

Kaiser Permanente Senior Advantage (HMO) or Medicare Prescription Drug Plan (PDP)

Postal Service Health Benefits (PSHB) Program Group Medicare Enrollment Form

IMPORTANT. Please read the following before proceeding further:

If you are a PSHB annuitant and are eligible for Medicare Part D, you may have been or be in the process of being automatically enrolled in the Medicare Prescription Drug Plan (PDP).

- If you are already enrolled in the PDP plan and wish to remain on that plan, you **do not** need to complete this form.
- In limited circumstances you may need to complete this form to enroll in the Medicare Prescription Drug Plan (PDP), such as if you moved to a new service area, were disenrolled and are eligible for re-enrollment, or had another special qualifying event.

You also have the option to enroll your Medicare Parts A/B in the Group Medicare Advantage with Prescription Drug (MAPD) plan by completing this enrollment form and selecting the **MAPD** option at the top of page 1. This plan combines your medical and prescription drug benefits and provides more comprehensive benefits than the PDP option.

Filling out and returning the enrollment form is your first step to becoming a **Kaiser Permanente Senior Advantage** or **Medicare Prescription Drug Plan for Postal Service** member. If you and your eligible dependent are both applying, you'll each need to fill out a separate form.

For help completing the enrollment form, call Kaiser Permanente at **1-800-443-0815**, 7 days a week, 8 a.m. to 8 p.m. TTY users should call **711** or **visit [kp.org/postal](https://www.kp.org/postal)**.

How to fill out this form

1. Answer all questions and print your answers using black or blue ink. Fill in check boxes with an X.
2. Sign and date the form. **Make sure you've read all the pages before you sign.**
3. Mail the original, signed form to:

Kaiser Permanente - Medicare Unit
P.O. Box 232400
San Diego, CA 92193-2400

You can also FAX or EMAIL your completed form to:

FAX: **1-855-355-5334**

EMAIL: **KPMedicareEnrollments@kp.org**

4. Make a copy for your records. If required, submit a copy to your employer group, union or trust fund.

Next steps

- We'll review your form to make sure it's complete. Then we'll let you know by mail that we've received it.
- We'll let Medicare know that you've applied for Senior Advantage or Medicare Prescription Drug Plan.
- Within 10 calendar days after Medicare confirms your enrollment, we'll first let you know the start date for your coverage. Next, we will send you a Kaiser Permanente ID card and your new member package within 10 days of your start date.
- To check on the status of your application, please visit kp.org/medicare/applicationstatus.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

**To Enroll in the PSHB Kaiser Permanente Senior Advantage or Medicare Prescription Drug Plan,
Please Provide the Following Information**

Select the plan you want to join: (Please only select one plan option)

Senior Advantage Plan (MAPD) A Medicare Advantage Prescription Drug (MAPD) plan which includes Medical and Part D prescription drug coverage.

Please Note: You can enroll with Part B only.

Medicare Prescription Drug Plan (PDP) An employer group sponsored stand-alone Prescription Drug Plan (PDP), which is Part D prescription drug coverage only. This plan is a stand-alone Part D prescription drug plan.

LAST Name:

FIRST Name:

Middle Initial:

Gender:

Male Female

Home Phone Number:

Mobile Phone Number:

Birth Date: (mm/dd/yyyy)

Are you a current or former member of any Kaiser Permanente health plan? Yes No If yes: Current Former

Kaiser Permanente Medical/Health Record Number:

Permanent Residence Street Address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):

City:

County:

State:

ZIP Code:

Mailing Address (only if different from your Permanent Residence Address)

Street Address:

City:

State:

ZIP Code:

Email Address:

Last Name

First Name

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section.

Name (as it appears on your Medicare card):

- Fill out this information as it appears on your Medicare card.

Medicare Number:

- OR -

Is Entitled To: Effective Date:
HOSPITAL (Part A)
MEDICAL (Part B)

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Please Read and Answer These Important Questions

1. Do you work? Yes No Does your spouse work? Yes No N/A

2. Are you the retiree? Yes No

If yes, retirement date (mm/dd/yyyy):

If no, name of retiree:

3. Are you covering a spouse or dependents under this employer or union plan? Yes No

If yes, name of spouse:

Name(s) of dependent(s):

4. Will you have other prescription drug coverage (like VA, TRICARE) in addition to Kaiser Permanente? Yes No

If "yes", please list your other coverage and your identification (ID) number(s) for that coverage.

Name of other coverage:

ID # for other coverage:

5. Are you a resident in a long-term care facility, such as a nursing home? Yes No

If "yes", please provide the following information:

Name of institution:

Address of institution (number and street):

Phone Number:

6. Requested effective date (subject to CMS approval):

Last Name

First Name

The fields in this section are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin
- I choose not to answer**

What's your race? Select all that apply.

- American Indian or Alaska Native
- Black or African American
- Asian:
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian
- Native Hawaiian and Pacific Islander:
 - Guamanian or Chamorro
 - Native Hawaiian
 - Samoan
 - Other Pacific Islander
- White
- I choose not to answer**

What's your gender? Select one.

- Woman
- Man
- Non-binary
- I use a different term:
- I choose not to answer**

Which of the following best represents how you think of yourself? Select one.

- Lesbian or gay
- Straight, that is, not gay or lesbian
- Bisexual
- I use a different term:
- I don't know
- I choose not to answer**

Last Name

First Name

Please check one of the boxes below if you would prefer that we send you information in a language other than English or in an accessible format:

Spanish Braille Large Print Audio CD Data CD

Please contact Kaiser Permanente at **1-800-443-0815** if you need information in an accessible format or language other than what is listed above. Our office hours are 7 days a week, 8 a.m. to 8 p.m. TTY users should call **711**.

Last Name

First Name

Please Read and Sign Below

FOR HAWAII ENROLLEES ONLY:

KAISER FOUNDATION HEALTH PLAN, INC. ARBITRATION AGREEMENT FOR THE HAWAII REGION

Binding Arbitration

Except as provided in the Dispute Resolution section of Kaiser Permanente's Guide to Your Health Plan (Guide) or by applicable law, any and all claims, disputes, or causes of action arising out of or related to your Guide or Evidence of Coverage (EOC), its performance or alleged breach, or the relationship or conduct of the parties, including but not limited to any and all claims, disputes, or causes of action based on contract, tort, statutory law, or actions in equity, shall be resolved by binding arbitration.

This includes but is not limited to any claim asserted:

By or against a Member, a patient, the heirs or the personal representative of the estate of the Member or patient, or any other person entitled to bring an action for damages, arising from or related to harm to the member or patient as permitted by applicable federal or Hawaii state law existing at the time the claim is filed ("Member Parties"). For purposes of this Agreement, all family members of the member or patient who have derivative claims arising from such harm, shall also be deemed "Member Parties" and bound to these arbitration terms; On account of death, bodily injury, physical ailment, mental disturbance, or economic loss arising out of the rendering or failure to render medical services or the provision or failure to provide benefits under this Agreement, except when binding arbitration is explicitly not permitted by applicable law, premises liability, or arising out of any other claim of any nature, irrespective of the legal theory upon which the claim is asserted; and

By or against one or more of the following entities or their employees, officers or directors ("Kaiser Permanente Parties"):

- Kaiser Foundation Health Plan, Inc.,
- Kaiser Foundation Hospitals,
- Hawaii Permanente Medical Group, Inc.,
- The Permanente Federation, LLC,
- Any individual or organization that contracts with an organization named above to provide medical services to Health Plan Members, when such contract includes a provision requiring arbitration of the claim made.

