the **$1,500 annual benefit maximum:** • **$0** for preventive and diagnostic dental services when provided by an in-network dentist • **50%** coinsurance for comprehensive dental services After you reach your annual benefit maximum, you pay **100%** of the costs for the rest of the calendar year. You may also see an out-of-network dentist under the

Benefits and premiums	With our **Core North Plan**, you pay	With our **Silver North Plan**, you pay
period from the date of the last visit) Comprehensive dental services: • Restorative services • Endodontic services • Periodontic services • Prosthodontic services • Oral surgery services See the **EOC** for details. Dental care is provided by Delta Dental of CO through the Delta Dental Medicare Advantage PPO network. For information about dental providers, please refer to **kp.org/dental/co/medicare**. You may also see an out-of-network dentist as described under the Dental POS benefit, but your costs may vary. Please refer to the "Additional benefits" section for details about out-of-network coverage and costs. Note: If you sign up for optional supplemental benefits, you receive additional comprehensive dental coverage (see Advantage Plus Option 1 for details).	**Dental POS** benefit. Please refer to the "Additional benefits" section for details about out-of-network coverage and costs.	**Dental POS** benefit. Please refer to the "Additional benefits" section for details about out-of-network coverage and costs.
Vision services • Visits to diagnose and treat eye diseases and conditions • Preventive glaucoma screening • Diabetic retinopathy services • Routine eye exams	**$0**	**$0**
• Eyeglasses or contact lenses after cataract surgery	**$0** up to Medicare's limit, but you pay any amounts beyond that limit	**$0** up to Medicare's limit, but you pay any amounts beyond that limit
• Other eyewear Note: If you sign up for optional supplemental benefits, the allowance is combined (see Advantage Plus Option 1 for details).	**$200 allowance** every calendar year. If your eyewear costs more than $200, you pay the difference.	**$250 allowance** every calendar year. If your eyewear costs more than $250, you pay the difference.

Benefits and premiums	With our **Core North Plan**, you pay	With our **Silver North Plan**, you pay
Mental health services • Inpatient mental health*†	You pay **$370** per day for days 1–6 (**$0** for the rest of your stay)	You pay **$290** per day for days 1–6 (**$0** for the rest of your stay)
• Outpatient group therapy	**$5** per visit	**$0**
• Outpatient individual therapy	**$10** per visit	**$5** per visit
Skilled nursing facility*† We cover up to 100 days per benefit period.	**Per benefit period:** • **$0** per day for days 1–20 • **$221** per day for days 21–100	**Per benefit period:** • **$0** per day for days 1–20 • **$221** per day for days 21–100
Physical therapy	**$20** per visit	**$10** per visit
Ambulance†	**$375** per one-way trip	**$275** per one-way trip
Transportation • **Routine:** Rides provided to and from a network provider by taxis, rideshare services, vans, and medical transport as determined by our designated transportation provider.	Not covered	**$0** for up to **26** one-way trips per calendar year.
• **Non-routine:** Medically necessary, non-emergency medical transportation to home (within 100 miles), a skilled nursing facility (SNF), or another higher level of care, immediately following an inpatient hospitalization or after certain emergency, urgent care, or outpatient hospital encounters, **when ordered by a network provider**. Refer to the **EOC** for more details.	**$0**	**$0**
Medicare Part B drugs† Medicare Part B drugs are covered when you get them from a plan provider. See the **EOC** for details and the **Pharmacy Directory** for preferred and standard plan pharmacy locations. • Drugs that must be administered by a health care professional	**0%–20%** coinsurance depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.	**0%–20%** coinsurance depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.

Benefits and premiums	With our **Core North Plan**, you pay	With our **Silver North Plan**, you pay
• Up to a 30-day supply of a generic drug	• **$5** at a preferred plan pharmacy • **$20** at a standard plan pharmacy	• **$3** at a preferred plan pharmacy • **$20** at a standard plan pharmacy
• Up to a 30-day supply of a brand-name drug	• **$45** at a preferred plan pharmacy, except you pay **$35** for Part B insulin drugs furnished through an item of DME. • **$47** at a standard plan pharmacy, except you pay **$35** for Part B insulin drugs furnished through an item of DME.	• **$45** at a preferred plan pharmacy, except you pay **$35** for Part B insulin drugs furnished through an item of DME. • **$47** at a standard plan pharmacy, except you pay **$35** for Part B insulin drugs furnished through an item of DME.

