

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 Option, Standard Option, and Prosper

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 three Kaiser Permanente Medicare Part D Group Plans for Postal Service Health Benefits (PSHB) members High Option, Standard Option, and Prosper. 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 **1-800-443-0815 (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 73-921). 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 **1-800-443-0815 (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, Standard Option, or Prosper).
- 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 **1-800-443-0815** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30–day or 100–day supply). Note: A supply greater than a 30–day supply isn’t available for all drugs.
- 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 100–day supply
Tier 1 (Preferred generic)			
Tier 2 (Generic)			
• High Option	\$10	\$20	\$30
• Standard Option	\$15	\$30	\$45
• Prosper			
Tier 3* (Preferred brand-name)			
Tier 4* (Non-preferred drugs)			
• High Option	\$40	\$80	\$120
• Standard Option	\$47	\$94	\$141
• Prosper			
Tier 5* (Specialty)			
• High Option	\$100	\$200	\$300
• Standard Option	\$150	\$300	\$450
• Prosper	\$200	\$400	\$600
Tier 6** (Vaccine)	\$0	\$0	\$0

*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 100–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 100-day supply
Tier 1 (Preferred generic)			
Tier 2 (Generic)			
• High Option	\$10	\$20	\$20
• Standard Option	\$15	\$30	\$30
• Prosper			
Tier 3* (Preferred brand-name)			
Tier 4* (Non-preferred drugs)			
• High Option	\$40	\$80	\$80
• Standard Option	\$47	\$94	\$94
• Prosper			
Tier 5* (Specialty)			
• High Option	\$100	\$200	\$200
• Standard Option	\$150	\$300	\$300
• Prosper	\$200	\$400	\$400

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 **\$94** for a 61- to 100-day supply of Tiers 3-4 drugs and **\$105** for a 61- to 100-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 the United States except Colorado, Washington, Oregon, Hawaii, 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 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., Northern California 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](https://www.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 **1-800-443-0815** (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 One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 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**, **1-800-537-7697 (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 **1-800-443-0815 (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 **1-800-443-0815 (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 **1-800-443-0815 (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 **1-800-443-0815 (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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-443-0815 (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 **1-800-443-0815 (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 **1-800-443-0815 (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 **1-800-443-0815** (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 **1-800-443-0815** (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 **1-800-443-0815** (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 **1-800-443-0815** (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 **1-800-443-0815** (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 **1-800-443-0815** (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 **1-800-443-0815** (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 **1-800-443-0815 (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 **1-800-443-0815 (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、**1-800-443-0815 (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。

kp.org/postal

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