Notwithstanding any provisions to the contrary in this Agreement, the following claims shall not be subject to mandatory arbitration:

- claims for monetary damages within the jurisdictional limit of the Small Claims Division of the District Courts of the State of Hawaii;
- actions for appointment of a legal guardian of a person or property subject to probate laws;
- purely injunctive orders reasonably necessary to protect Kaiser Permanente's ability to safely render medical services (such as temporary restraining orders, and emergency court orders).
- claims that may not be subject to binding arbitration under applicable federal or state law;
- for Medicare members, claims subject to the Medicare appeals process.

Initiating Arbitration

A demand for arbitration shall be initiated by sending a registered or certified letter to each named party against whom the claim is made, with a notice of the existence and nature of the claim, the amount claimed and a demand for arbitration. Any Kaiser Permanente Parties shall be served by registered or certified letter, postage prepaid, addressed to the Kaiser Permanente Parties in care of the Health Plan at Kaiser Foundation Health Plan, Inc., Member Services, 711 Kapiolani Boulevard, Honolulu, HI 96813. The arbitrators shall have jurisdiction only over persons and entities actually served.

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Last Name

First Name

Arbitration Proceedings

Within 30 days after the service of the demand for arbitration, the parties shall agree on a panel of arbitrators from which to select arbitrators or shall agree on particular arbitrators who shall serve for the case. If the parties cannot agree on any panel of arbitrators or particular arbitrators within the 30 days, then the panel of arbitrators shall be that of Dispute Prevention and Resolution, Inc. ("DPR"). Unless the parties agree to any other arbitration service and rules, DPR shall administer the arbitration and its arbitration rules shall govern the arbitration (including rules for selection of arbitrators from a panel of arbitrators, if the parties have not already agreed upon particular arbitrators to serve). Kaiser Permanente shall notify DPR (or such other arbitration service as may be chosen by the parties) of the arbitration within 15 days following the expiration of the 30-day period noted above.

Within 30 calendar days after notice to DPR, the parties shall select a panel of three arbitrators from a list submitted to them by the arbitration service. In all claims seeking a total monetary recovery less than \$25,000.00, and in any other case where the parties mutually agree, a panel of one arbitrator selected by both parties from a list submitted to them by the arbitration service will be allowed. The arbitrator(s) will arrange to hold a hearing in Honolulu (or such other location as agreed by the parties) within a reasonable time thereafter.

Limited civil discovery shall be permitted only for production of documents that are relevant and material, taking of brief depositions of treating physicians, expert witnesses and parties (a corporate party shall designate the person to be deposed on behalf of the corporation) and a maximum of three other critical witnesses for each side (i.e., respondents or claimants), and independent medical evaluations.

The arbitrator(s) will resolve any discovery disputes submitted by any party, including entry of protective orders or other discovery orders as appropriate to protect the parties' rights under this paragraph.

Any payment for the fees and expenses of the arbitration service and the arbitrator(s) shall be borne one-third by the Member Parties and two-thirds by the Kaiser Permanente Parties. Each party shall bear their own attorney's fees, witness fees, and discovery costs.

The arbitrator(s) may decide a request for summary disposition of a claim or particular issue, upon request of one party to the proceeding with notice to all other parties and a reasonable opportunity for the other parties to respond. The standards applicable to such request shall be those applicable to analogous motions for summary judgment or dismissal under the Federal Rules of Civil Procedure.

In claims involving benefits and coverage due under this Agreement or disputes involving operation of the Plan, Health Plan's determinations and interpretations, and its decisions on these matters are subject to de novo review. The arbitration award shall be final and binding. The Member Parties and Kaiser Permanente Parties waive their rights to jury or court trial. With respect to any matter not expressly provided for herein, the arbitration will be governed by the Federal Arbitration Act, 9 U.S.C. Chapter 1.

General Provisions

All claims based upon the same incident, transaction or related circumstances regarding the same Member or same patient shall be arbitrated in one proceeding (for example, all Member Parties asserting claims arising from an injury to the same Health Plan Member, shall be arbitrated in one proceeding).

A claim for arbitration shall be waived and forever barred if on the date notice thereof is received, the claim, if it were then asserted in a civil action, would be barred by the applicable Hawaii statute of limitations. All notices or other papers required to be served or convenient in the conduct of arbitration proceedings following the initial service shall be mailed, postage prepaid,

Last Name

First Name

to such address as each party gives for this purpose. If the Federal Arbitration Act or other law applicable to these arbitration terms is deemed to prohibit any term in this Agreement in any particular case, then such term(s) shall be severable in that case and the remainder of this Agreement shall not be affected thereby. Class actions and consolidation of parties asserting claims regarding multiple members or patients are prohibited. The arbitration provisions in this Agreement shall supersede those in any prior Agreement.

Arbitration Confidentiality

Neither party nor the arbitrator(s) may disclose the substance of the arbitration proceedings or award, except as required by law or as necessary to file a motion regarding the award pursuant to the Federal Arbitration Act, in any federal or state court of appropriate jurisdiction within Hawaii, and in that event, the parties shall take all appropriate action to request that the records of the arbitration be submitted to the court under seal.

Special Claims

Medical Malpractice Claims Prior to initiating any arbitration proceedings alleging medical malpractice, Member Parties shall first submit the claim to a Medical Inquiry and Conciliation Panel pursuant to Chapter 671, Hawaii Revised Statutes, Sections 11-19. Following the rendering of an advisory decision by the Medical Inquiry and Conciliation Panel, if the claim has not been withdrawn or settled, Member Parties shall serve a demand for arbitration on Kaiser Permanente Parties as specified in the "Initiating Arbitration" section.

Benefit Claims If the Member Party has a claim for benefits that is denied or ignored (in whole or in part), the Member Party may pursue legal action in federal or state court, as appropriate, after the Member Party has exhausted the claims and appeals process and, if applicable, external review process. The court will decide who should pay court costs and legal fees. If the Member Party is successful, the court may order the person or entity the Member Party has sued to pay these costs and fees. If the Member Party loses, the court may order the Member Party to pay these costs and fees, for example, if it finds the Member Party's claim is frivolous. If the Member Party has any questions about the Member Party's plan, the Member Party should contact Health Plan at 1-800-966-5955.

Although benefit-related claims may not be required to be resolved by binding arbitration pursuant to this section, Member Parties may still make a voluntary election to use binding arbitration to resolve these claims, instead of court trial, by filing a demand for arbitration upon Kaiser Permanente Parties pursuant to the provisions of the "Initiating Arbitration" section. If a voluntary election to use binding arbitration is made by a Member Party, the arbitration shall be conducted pursuant to the "Dispute Resolution" section of your Guide or EOC.

External Appeal of Internal Review Decisions If you disagree with Kaiser Permanente's final internal benefit determination, you may request voluntary binding arbitration pursuant to the procedures in this Agreement. In addition to the arbitration procedures set forth in this Agreement which may be elected by the Member (but are not mandatory), Hawaii Revised Statutes Chapter 432E also creates certain external review rights for Members to submit a request for external review to the State Insurance Commissioner within 130 days from the date of Kaiser's final internal determination. These rights are subject to the limitations noted in the next paragraph, and are subject to the requirements and limitations in Hawaii Revised Statutes Chapter 432E (including exhausting all of Kaiser Permanente's internal complaint and appeals procedures before requesting external review, except as specified in Chapter 432E for situations when simultaneous external review is permitted to occur or Kaiser Permanente has failed to comply with federal requirements regarding its claims and appeals process). A complete description of Kaiser Permanente's claims and appeals process is described in the "Appeals" section of your Guide or EOC.