Medicare Part D prescription drug coverage†

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

- The plan you enroll in (Core or Silver plan).
- 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/seniorrx** or call Member Services to ask for a copy at **1-800-476-2167 (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.
- The type of plan pharmacy that fills your prescription (preferred pharmacy, standard pharmacy, or our mail-order pharmacy). To find our pharmacy locations, see the **Pharmacy Directory** at **kp.org/directory**. Note: Not all drugs can be mailed.
- The coverage stage you're in (deductible, initial coverage or catastrophic coverage stages).

Note: Medicare provides Extra Help to pay prescription drug costs for people who have limited income and resources. If you are entitled to Extra Help, the cost-sharing below may not apply to you; instead, please refer to the **EOC Rider for People Who Get Extra Help Paying for Prescription Drugs**.

Deductible stage

Because we have no deductible, this payment stage does not apply to you and you start the year in the initial coverage stage.

Initial coverage stage

You pay the copays and coinsurance shown in the chart below until your total out-of-pocket costs reach **$2,400**. If you reach the $2,400 limit in 2027, you move on to the catastrophic stage and your coverage changes.

Drug tier	Retail plan pharmacy					
	Up to a 30-day supply		31- to 60-day supply		61- to 100-day supply	
	Preferred pharmacy	**Standard pharmacy**	**Preferred pharmacy**	**Standard pharmacy**	**Preferred pharmacy**	**Standard pharmacy**
Tier 1 (Preferred generic)	**$0**	**$15**	**$0**	**$30**	**$0**	**$45**
Tier 2 (Generic) • **Core North** plan members	**$5**	**$20**	**$10**	**$40**	**$15**	**$60**
• **Silver North** plan members	**$3**	**$20**	**$6**	**$40**	**$9**	**$60**
Tier 3 (Preferred brand-name)	**$45**	**$47**	**$90**	**$94**	**$135**	**$141**
Tier 4 (Nonpreferred)	**$90**	**$100**	**$180**	**$200**	**$270**	**$300**
Tier 5 (Specialty-tier) • **Core North** plan members	**31%**	**33%**	**31%**	**33%**	**31%**	**33%**
• **Silver North** plan members	**33%**					
Tier 6* (Part D vaccines)	**$0**		**N/A**			

*Our plan covers most Part D vaccines at no cost to you.

Drug tier	Mail-order plan pharmacy		
	Up to a 30-day supply	31- to 60-day supply	61- to 100-day supply
Tier 1 (Preferred generic)	**$0**		
Tier 2 (Generic)	**$0**		
Tier 3 (Preferred brand-name)	**$45**	**$90**	**$135**
Tier 4 (Nonpreferred)	**$90**	**$180**	**$270**
Tier 5 (Specialty-tier)	**31%**		

Drug tier	Mail-order plan pharmacy		
	Up to a 30-day supply	31- to 60-day supply	61- to 100-day supply
• **Core North** plan members			
• **Silver North** plan members	**33%**		

Note: Tier 6 (Part D vaccines) are not available through mail order.

Important message about what you pay for insulin: You won't pay more than **$35** for up to a one-month supply, **$70** for up to a two-month supply or **$105** for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Catastrophic coverage stage

If you or others on your behalf spend **$2,400** on your Part D prescription drugs in 2027, you'll enter the catastrophic coverage stage. If you reach the catastrophic coverage stage, you pay nothing for your covered Part D drugs for the remainder of the year.

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 preferred 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 standard 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 **EOC** for details.

Advantage Plus (optional supplemental benefits)

In addition to the benefits that come with your plan, you can choose to buy one or both optional supplemental benefit packages. We call the packages Advantage Plus Option 1 and Advantage Plus Option 2. The packages give you extra coverage for an additional monthly cost that's added to your monthly plan premium. See the **EOC** for details.