Last Name

First Name

Chapter 432E external reviews are limited to situations where (a) the complaint is not for allegations of medical malpractice, professional negligence or other professional fault by health care providers, and (b) the complaint relates to an adverse action as defined in Hawaii Revised Statutes Chapter 432E. Health Plan may object to external reviews under Chapter 432E which do not meet the standards for external review under applicable federal and state law and Health Plan reserves its full rights and remedies in this regard. The recitation of state law provisions shall not be deemed to constitute any waiver of such objections.

Senior Advantage Member Claims

Complaints and appeals procedures for Senior Advantage Members are described in the Kaiser Permanente Senior Advantage Evidence of Coverage (KPSA EOC). The arbitration provisions of this KPSA EOC apply only to Senior Advantage Member claims asserted on account of medical malpractice or a violation of a legal duty arising out of this KPSA EOC, irrespective of the legal theory upon which the claim is asserted.

I acknowledge that I have read and understood the information in the Arbitration Agreement above and agree that I, on behalf of myself, all applicants, and all family members, hereby (i) acknowledge that I have read and understood the provisions of the KFHP Arbitration Agreement, (ii) agree to binding arbitration, and (iii) give up my constitutional right to a jury trial.

By completing this enrollment application, I agree to the following:

Kaiser Permanente is both a Medicare Advantage as well as a Medicare Prescription Drug (Part D) plan and has a contract with the Federal government. If enrolling in the Medicare Prescription Drug Plan, per Medicare guidelines I will need to keep either my Medicare Part A or Part B. If enrolling in the Medicare Advantage plan I will need to keep my Medicare Part B. I can only be in one Medicare Advantage or Part D plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or Part D plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I may leave this plan at any time during the year as allowed by my group by sending a request to Kaiser Permanente. However, before I request disenrollment, I will check with my group or union/trust fund to determine if I am able to continue my group membership.

I understand that if I currently have Kaiser Permanente coverage through more than one employer or union/trust fund, I must choose one of these coverage options for my Senior Advantage or Medicare Prescription Drug plan because I can be enrolled in only one Senior Advantage or Medicare Prescription Drug plan at a time. My other employer or union/trust fund may allow me to enroll in one of their non-Medicare plans as well. I will contact the benefit administrators at each of my employers or union/trust funds to understand the coverage that I am entitled to before I make a decision about which employer's or union/trust fund's plan to select for my Senior Advantage Medicare Prescription Drug plan.

I understand that by enrolling in the PSHB Senior Advantage plan, where applicable I am affirmatively declining, and am in fact "opting out," of any automatic enrollment into the Kaiser Permanente Medicare Prescription Drug plan that may be pending for an effective date that is in alignment with or later than the effective date of this enrollment.

Kaiser Permanente serves a specific service area. If I move out of the area that Kaiser Permanente serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Kaiser Permanente, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Senior Advantage or Kaiser Permanente Medicare Prescription Drug plan **Evidence of Coverage** document from Kaiser Permanente when I receive it in order to know which rules I must follow to get coverage with this Medicare Advantage plan or Medicare Prescription Drug plan.

Last Name First Name

I understand that beginning on the date Senior Advantage coverage begins, I must get all of my health care from Kaiser Permanente, except for emergency or urgently needed services or out-of-area dialysis services.

Services authorized by Kaiser Permanente and other services contained in my Senior Advantage or Medicare Prescription Drug Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR KAISER PERMANENTE WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Kaiser Permanente, he/she may be paid based on my enrollment in Kaiser Permanente.

Release of Information:

By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as necessary for treatment, payment and health care operations. I also acknowledge that Kaiser Permanente will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Enrollee or Authorized Representative Signature:

Today's Date:

If you are the authorized representative of the enrollee, meaning you attest that you are legally authorized to complete this enrollment request on their behalf under State law (Power of Attorney, court-ordered legal guardianship, etc.), please sign above and provide your information below:

Name:

Address:

Phone Number: **Relationship to Enrollee:**

For future membership-related inquiries or requests, please feel free to send a copy of the authorized representative document to: Kaiser Permanente – Medicare Unit P.O. Box 232400 San Diego, CA 92193-2400 or FAX: **1-855-355-5334** or EMAIL: **KPMedicareEnrollments@kp.org**. A copy of the authorized representative document is not required for completing this enrollment request.

Last Name First Name

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form. Do not complete this section if you are the enrollee or their legal/authorized representative.

Name:

Relationship to Enrollee:

Signature:

National Producer Number (Agents/Brokers only):

Office Use Only:

Name of staff member/agent/broker (if assisted in enrollment):

Plan ID #: Effective Date of Coverage:

ICEP/IEP: AEP: SEP (type):

Kaiser Permanente Senior Advantage/Medicare Advantage for Postal Service Members (HMO) Senior Advantage 2/Medicare Advantage 2 Enrollment Application

NCAL NCAL-Fresno SCAL Colorado Georgia Hawaii Mid-Atlantic States Northwest Washington

The PSHB enrollee (employee or retiree) must complete this form. By enrolling in Senior Advantage 2/Medicare Advantage 2, you and your covered dependents enrolled in Kaiser Permanente Senior Advantage/Medicare Advantage for Postal Service Members will be eligible to receive reimbursement of your Medicare Part B premium as described in the PSHB Senior Advantage 2/Medicare Advantage 2 Program Description. You must provide the enrollee's information below and the name(s) and Social Security number(s) for each dependent enrolled in Senior Advantage/Medicare Advantage for Postal Service Members.

PSHB enrollee

Last name	First name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Kaiser Permanente medical/health record number	Date of birth (mm/dd/yyyy)	Social Security number (SSN)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address			
<input type="text"/>			
City	State	ZIP code	Telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent 1

Last name	First name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Kaiser Permanente medical/health record number	Date of birth (mm/dd/yyyy)	Social Security number (SSN)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent 2

Last name	First name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Kaiser Permanente medical/health record number	Date of birth (mm/dd/yyyy)	Social Security number (SSN)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that my signature on this application means that I have read, understand, and agree to the plan rules outlined in the Senior Advantage 2/Medicare Advantage 2 Program Description and PSHB Brochure. I am the enrollee and agree to enroll in the Program myself and/or any eligible dependents who have Senior Advantage/Medicare Advantage.

PSHB enrollee's signature or authorized representative*	Today's date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

*If authorized representative, attach copy of legal documentation, such as Power of Attorney form

Mail to: Kaiser Permanente - Medicare Unit
P.O. Box 232400
San Diego, CA 92193-2400

Email: KPMedicareEnrollments@kp.org
Fax: 1-855-355-5334

Postal Service Health Benefits (PSHB) Plan

Senior Advantage 2 Program Description

All plans offered and
underwritten by
Kaiser Foundation Health Plan, Inc.
Hawaii Region
711 Kapiolani Boulevard
Honolulu, HI 96813

This booklet gives you details about the Senior Advantage 2 Program offered by Kaiser Foundation Health Plan of Hawaii, Inc. This is an important legal document. Please keep it in a safe place. When this program description says “we,” “us,” “our,” or “Kaiser Permanente,” it means Kaiser Foundation Health Plan of Hawaii, Inc. When it says “program” or “our program,” it means Senior Advantage 2. When this program description says “you,” it means the enrollee (sometimes called a subscriber, or Postal Service employee or annuitant).

We offer the Senior Advantage 2 Program as part of our Postal Service Health Benefits (PSHB) plan. The program rules are outlined in the PSHB brochure (RI 73-922), Section 9, Medicare Part B reimbursement program.

Senior Advantage 2 is designed to reimburse you for your Medicare Part B premium. This document explains how you enroll in and disenroll from Senior Advantage 2, as well as how we will reimburse you for the Medicare Part B premium you pay.

Eligibility and enrollment

To enroll in Senior Advantage 2:

- **You must be enrolled in Kaiser Permanente’s PSHB High Option** (enrollment codes: PKA, PKC, or PKB).
 - When you become eligible for Medicare, you may be able to change your current option or plan.
 - To enroll or change your enrollment, visit **opm.gov** to enroll online or contact your employing agency or retirement office. Annuitants can contact the Retirement Information Center at **1-888-767-6738** or **1-855-887-4957** (TTY), Monday through Friday, 7:40 a.m. to 5 p.m. Eastern time, or **retire@opm.gov**.
- **You (and/or your covered dependents) must be enrolled in Kaiser Permanente Senior Advantage for Postal Service Members (HMO).**

- If you are not enrolled in Senior Advantage, you may call our Kaiser Permanente Medicare specialists at **1-877-547-4909 (TTY 711)**, Monday through Friday, 8 a.m. to 8 p.m. Pacific time.
- If you are a Senior Advantage member, you do not need to submit another Senior Advantage Group Enrollment Form.

- **You also must complete and submit a Senior Advantage 2 Enrollment Application.**

Coverage

When you enroll in Senior Advantage for Postal Service Members, you get all the benefits described in the PSHB brochure (RI 73-922) and the Kaiser Permanente Senior Advantage for Postal Service Members (HMO) **Evidence of Coverage**.

By enrolling in Senior Advantage 2, you and your covered dependents who are enrolled in Kaiser Permanente Senior Advantage for Postal Service Members are eligible to receive reimbursement of your Medicare Part B premium. The reimbursement is solely available to reimburse you and/or your covered dependent up to \$175 per month of the Medicare Part B premium, including the Part B late enrollment penalty and/or the Income Related Monthly Adjustment Amount (IRMAA) you or your covered dependent pays.

Once you have successfully enrolled in Senior Advantage 2, we will reimburse you monthly for your Medicare Part B premium. Your Medicare Part B premium is deducted automatically from your Social Security or retirement check or paid directly to Social Security. You will be reimbursed solely for paying your Medicare Part B premium.

Your reimbursement will cease if you disenroll from Kaiser Permanente Senior Advantage 2 or from our PSHB High Option.

The reimbursement is administered by Kaiser Permanente Health Payment Services. You will not be charged a fee for the administration of your

reimbursement. The reimbursement will not be held in trust for you or your dependents and will not be held in a bank account that belongs to you or your dependents. The reimbursement does not earn interest.

Reimbursement of your Medicare Part B premium is available beginning on the effective date of your enrollment in Senior Advantage 2. We will send your reimbursement each month by mail or direct deposit. Your first reimbursement may take approximately 30 to 45 days to process. Subsequent reimbursements can be expected on about the same day each month.

If you receive a reimbursement for your Medicare Part B premium and you later become ineligible for reimbursement, you must refund the reimbursement to Kaiser Permanente in order to comply with IRS requirements and avoid tax penalties. You will receive notification of this post-payment denial with instructions on how to settle the overpayment of your Medicare Part B reimbursement.

Reimbursement of late enrollment penalty or IRMAA

We will automatically reimburse you for the standard Medicare Part B premium. You do not need to send us proof of your Medicare Part B if you pay only the standard Medicare Part B premium.

Some people have an extra charge added to their Medicare Part B premium. If your income is above a certain amount, you may pay the Income Related Monthly Adjusted Amount (IRMAA). If you enroll in Part B late, you may pay a late enrollment penalty. To receive additional reimbursement (up to \$175 per month), you must provide proof once each year of the amount you pay for Medicare Part B premium and the extra charges you pay for late enrollment penalty and/or IRMAA no later than 90 days after the plan year ends. You may submit one of the following documents as proof: Social Security Benefit Verification letter, Notice of

Annuity Adjustment or Medicare premium billing. If the amount you pay for LEP or IRMAA changes, you must provide additional information.

Visit kp.org/postal to get the PSHB Senior Advantage 2 Proof of Part B Premium Instructions and form.

For questions about reimbursement, call Kaiser Permanente Health Payment Services at **1-877-761-3399**, Monday through Friday, 5 a.m. to 7 p.m. Pacific time.

Disenrollment

We will cancel Senior Advantage 2 enrollment:

- If you submit a written request to cancel Senior Advantage 2
- If you or the Centers for Medicare & Medicaid Services (CMS) cancels your Senior Advantage for Postal Service Members enrollment for any reason, including if you do not pay Medicare Part B premiums
- If at least one family member (subscriber and/or his/her dependents) is not enrolled in Senior Advantage for Postal Service Members within 3 months of enrollment in Senior Advantage 2
- If you are disenrolled from Kaiser Permanente's PSHB High Option

If we disenroll you from Senior Advantage 2, you will not be eligible to enroll in Senior Advantage 2 again during the same calendar year. You may continue to be enrolled in Kaiser Permanente's PSHB Program coverage and/or Senior Advantage for Postal Service Members.

Senior Advantage 2 is offered as part of the PSHB Program. This is a summary of the features of the Kaiser Permanente health plan. Before making a final decision, please read the Plan's Postal Service brochure (RI 73-922). All benefits are subject to the definitions, limitations, and exclusions set forth in the Postal Service brochure.

January 1–December 31, 2025

2025 Summary of Benefits

Kaiser Permanente Senior Advantage (HMO) for Postal Service Health Benefits (PSHB) Members

High and Standard Options

With Medicare Part D prescription drug coverage

About this Summary of Benefits

Thank you for considering Kaiser Permanente Senior Advantage for Postal Service Health Benefits (PSHB) members. You can use this **Summary of Benefits** to learn more about our plans. It includes information about:

- Benefits and costs
- Part D prescription drugs
- Additional benefits
- 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 three Kaiser Permanente Senior Advantage plans for Postal Service Health Benefits (PSHB) members: High Option Senior Advantage 1, High Option Senior Advantage 2, and Standard Option Senior Advantage. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see your Kaiser Permanente Senior Advantage **Evidence of Coverage (EOC)**, which we'll notify you how to view online. If you'd like to see it before you enroll, you can view it online at kp.org/postal or ask for a copy from Member Services by calling **1-800-805-2739** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

To receive the Kaiser Permanente Senior Advantage benefits described in this **Summary of Benefits**, you must be enrolled in Kaiser Permanente through the PSHB Program. As a member of Kaiser Permanente Senior Advantage (HMO) for Postal Service Health Benefits (PSHB), you are still entitled to coverage under the PSHB Program. For a complete statement of your PSHB benefits, including any limitations and exclusions, please refer to your PSHB brochure (RI 73-920). All PSHB benefits are subject to the definitions, limitations, and exclusions set forth in the PSHB brochure.

If you are already enrolled in one of our Kaiser Permanente Senior Advantage plans and wish to switch to a different Kaiser Permanente Senior Advantage plan, you may do so during the annual open season or you may also be able to change your enrollment when you have a life event (for example, you become eligible for Medicare). Please refer directly to **opm.gov** and your employing agency or retirement office for more information about when you can make plan changes outside of the open season.

Have questions?