*Your plan provider may need to provide a referral.

Advantage Plus Option 1 benefits and premium	With our **Core North Plan**, you pay	With our **Silver North Plan**, you pay
Additional monthly premium	**$45**	**$45**
Eyewear An additional **$200** allowance to buy eyewear every calendar year.	A **$200** allowance is added to the **$200** allowance described in "Vision services" above.	A **$200** allowance is added to the **$250** allowance described in "Vision services" above.

Advantage Plus Option 1 benefits and premium	With our **Core North Plan**, you pay	With our **Silver North Plan**, you pay
	If your eyewear costs more than the combined allowance of **$400,** you pay the difference.	If your eyewear costs more than the combined allowance of **$450,** you pay the difference.
Hearing aids* **$500** allowance to buy 1 aid per ear every calendar year. Note: If you enroll in both Advantage Plus options (Option 1 and Option 2), the allowance is **$1,000** per ear, which is added to the allowance described in "Hearing services".	A **$500** allowance is added to the **$250** allowance described in "Hearing services" above. If your hearing aid costs more than the combined allowance of **$750** per ear, you pay the difference.	A **$500** allowance is added to the **$400** allowance described in "Hearing services" above. If your hearing aid costs more than the combined allowance of **$900** per ear, you pay the difference.
Dental Services In addition to the services in the dental section above, members also receive: • implant services (every 12 to 84 rolling months, depending on the service) • an additional **$1,000** added to the annual benefit maximum for all covered services in and out of network See the **EOC** for details. Dental care is provided by Delta Dental of CO through the Delta Dental Medicare Advantage PPO network. For information about dental providers, please refer to **kp.org/dental/co/medicare**. You may also see an out-of-network dentist as described under the Dental POS benefit, but your costs may vary. Please refer to the "Additional benefits" section for details about out-of-network coverage and costs.	You pay **50%** coinsurance for implant services. For all covered services, your **total combined benefit maximum increases to $2,000**. After you reach your total combined annual benefit maximum, you pay **100%** of the costs for the rest of the calendar year.	You pay **50%** coinsurance for implant services. For all covered services, your **total combined benefit maximum increases to $2,500**. After you reach your total combined annual benefit maximum, you pay **100%** of the costs for the rest of the calendar year.

Advantage Plus Option 2 benefits and premium	With our **Core North Plan**, you pay	With our **Silver North Plan**, you pay
Additional monthly premium	**$10**	**$10**

Advantage Plus Option 2 benefits and premium	With our **Core North Plan**, you pay	With our **Silver North Plan**, you pay
Acupuncture 16 visits per calendar year	**$15** per visit	**$15** per visit
Hearing aids* **$500** allowance to buy 1 aid, per ear every calendar year Note: If you enroll in both Advantage Plus options (Option 1 and Option 2), the allowance is **$1,000** per ear, which is added to the allowance described in "Hearing services."	A **$500** allowance is added to the **$250** allowance described in "Hearing services" above. If your hearing aid costs more than the combined allowance of **$750** per ear, you pay the difference.	A **$500** allowance is added to the **$400** allowance described in "Hearing services" above. If your hearing aid costs more than the combined allowance of **$900** per ear, you pay the difference.
Transportation We cover up to 20 one-way trips per calendar year to get you to or from a plan provider when provided by our transportation provider. For more information, visit **kp.org/seniorhealth/extras**.	**$0** This benefit gives you **20** one-way trips per calendar year.	**$0** This benefit and the benefit described in "Transportation" are combined to give you **46** one-way trips per calendar year.