- Please call Member Services at **1-800-805-2739** (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	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage
Monthly plan premium	You must pay your PSHB monthly contribution.	You must pay your PSHB monthly contribution. We will reimburse up to \$175 per month for your Medicare Part B premium.	You must pay your PSHB monthly contribution.
Deductible	None	None	None
Your maximum out-of-pocket responsibility (includes Medicare Part D drugs)	\$2,500	\$3,000	\$2,500
Inpatient hospital services*† There's no limit to the number of medically necessary inpatient hospital days.	\$0	\$50 per admission	\$200 per admission
Outpatient hospital services*†	\$5 per visit	\$50 per visit	\$75 per visit
Ambulatory Surgical Center (ASC) *†	\$5 per visit	\$50 per visit	\$75 per visit
Doctor's visits			
• Primary care providers	\$5 per visit	\$10 per visit	\$15 per visit
• Specialists*†	\$10 per visit	\$10 per visit	\$20 per visit

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage
Preventive care*† See the EOC for details.	\$0	\$0	\$0
Emergency care We cover emergency care anywhere in the world.	\$75 per Emergency Department visit	\$75 per Emergency Department visit	\$75 per Emergency Department visit
Urgently needed services We cover urgent care anywhere in the world.	\$10 per office visit	\$15 per office visit	\$20 per office visit
Diagnostic services, lab, and imaging*† <ul style="list-style-type: none"> A1c, LDL, certain INR, and glucose quantitative lab tests 	\$0	\$0	\$0
<ul style="list-style-type: none"> All other lab tests 	\$0	\$10 or 20% coinsurance per day, depending upon the service	\$10 or 20% coinsurance per day, depending upon the service
<ul style="list-style-type: none"> Diagnostic tests and procedures (like EKG) 	\$0	20% coinsurance per test	20% coinsurance per test
<ul style="list-style-type: none"> X-rays and Ultrasounds 	\$0	\$10 or 20% coinsurance per day, depending upon the service	\$10 or 20% coinsurance per day, depending upon the service
<ul style="list-style-type: none"> Other imaging procedures (like MRI, CT, and PET) 	\$0	20% coinsurance per test	20% coinsurance per test
Hearing services*† <ul style="list-style-type: none"> Evaluations to diagnose medical conditions Routine hearing exams 	\$5 per visit	\$10 per visit	\$15 per visit

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage
<ul style="list-style-type: none"> Hearing aids (for each hearing impaired ear every 36 months) 	40% coinsurance of our allowance for all charges in excess of the lowest priced hearing aid model.	60% coinsurance of our allowance for all charges in excess of the lowest priced hearing aid model.	40% coinsurance of our allowance for all charges in excess of the lowest priced hearing aid model.
Dental services Preventive and comprehensive dental coverage	Please refer to your PSHB Brochure (RI 73-920) for information.	Please refer to your PSHB Brochure (RI 73-920) for information.	Please refer to your PSHB Brochure (RI 73-920) for information.
Vision services*† <ul style="list-style-type: none"> Visits to diagnose and treat eye diseases and conditions Routine eye exams 	\$5 per visit	\$10 per visit	\$15 per visit
<ul style="list-style-type: none"> Preventive glaucoma screening and diabetic retinopathy services 	\$0	\$0	\$0
<ul style="list-style-type: none"> Eyeglasses or contact lenses after cataract surgery 	20% coinsurance up to Medicare's limit, and you pay any amounts beyond that limit.	20% coinsurance up to Medicare's limit, and you pay any amounts beyond that limit.	20% coinsurance up to Medicare's limit, and you pay any amounts beyond that limit.
<ul style="list-style-type: none"> Other eyewear 	\$100 allowance every January 1 st . If your eyewear costs more than \$100, you pay the difference.	Not covered	\$100 allowance every January 1 st . If your eyewear costs more than \$100, you pay the difference.
Mental health services*† <ul style="list-style-type: none"> Inpatient mental health 	\$0	\$50 per admission	\$200 per admission
<ul style="list-style-type: none"> Outpatient group therapy 	\$5 per visit	\$10 per visit	\$15 per visit
<ul style="list-style-type: none"> Outpatient individual therapy 	\$5 per visit	\$10 per visit	\$15 per visit

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage
Skilled nursing facility*† We cover up to 100 days per benefit period.	\$0	\$0	\$0
Physical therapy*†	\$5 per visit	\$10 per visit	\$15 per visit
Ambulance	20% coinsurance per one-way trip	20% coinsurance per one-way trip	20% coinsurance per one-way trip
Transportation	Not covered	Not covered	Not covered
Medicare Part B drugs† Medicare Part B drugs are covered when you get them from a plan provider. See the EOC for details. <ul style="list-style-type: none"> • Drugs that must be administered by a health care professional 	\$0	\$0	\$0
<ul style="list-style-type: none"> • Up to a 30–day supply from a plan pharmacy 	<ul style="list-style-type: none"> • \$10 for generic drugs • \$45 for brand-name drugs, except you pay \$35 for Part B insulin drugs furnished through an item of DME. 	<ul style="list-style-type: none"> • \$10 for generic drugs • \$45 for brand-name drugs, except you pay \$35 for Part B insulin drugs furnished through an item of DME. 	<ul style="list-style-type: none"> • \$15 for generic drugs • \$45 for brand-name drugs, except you pay \$35 for Part B insulin drugs furnished through an item of DME.

Medicare Part D prescription drug coverage†

†Prior authorization may be required.

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

- The Kaiser Permanente Senior Advantage plan you enroll in (High Option Senior Advantage 1, High Option Senior Advantage 2, or Standard Option Senior Advantage).
- 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 **1-800-805-2739** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30–day or 90–day supply). Note: A supply greater than a 30–day supply isn't available for all drugs.
- Whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (deductible, initial coverage, or catastrophic coverage stage).

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 **Evidence of Coverage 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 shown in the chart below until your out-of-pocket costs reach **\$2,000**. If you reach the \$2,000 limit in 2025, 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 90–day supply
Tier 1 (Preferred generic)	\$5	\$10	\$15
Tier 2 (Generic)	\$10	\$20	\$30
• High Option Senior Advantage 1			
• High Option Senior Advantage 2	\$10	\$20	\$30
• Standard Option Senior Advantage	\$15	\$30	\$45
Tier 3* (Preferred brand-name)			
Tier 4* (Non-preferred drugs)	\$45	\$90	\$135
• High Option Senior Advantage 1			
• High Option Senior Advantage 2	\$45	\$90	\$135
• Standard Option Senior Advantage	\$45	\$90	\$135
Tier 5* (Specialty)			
• High Option Senior Advantage 1	\$60	\$120	\$180
• High Option Senior Advantage 2	\$200	\$400	\$600
• Standard Option Senior Advantage	\$75	\$150	\$225
Tier 6** (Vaccines)	\$0	N/A	

*For each insulin product covered by our plan, you will not pay more than **\$35** for a 30–day supply, **\$70** for a 31– to 60–day supply, and **\$105** for a 61– to 90–day supply, regardless of the tier.

**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 90–day supply
Tier 1 (Preferred generic)	\$0	\$0	\$0
<ul style="list-style-type: none"> • Tier 2 (Generic) • High Option Senior Advantage 1 	\$10	\$20	\$20
<ul style="list-style-type: none"> • High Option Senior Advantage 2 	\$10	\$20	\$20
<ul style="list-style-type: none"> • Standard Option Senior Advantage 	\$15	\$30	\$30
Tier 3* (Preferred brand-name)			
Tier 4* (Non-preferred drugs)	\$45	\$90	\$90
<ul style="list-style-type: none"> • High Option Senior Advantage 1 			
<ul style="list-style-type: none"> • High Option Senior Advantage 2 	\$45	\$90	\$90
<ul style="list-style-type: none"> • Standard Option Senior Advantage 	\$45	\$90	\$90
Tier 5* (Specialty)			
<ul style="list-style-type: none"> • High Option Senior Advantage 1 	\$60	\$120	\$120
<ul style="list-style-type: none"> • High Option Senior Advantage 2 	\$200	\$400	\$400
<ul style="list-style-type: none"> • Standard Option Senior Advantage 	\$75	\$150	\$150

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

*For each insulin product covered by our plan, you will not pay more than **\$35** for a 30–day supply, **\$70** for a 31– to 60–day supply, or **\$90** for a 61– to 90–day supply of Tiers 3-4 drugs, and **\$105** for a 61– to 90–day supply of Tier 5 drugs.

Catastrophic coverage stage

If you or others on your behalf spend **\$2,000** on your Part D prescription drugs in 2025, 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 retail plan pharmacy and you can get up to a 31-day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail plan pharmacy and you can get up to a 30–day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can't use a network pharmacy, like during a disaster. See the Senior Advantage **Evidence of Coverage** for details.

Additional benefits

These benefits are available to you as a plan member:	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage
<p>Acupuncture and chiropractic care not covered by Medicare</p> <p>We provide 20 visits total per calendar year for acupuncture and chiropractic care not covered by Medicare</p>	You pay \$20 visit	Not covered	You pay \$20 per visit
<p>Fitness benefit – One Pass™</p> <p>You have access to the One Pass complete fitness program for the body and mind. One Pass includes:</p> <ul style="list-style-type: none"> • A large core and 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. 	\$0	\$0	\$0

For more information about participating gyms and fitness locations, the program's benefits, or to set up your online account, visit YourOnePass.com or call 1-877-614-0618 (TTY 711), Monday through Friday, 3 a.m. to 4 p.m., HST.			
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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 greatcall.com/KP or call **1-800-205-6548** (TTY 711) for more information.

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 www.momsmeals.com/kp or call **1-866-224-9483** (TTY 711) for more information.

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 these Senior Advantage plans if:

- You are enrolled in Kaiser Permanente through the PSHB Program.
- You have Medicare Part B. (To get and keep Medicare Part B, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay for your PSHB plan.)
- You're a citizen or lawfully present in the United States.
- You live in the service area for these plans, which includes all of **Honolulu County**. Also, our service area includes these parts of the following counties:
 - **Maui County, in the following ZIP codes only:** 96708, 96713, 96732, 96733, 96753, 96761, 96767, 96768, 96779, 96784, 96788, 96790, and 96793.
 - **Hawaii County, in the following ZIP codes only:** 96704, 96710, 96719, 96720, 96721, 96725, 96726, 96727, 96728, 96737, 96738, 96739, 96740, 96743, 96745, 96749, 96750, 96755, 96760, 96764, 96771, 96773, 96774, 96776, 96778, 96780, 96781, 96783, and 96785.

Coverage rules

We cover the services and items listed in this document and the Senior Advantage **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 and Pharmacy Directory**. But there are exceptions to this rule. We also cover:
 - Care from plan providers in another Kaiser Permanente Region
 - Emergency care
 - Out-of-area dialysis care
 - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
 - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers. If you receive non-covered care or services, you must pay the full cost.

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

Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. You aren't restricted to a particular plan facility or pharmacy, and we encourage you to use the plan facility or pharmacy that will be most convenient for you. To find our provider locations, see our **Provider and Pharmacy Directory** at **kp.org/directory** or ask us to mail you a copy by calling Member Services at **1-800-805-2739 (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 Member Services or at **kp.org/finddoctors**.

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 new payment option for 2025 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](https://www.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 Senior Advantage **Evidence of Coverage** for details about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

Kaiser Foundation Health Plan

Kaiser Foundation Health Plan, Inc., Hawaii Region is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Senior Advantage.

Privacy

We protect your privacy. See the Senior Advantage **Evidence of Coverage** or view our **Notice of Privacy Practices** at [kp.org/privacy](https://www.kp.org/privacy) to learn more.

Helpful definitions (glossary)

Allowance

A dollar amount you can use toward the purchase of an item. If the price of the item is more than the allowance, you pay the difference.

Benefit period

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

Calendar year

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

Coinsurance

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

Copay

The set amount you pay for covered services — for example, a \$20 copay for an office visit.

Deductible

It's the amount you must pay for Medicare Part D drugs before you will enter the initial coverage stage.

Evidence of Coverage

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

Maximum out-of-pocket responsibility

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

Medically necessary

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

Non-plan provider

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

Plan

Kaiser Permanente Senior Advantage.

Plan provider

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

Prior authorization

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

Region

A Kaiser Foundation Health Plan organization. We have Kaiser Permanente Regions located in Northern California, Southern California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

Retail plan pharmacy

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

Service area

The geographic area where we offer Senior Advantage plans. To enroll and remain a member of our plan, you must live in our Senior Advantage plan service area.

Kaiser Permanente is an HMO 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.

For information about Original Medicare, refer to your “**Medicare & You**” handbook. You can view it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Notice of Nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, call Member Services at **1-800-805-2739** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 711 Kapiolani Blvd, Honolulu, HI 96813 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-805-2739 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-805-2739 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-805-2739 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-805-2739 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-805-2739 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-805-2739 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-805-2739 (TTY 711)**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-805-2739** (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-805-2739** (TTY 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-805-2739** (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-805-2739** (TTY 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-805-2739** (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-805-2739** (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-805-2739** (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-805-2739** (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-805-2739** (TTY **711**). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-805-2739** (TTY **711**) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Tongan: 'Oku 'i ai 'emau sēvesi fakatonu lea ta'etotongi ke ne ala tali ha'o ngaahi fehu'i fekau'aki mo 'emau palani mo'ui lelei pe faito'ó. Te ke ma'u ha tokotaha fakatonulea 'i ha'o fetu'utaki ki he **1-800-805-2739** (TTY **711**). 'E 'i ai ha tokotaha 'oku lea Faka-Pilitānia ke ne tokoni'i koe. Ko e sēvesi ta'etotongi eni.

Ilocano: Addaankami kadagiti libre a serbisio ti mangitarus tapno sungbatan ti aniaman a saludsod nga addaan ka maipapan ti plano iti salun-at wenno agasmi. Tapno mangala ti mangitarus, maidawat a tawagannakam iti **1-800-805-2739** (TTY **711**). Maysa a tao nga agsasao iti Ilocano ti makatulong kenka. Daytoy ket libre a serbisio.

Pohnpeian: Mie sahpis ni soh isepe oang kawehwe peidek kan me komwi sohte wehwehki oang palien roson mwahu de wasa me pwain kohdahn wini. Komwi en kak iang alehdi sawas wet, komw telepwohndo reht ni **1-800-805-2739** (TTY **711**). Mie me kak Lokaiahn Pohnpei me pahn seweseiuk. Sawas wet sohte isepe.

Samoan: E iai a matou auaunaga faaliliuupu e tali i soo sau fesili e uiga i lou soifua maloloina poo fuafuaga o vailaau. A fia maua se faaliliuupu, na'ó lou valaau mai lava ia matou i le **1-800-805-2739** (TTY **711**). O le fesoasoani atu se tasi e tautala Gagana Samoa. E le totogia lea auaunaga.

Laotian: ພວກເຮົາມີບໍລິການລ່າມແປພາສາພຣີເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ **1-800-805-2739** (TTY **711**). ຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ເປັນບໍລິການພຣີ.