Additional benefits

These benefits are available to you as a plan member:	**You pay**
Dental POS for all plan members You may choose to receive covered dental services from licensed dentists anywhere inside the United States or its territories, unless the dentist is excluded from participating in Medicare. Delta Dental Medicare Advantage PPO dentists are considered in-network providers. Please refer to the *Provider Directory* for network dentists: **kp.org/dental/co/medicare**. If you receive services from an out-of-network dentist, you may need to pay the full cost of care at the time of service and submit a claim to Delta Dental of Colorado for reimbursement of our portion of the cost, minus your cost sharing, if any. The same annual benefit maximum is a combined annual maximum for in-network and out-of-network services.	When you receive services from an out-of-network dentist, your costs will vary depending on what the dentist charges. Out-of-network services are reimbursed based on our plan's allowed amount, and you may have to pay the difference if the out-of-network dentist charges more than the allowed amount. You pay the following cost-sharing based on our plan's allowed amount, up to the annual benefit maximum for your plan: • **$0** for preventive and diagnostic services • **50%** coinsurance for comprehensive dental services After you reach your annual benefit maximum, you pay **100%** of the costs for the rest of the calendar year.

These benefits are available to you as a plan member:	You pay
Covered services include: • Diagnostic services • Preventive services • Restorative services • Endodontic services • Periodontic services • Prosthodontic services • Oral surgery services **Note**: If you sign up for optional supplemental benefits, you receive additional comprehensive dental coverage (see Advantage Plus Option 1 for details). See the **EOC** for details.	
Fitness benefit – One Pass® You have access to the One Pass complete fitness program for the body and mind. One Pass includes: • A large premium gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location. • Live, on-demand, and digital fitness programs at home. • Social clubs and activities available on the One Pass member website and mobile app. • One home fitness kit annually for strength, yoga, or dance. • Online brain health cognitive training programs. For more information about participating gyms and fitness locations, the program's benefits, or to set up your online account, visit **www.YourOnePass.com** or call **1-877-614-0618** (TTY **711**), Monday through Friday, 7 a.m. to 8 p.m.	**$0**
Medicare Explorer by Kaiser Permanente (point-of-service supplemental benefit) for Silver plan members only If you travel outside any Kaiser Permanente service area, but inside the United States or its territories, we cover preventive, routine, follow-up, or continuing care office visits obtained from out-of-network Medicare providers not to exceed a	**Silver plan members:** You pay the following up to the **$1,000** annual benefit limit: • **$0 - $25** per specialty care visit. • **$25** per specialty care visit and **$0** per group visit for cardiac rehabilitation and intensive cardiac rehabilitation.

These benefits are available to you as a plan member:	You pay
benefit maximum of **$1,000** in covered plan charges per calendar year. Covered services, include, but are not limited to: • Preventive services covered at **$0** under Original Medicare. • Primary care and specialty care visits. • Outpatient diagnostic tests and services. • X-rays and ultrasounds. • Mental health care outpatient visits. • Medicare Part B drugs. For coverage details, including a full list of covered services, how to locate an eligible provider, how to schedule an appointment, claims, and how to determine if you are outside a Kaiser Permanente service area, please see Chapter 4, Section 2.2, in the **Evidence of Coverage**.	• **$25** per kidney disease education specialty care visit and **$0** per kidney disease education primary care visit. • **$25** per specialty care visit and **$0** per primary care visit for other healthcare professionals. • **$25** per opioid treatment program services visit. • **$25** per podiatry visit. • **$10** per visit for physical, speech, and occupational therapy. • **$5** per individual therapy visit and **$0** per group therapy visit for mental health, psychiatric and substance abuse care. • **$0** for primary care visits. • **$0** for lab tests and diagnostic tests. • **$0** for preventive care visits. • **$0** for blood, including storage and administration. • **$0** for annual physical exams. • **$0** for diabetes self-management training. • **$0** for Medicare-covered hearing exams. • **$0** for Medicare-covered ophthalmology services. • You pay **0%–20% of physician allowed charges** for Medicare Part B drugs administered in an office or clinic. Some drugs may be less than **20%** if those drugs are determined to exceed the amount of inflation. Once you reach the maximum plan benefit coverage amount of **$1,000** per calendar year, you pay any amounts that exceed the benefit maximum.
Over-the-counter (OTC) items You will receive a preloaded healthy extras card with the quarterly allowance listed on the right to purchase eligible OTC items online and at participating retail stores, including at Kaiser Permanente retail pharmacies. Your card will be reloaded on January 1, April 1, July 1, and October 1. Any unused portion of the quarterly allowance will not roll over to the next quarter. Note: The healthy extras card cannot be used for tips or fees (such as delivery or shipping fees). For more information, please see the **EOC**, visit **mybenefitscenter.com**, or call **1-833-365-7674** (TTY **711**), 7 days a week, 6 a.m. to 6 p.m. MST.	**$0** up to the quarterly benefit limit for your plan: • **$20** for Core plan members. • **$25** for Silver plan members.