Bisayan: Duna mi'y libreng serbisyo sa tig-interpret aron motubag sa bisan unsa nimong mga pangutana mahitungod sa imong panglawas o plan sa tambal. Aron mokuha og tig-interpret, tawagi lang mi sa **1-800-805-2739** (TTY **711**). Ang usa ka tawo nga nagsulti og Pinulongan makatabang kanimo. Kini usa ka libreng serbisyo.

Marshallese: Ewor ad jermal in ukok ko ñan uak jabdewōt kajitok emaroñ in wōt am ikijen bŭlāān in ājmour ako uno ko rekajur. Ñan bukot juon riukok, kurtok kij ilo **1-800-805-2739** (TTY **711**). Juon armij ej kajiton Kajin eo ñan jibañ eok. Ejelok onean jermal in.

Hawaiian: Inā kekahi mau nīnau nāu e pili ana i kā mākou papahana 'inikua mālama olakino a i 'ole ka 'inikua lā'au kuhikuhi, loa'a ia pū ke kōkua unuhi manuahi i ka 'ōlelo Hawai'i. Inā makemake 'oe i kēia kōkua, e 'olu'olu ke kelepona mai iā mākou i ka helu **1-800-805-2739** (TTY **711**). no ka wala'au 'ana e pili ana i kēia mau papahana i ka 'ōlelo Hawai'i. Eia la ke kōkua manuahi.

Chuukese: Mi kawor aninisin chiaku ika awewen kapas ika epwe wor omw kapas eis fan iten ach kei okot ren pekin manaw me sefei. Ika ke mochen nōunou emon chon chiaku, kopwe kori kich ren en namba **1-800-805-2739** (TTY **711**). Emon aramas mi sine Chuuk mi tongeni anisuk. Ei aninis ese kamo.

kp.org/postal

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

Kaiser Foundation Health Plan, Inc., Hawaii Region.
A nonprofit corporation and Health Maintenance Organization (HMO)

January 1–December 31, 2025

2025 Summary of Benefits

Kaiser Permanente Medicare Part D Group Plan (PDP) for Postal Service Health Benefits (PSHB) Members

High and Standard Options

About this Summary of Benefits

Thank you for considering Kaiser Permanente Medicare Part D Group Plan (PDP) for Postal Service Health Benefits (PSHB) members. You can use this **Summary of Benefits** to learn more about our plans. It includes information about:

- Part D prescription drugs
- Who can enroll
- Coverage rules
- Using a network pharmacy
- 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 two Kaiser Permanente Medicare Part D Group Plans for Postal Service Health Benefits (PSHB) members High Option and Standard Option. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see your Kaiser Permanente Medicare Part D Group Plan (PDP) **Evidence of Coverage (EOC)**, which we'll notify you how to view online. If you'd like to see it before you enroll, you can view it online at kp.org/postal or ask for a copy from Member Services by calling **1-800-805-2739** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

To receive the Kaiser Permanente Medicare Part D Group Plan (PDP) for Postal Service Health Benefits (PSHB) benefits described in this **Summary of Benefits**, you must be enrolled in Kaiser Permanente through the PSHB Program and meet the requirements described in your PSHB brochure. As a member of Kaiser Permanente Medicare Part D Group Plan (PDP) for Postal Service Health Benefits (PSHB), you are still entitled to coverage under the PSHB Program. For a complete statement of your PSHB benefits, including any limitations and exclusions, please refer to your PSHB brochure (RI 73-920). Please refer directly to **opm.gov** and your employing agency or retirement office for more information about when you can make plan changes outside of the open season.

Have questions?

- Please call Member Services at **1-800-805-2739** (TTY **711**).
- 7 days a week, 8 a.m. to 8 p.m.

Medicare Part D prescription drug coverage†

†Prior authorization may be required.

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

- The Kaiser Permanente Medicare Part D Group Plan (PDP) plan you enroll in (High Option or Standard Option).
- 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 **1-800-805-2739** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30–day or 90–day supply). Note: A supply greater than a 30–day supply isn’t available for all drugs.
- Whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you’re in (deductible, initial coverage, or catastrophic coverage stage).

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 **Evidence of Coverage 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 shown in the chart below until your out-of-pocket costs reach **\$2,000**. If you reach the \$2,000 limit in 2025, 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 90–day supply
Tier 1 (Preferred generic)	\$5	\$10	\$15
Tier 2 (Generic)	\$10	\$20	\$30
• High Option			
• Standard Option	\$15	\$30	\$45
Tier 3* (Preferred brand-name)	\$45	\$90	\$135
Tier 4* (Non-preferred drugs)			
• High Option	\$200	\$400	\$600
• Standard Option			
Tier 5* (Specialty)			
Tier 6** (Vaccines)	\$0	N/A	

*For each insulin product covered by our plan, you will not pay more than **\$35** for a 30–day supply, **\$70** for a 31– to 60–day supply, and **\$105** for a 61– to 90–day supply, regardless of the tier.

**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 90–day supply
Tier 1 (Preferred generic)	\$0	\$0	\$0
Tier 2 (Generic)			
• High Option	\$10	\$20	\$20
• Standard Option	\$15	\$30	\$30
Tier 3* (Preferred brand-name)			
Tier 4* (Nonpreferred drugs)			
• High Option	\$45	\$90	\$90
• Standard Option			
Tier 5* (Specialty)			
• High Option	\$200	\$400	\$400
• Standard Option			

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

*For each insulin product covered by our plan, you will not pay more than **\$35** for a 30–day supply, **\$70** for a 31– to 60–day supply, or **\$90** for a 61– to 90–day supply of Tiers 3-4 drugs, and **\$105** for a 61– to 90–day supply of Tier 5 drugs.

Catastrophic coverage stage

If you or others on your behalf spend **\$2,000** on your Part D prescription drugs in 2025, 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 retail plan pharmacy and you can get up to a 31–day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail plan pharmacy and you can get up to a 30–day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can’t use a network pharmacy, like during a disaster. See the Kaiser Permanente Medicare Part D Group Plan (PDP)

Evidence of Coverage for details.

Who can enroll

You can sign up for one of these plans if:

- You have Medicare Part B. (To get and keep Medicare Part B, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay for your PSHB plan.)
- You're a citizen or lawfully present in the United States.
- You are enrolled in Kaiser Permanente through the PSHB Program and live in the Medicare service area for these plans, which includes all of United States except California, Colorado, Washington, Oregon, Georgia, Virginia, Maryland, Delaware, and the District of Columbia.

Coverage rules

We will generally cover your Part D drugs as described in this document and the Kaiser Permanente Medicare Part D Group Plan (PDP) **Evidence of Coverage**, if:

- You have a provider write you a prescription that must be valid under state law.
- Your provider isn't on Medicare's Exclusion or Preclusion list.
- Your drug is on our plan's **Medicare Part D Group Plan (PDP) Comprehensive Formulary**.
- Your drug is medically necessary or used for a medically accepted indication.
- You use a network pharmacy listed in our **Medicare Part D Group Plan (PDP) Comprehensive Formulary** to fill your prescription. But there are exceptions to this rule; for example, in limited circumstances like a disaster. If you use an out-of-network pharmacy, our plan may not pay for these drugs.
 - Note: If you must use an out-of-network pharmacy, you will generally have to pay the full cost (rather than your normal cost share) at the time you fill your prescription. You can ask us to reimburse you for our share of the cost.

For details about coverage rules, including exclusions, see the Kaiser Permanente Medicare Part D Group Plan (PDP) **Evidence of Coverage**.