Out-of-network/non-contracted providers are not required to treat plan members, except in emergency situations. Please call our customer service number or see your **Evidence of Coverage** for more information, including the cost-sharing that applies to out-of-network services.

Member discounts for products and services

Kaiser Permanente partners with leading companies to support your health, safety, and well-being — and offer substantial savings and discounts.

Lively™ Mobile Plus

Get a personal emergency response system that provides 24/7 help with the push of a button. Receive a reduced one-time device fee and choice of two monthly service plans (coverage limits may apply). Visit **shop.lively.com/pages/kp** or call **1-800-205-6548** (TTY **711**) for more information Monday-Friday, 7 a.m. to 7 p.m. MST, and on weekends, 7 a.m. to 6 p.m. MST.

Comfort Keepers® in-home care and assistance

In-home care services to help you maintain independence at home with everything from 24-hour care, respite and personal care, meal preparation, and light housekeeping. Receive a discount on all services and get a free in-home safety assessment. Visit **comfortkeepers.com/kaiser-permanente** or call **1-800-611-9689** (TTY **711**) for more information 24 hours a day, 7 days a week.

Mom's Meals® healthy meal delivery

Getting the right nutrition is essential to achieving and maintaining good health. Receive delivery of refrigerated ready-to-heat-and-eat meals to homes nationwide. Crafted by chefs and registered dietitians, meals are medically tailored to support most major chronic conditions and overall wellness. Kaiser Permanente members enjoy discounted pricing and free shipping from Mom's Meals. Visit **momsmeals.com/kaiser** or call **1-866-224-9483** (TTY **711**) for more information Monday-Friday, 6 a.m. to 5 p.m. MST.

Kaiser Permanente members may continue to use or select these products or services from any company of their choice but Kaiser Permanente discounts are only available with the partner listed above. 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 Senior Advantage grievance process. BEST BUY HEALTH, GREATCALL, LIVELY and LINK are trademarks of Best Buy and its affiliated companies. ©2022 Best Buy. All rights reserved.

Who can enroll

You can sign up for one of our plans if:

- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay our plan.)
- You're a United States citizen or national, or an eligible noncitizen.
- You live in the service area for these plans, which includes all of Larimer and Weld counties.

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
    - For Silver plan members only, care covered under the Medicare Explorer point-of-service benefit. See the **Evidence of Coverage** for details.
    - For all plan members, dental services from out-of-network dentists covered under the Dental POS benefit. See the **Evidence of Coverage** for details.
    - 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
    - Routine care from a Colorado Permanente Medical Group (CPMG) physician at a Kaiser Permanente medical office in our Denver Metropolitan or Southern Colorado service areas

    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**.

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. 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 **1-800-476-2167** (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 must choose one of our available plan providers 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 **1-855-208-7221** (TTY **711**), weekdays 7 a.m. to 5:30 p.m. or at **kp.org**.

Help managing conditions

If you have more than one 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.

Medicare prescription payment plan

The Medicare Prescription Payment Plan is a payment option that can help you manage your drug costs by spreading them out during the year as monthly payments. This program is available to anyone with Medicare Part D and works with your drug coverage. It can be especially helpful to people with high drug cost sharing earlier in the plan year and help manage out-of-pocket drug costs, but it doesn't save you money or lower your drug costs. Contact us or visit **medicare.gov** to learn more about this program.

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered by submitting a claim to us within a specific time period that includes the date you received the item or service. 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.

Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** at **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.

HMO-POS

An HMO-POS plan is an HMO plan with a Point-of-Service (POS) benefit. "Point-of-Service" means you can use providers outside the plan's network for certain services.

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 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 premium

The amount you pay for your Senior Advantage health care and prescription drug coverage.