Using a network pharmacy

In most cases, your prescriptions are covered only if they are filled at our plan's network pharmacies. A network pharmacy is a pharmacy that has a contract with us to provide your covered drugs. You may go to any of our network pharmacies. Most of our plan facilities have network pharmacies. You aren't restricted to a particular plan pharmacy, and we encourage you to use the plan pharmacy that will be most convenient for you. To find a network pharmacy, see our **Medicare Part D Group Plan (PDP)**

Pharmacy Directory at kp.org/directory or ask us to mail you a copy by calling Member Services at **1-800-443-0815** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

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

Medicare prescription payment plan

The Medicare Prescription Payment Plan is a new payment option for 2025 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](https://www.medicare.gov) to learn more about this program.

Notices

Appeals and grievances

If a Part D drug is not covered in the way you would like it to be covered, you can ask us to provide or pay for it by submitting a claim to us within a specific time period that includes the date you received the drugs. 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 or prescriber 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 Kaiser Permanente Medicare Part D Group Plan (PDP) **Evidence of Coverage** for details about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for Part D drugs.

Kaiser Foundation Health Plan

Kaiser Foundation Health Plan, Inc., Hawaii Region is a nonprofit corporation and a Medicare prescription drug plan sponsor called Kaiser Permanente Medicare Part D Group Plan (PDP).

Privacy

We protect your privacy. See the Kaiser Permanente Medicare Part D Group Plan (PDP) **Evidence of Coverage** or view our **Notice of Privacy Practices** at kp.org/privacy to learn more.

Helpful definitions (glossary)

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 prescription drugs. For example, a 20% coinsurance for a \$200 prescription means you pay \$40.

Copay

The set amount you pay for covered drugs — for example, a \$20 copay for a 30-day supply of a covered drug.

Covered drugs

All of the Medicare Part D drugs that are on our **Medicare Part D Group Plan (PDP) Comprehensive Formulary**.

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 Part D prescription drug plan benefits and how your Part D prescription drug plan works.

Medically accepted indication

A medically accepted indication is a use of a drug that is either approved by the Food and Drug Administration or supported by certain references.

Medicare Part D

The voluntary Medicare prescription drug benefit program.

Network pharmacy

See "Plan pharmacy."

Non-plan pharmacy

A pharmacy or facility that doesn't have an agreement with Kaiser Permanente to deliver drugs to our members. In this **Summary of Benefits**, a non-plan pharmacy is also referred to as an "out-of-network" pharmacy.

Plan

Kaiser Permanente Medicare Part D Group Plan (PDP) for Postal Service Health Benefits (PSHB) members.

Plan pharmacy

A plan pharmacy is a pharmacy that has a contract with us to provide your covered drugs. In this **Summary of Benefits**, a plan pharmacy is also referred to as a "network" pharmacy.

Prior authorization

Our plan may require you or your doctor or other prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug. For details about which drugs require prior authorization, please see our

Medicare Part D Group Plan (PDP) Comprehensive Formulary.

Retail plan pharmacy

A plan pharmacy where you can get prescriptions. See the **Medicare Part D Group Plan (PDP) Pharmacy Directory** for locations.

Kaiser Permanente is an HMO plan and a prescription drug plan (PDP) with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

For information about Original Medicare, refer to your “**Medicare & You**” handbook. You can view it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Notice of Nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, call Member Services at **1-800-805-2739** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 711 Kapiolani Blvd, Honolulu, HI 96813 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-805-2739 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-805-2739 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-805-2739 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-805-2739 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-805-2739 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-805-2739 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-805-2739 (TTY 711)**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-805-2739** (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-805-2739** (TTY 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-805-2739** (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-805-2739** (TTY 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-805-2739** (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-805-2739** (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-805-2739** (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-805-2739** (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-805-2739** (TTY **711**). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-805-2739** (TTY **711**) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Tongan: 'Oku 'i ai 'emau sēvesi fakatonu lea ta'etotongi ke ne ala tali ha'o ngaahi fehu'i fekau'aki mo 'emau palani mo'ui lelei pe faito'ó. Te ke ma'u ha tokotaha fakatonulea 'i ha'o fetu'utaki ki he **1-800-805-2739** (TTY **711**). 'E 'i ai ha tokotaha 'oku lea Faka-Pilitānia ke ne tokoni'i koe. Ko e sēvesi ta'etotongi eni.

Ilocano: Addaankami kadagiti libre a serbisio ti mangitarus tapno sungbatan ti aniaman a saludsod nga addaan ka maipapan ti plano iti salun-at wenno agasmi. Tapno mangala ti mangitarus, maidawat a tawagannakam iti **1-800-805-2739** (TTY **711**). Maysa a tao nga agsasao iti Ilocano ti makatulong kenka. Daytoy ket libre a serbisio.

Pohnpeian: Mie sahpis ni soh isepe oang kawehwe peidek kan me komwi sohte wehwehki oang palien roson mwahu de wasa me pwain kohdahn wini. Komwi en kak iang alehdi sawas wet, komw telepwohndo reht ni **1-800-805-2739** (TTY **711**). Mie me kak Lokaiahn Pohnpei me pahn seweseiuk. Sawas wet sohte isepe.

Samoan: E iai a matou auaunaga faaliliuupu e tali i soo sau fesili e uiga i lou soifua maloloina poo fuafuaga o vailaau. A fia maua se faaliliuupu, na'ó lou valaau mai lava ia matou i le **1-800-805-2739** (TTY **711**). O le fesoasoani atu se tasi e tautala Gagana Samoa. E le totogia lea auaunaga.

Laotian: ພວກເຮົາມີບໍລິການລ່າມແປພາສາພຣີເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ **1-800-805-2739** (TTY **711**). ຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ເປັນບໍລິການພຣີ.

Bisayan: Duna mi'y libreng serbisyo sa tig-interpret aron motubag sa bisan unsa nimong mga pangutana mahitungod sa imong panglawas o plan sa tambal. Aron mokuha og tig-interpret, tawagi lang mi sa **1-800-805-2739** (TTY **711**). Ang usa ka tawo nga nagsulti og Pinulongan makatabang kanimo. Kini usa ka libreng serbisyo.

Marshallese: Ewor ad jermal in ukok ko ñan uak jabdewōt kajitok emaroñ in wōt am ikijen bŭlāān in ājmour ako uno ko rekajur. Ñan bukot juon riukok, kurtok kij ilo **1-800-805-2739** (TTY **711**). Juon armij ej kajiton Kajin eo ñan jibañ eok. Ejelok onean jermal in.

Hawaiian: Inā kekahi mau nīnau nāu e pili ana i kā mākou papahana 'inikua mālama olakino a i 'ole ka 'inikua lā'au kuhikuhi, loa'a ia pū ke kōkua unuhi manuahi i ka 'ōlelo Hawai'i. Inā makemake 'oe i kēia kōkua, e 'olu'olu ke kelepona mai iā mākou i ka helu **1-800-805-2739** (TTY **711**). no ka wala'au 'ana e pili ana i kēia mau papahana i ka 'ōlelo Hawai'i. Eia la ke kōkua manuahi.

Chuukese: Mi kawor aninisin chiaku ika awewen kapas ika epwe wor omw kapas eis fan iten ach kei okot ren pekin manaw me sefei. Ika ke mochen nōunou emon chon chiaku, kopwe kori kich ren en namba **1-800-805-2739** (TTY **711**). Emon aramas mi sine Chuuk mi tongeni anisuk. Ei aninis ese kamo.

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