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.

Preferred pharmacy

A plan pharmacy where you can get your prescriptions at preferred copays. These pharmacies are usually located at plan medical offices (see the **Pharmacy Directory** for locations). The amount you pay at these pharmacies is less than you pay at other plan pharmacies that only offer standard copays, which are referred to in this document as standard pharmacies.

Prior authorization

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). Services or items subject to prior authorization are flagged with a † symbol in this document.

Region

A Kaiser Foundation Health Plan organization. For the latest Kaiser Permanente Region locations, visit **kp.org.**

Retail plan pharmacy

A plan pharmacy where you can get prescriptions. These pharmacies are usually located at plan medical offices.

Standard pharmacy

A plan pharmacy where you can get your prescriptions at standard copays. These pharmacies aren't usually located at plan medical offices (see the **Pharmacy Directory** for locations). The amount you pay at these pharmacies is more than you pay at plan pharmacies that only offer preferred copays, which are referred to in this document as preferred pharmacies.

Kaiser Permanente is an HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. By law, our plan or CMS can choose not to renew our Medicare contract.

Kaiser Permanente's pharmacy network includes limited lower cost, preferred pharmacies in Colorado. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call **1-800-476-2167** (TTY **711**), seven days a week, 8 a.m. to 8 p.m. or consult the online pharmacy directory at **kp.org/directory**.

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**.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal and state civil rights laws and does not discriminate, exclude people or treat them less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), ancestry, age, disability, sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed or marital status.

Kaiser Health Plan:

- Provides no-cost auxiliary 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, braille, and accessible electronic formats

- Provides 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 **1-800-632-9700** (TTY **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, age, disability, sex,(including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed, or marital status, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**).

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**, (TTY **1-800-537-7697**). Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.

This notice is available at

https://healthy.kaiserpermanente.org/colorado/language-assistance/nondiscrimination-notice

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HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-632-9700** (TTY **711**).

አማርኛ (Amharic) ትኩረት፦ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-632-9700** ይደውሉ (TTY **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-632-9700** (**TTY: 711**).

Ɓăsɔ́ɔ̀ Wùɖù (Bassa) Mbi sog: nia maa Ɓàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tsoŋ ni soŋ, niŋ ma kénŋɛn yɛ́, mbi èyɛm. Wɔ nàŋ **1-800-632-9700** (TTY **711**)

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-632-9700**（TTY **711**）。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-800-632-9700** (TTY (تلفن متنی) **711**) تماس بگیرید.

Français (French) ATTENTION: si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-632-9700** (TTY **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-632-9700** an (TTY **711**).

Igbo (Igbo) TINYE UCHE: Ọ bụrụ na ị na-asụ Igbo, Ọrụ enyemaka nke asụsụ gụnyere udi enyemaka na ọrụ kwesịrị ekwesị, n'efu, dị nye gị. Kpọọ **1-800-632-9700** (TTY **711**).

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-632-9700** までお電話ください（TTY：**711**）。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-632-9700** 로 전화해 주세요(TTY **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę́', biniit'aa da beeso ndinish'aah t'aala'I bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-632-9700** (TTY **711**).

नेपाली (Nepali) ध्यान दिनुहोस्: यदि तपाइँ नेपाली बोल्नुहुन्छ भने, उपयुक्त सहायक सहायता र सेवाहरू सहित भाषा सहायता सेवाहरू, नि:शुल्क उपलब्ध छन्। फोन **1-800-632-9700** (TTY: **711**).

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-800-632-9700** irratti bilbilaa (TTY **711**)

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-632-9700** (TTY **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-632-9700** (TTY **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-632-9700** (TTY **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-632-9700** (TTY **711**).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá ń sọ èdè Yorùbá, àwọn iṣẹ́ ìrànlọ́wọ́ èdè tó fi kún àwọn ohun èlò ìrànlọ́wọ́ tó yẹ àti àwọn iṣẹ́ láìsí ìdíyelé wà fún ọ. Pe **1-800-632-9700** (TTY **711**).

kp.org/medicare

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Denver, CO 80247

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