

January 1–December 31, 2025

2025 Summary of Benefits

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

High Options, Standard Options, and Prosper

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 five Kaiser Permanente Senior Advantage plans for Postal Service Health Benefits (PSHB) members High Option Senior Advantage 1, High Option Senior Advantage 2, Standard Option Senior Advantage 1, Standard Option Senior Advantage 2, and Prosper 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 **1-800-443-0815 (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 73-921). 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](https://www.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.

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 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
Monthly plan premium	You must pay your PSHB monthly contribution.	You must pay your PSHB monthly contribution. We will reimburse up to \$250 per month for your Medicare Part B premium.	You must pay your PSHB monthly contribution.	You must pay your PSHB monthly contribution. We will reimburse up to \$250 per month for your Medicare Part B premium.	You must pay your PSHB monthly contribution.
Deductible	None	None	None	None	None
Your maximum out-of-pocket responsibility (includes Medicare Part D drugs)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
Inpatient hospital services*† There's no limit to the number of medically necessary inpatient hospital days.	\$100 per admission	\$250 per admission	\$250 per admission	\$500 per admission	\$250 per day, for days 1 through 4 of a hospital stay. You pay nothing for the rest of the hospital stay
Outpatient hospital services	\$5 per visit	\$50 per visit	\$15 per visit	\$25 per visit	\$25 per visit
Ambulatory Surgical Center (ASC)	\$5 per procedure	\$50 per procedure	\$15 per procedure	\$25 per procedure	\$25 per procedure
Doctor's visits Primary care providers and specialists*	\$5 per visit	\$10 per visit	\$15 per visit	\$25 per visit	\$25 per visit
Preventive care* See the EOC for details.	\$0	\$0	\$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	\$75 per Emergency Department visit	\$75 per Emergency Department visit
Urgently needed services We cover urgent care anywhere in the world.	\$5 per office visit	\$10 per office visit	\$15 per office visit	\$25 per office visit	\$25 per office visit

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
Diagnostic services, lab, and imaging <ul style="list-style-type: none"> A1c, LDL, certain INR, and glucose quantitative lab tests 	\$0	\$0	\$0	\$0	\$0
<ul style="list-style-type: none"> All other lab tests Diagnostic tests and procedures (like EKG) X-rays 	\$0	\$0	\$10 per encounter	\$10 per encounter	\$0
<ul style="list-style-type: none"> Other imaging procedures (like MRI, CT, and PET) 	\$0	\$0	\$50 per procedure (\$10 for ultrasounds)	\$50 per procedure (\$10 for ultrasounds)	\$50 per procedure (\$0 for ultrasounds)
Hearing services <ul style="list-style-type: none"> Evaluations to diagnose medical conditions 	\$5 per visit	\$10 per visit	\$15 per visit	\$25 per visit	\$25 per visit
<ul style="list-style-type: none"> Exams for the fitting and evaluation of hearing aids 	Not covered	\$0	Not covered	\$0	Not covered
<ul style="list-style-type: none"> Hearing aid allowance 	Not covered	\$500 allowance per ear, per aid, every 36 months. If your hearing aid costs more than \$500, you pay the difference.	Not covered	\$500 allowance per ear, per aid, every 36 months. If your hearing aid costs more than \$500, you pay the difference.	Not covered

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
Dental services Preventive and comprehensive dental coverage	<ul style="list-style-type: none"> • \$5 per office visit • \$15 per oral exam (limited to two exams a year) • \$0 teeth cleaning, fluoride, and bitewing X-rays. The amount you pay for comprehensive dental care varies depending on the service (see the dental fee schedule in the Senior Advantage EOC).	Not covered	<ul style="list-style-type: none"> • \$5 per office visit • \$15 per oral exam (limited to two exams a year) • \$0 teeth cleaning, fluoride, and bitewing X-rays. The amount you pay for comprehensive dental care varies depending on the service (see the dental fee schedule in the Senior Advantage EOC).	Not covered	Not covered
Vision services <ul style="list-style-type: none"> • Visits to diagnose and treat eye diseases and conditions* 	\$5 per visit	\$10 per visit	\$15 per visit	\$25 per visit	\$25 per visit
<ul style="list-style-type: none"> • Routine eye exams • Preventive glaucoma screening and diabetic retinopathy services 	\$0	\$0	\$0	\$0	\$0

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
<ul style="list-style-type: none"> • Eyeglasses or contact lenses after cataract surgery* 	\$0 up to Medicare's limit, but you pay any amounts beyond that limit.	\$0 up to Medicare's limit, but you pay any amounts beyond that limit.	\$0 up to Medicare's limit, but you pay any amounts beyond that limit.	\$0 up to Medicare's limit, but you pay any amounts beyond that limit.	\$0 up to Medicare's limit, but you pay any amounts beyond that limit.
<ul style="list-style-type: none"> • Other eyewear 	\$200 allowance every 24 months. If your eyewear costs more than \$200, you pay the difference.	Not covered	\$150 allowance every 24 months. If your eyewear costs more than \$150, you pay the difference.	Not covered	\$150 allowance every 24 months. If your eyewear costs more than \$150, you pay the difference.
Mental health services <ul style="list-style-type: none"> • Inpatient mental health* 	\$100 per admission	\$250 per admission	\$250 per admission	\$500 per admission	\$250 per day, for days 1 through 4 of a hospital stay. You pay nothing for the rest of the hospital stay
<ul style="list-style-type: none"> • Outpatient group therapy 	\$2 per visit	\$5 per visit	\$7 per visit	\$12 per visit	\$12 per visit
<ul style="list-style-type: none"> • Outpatient individual therapy 	\$5 per visit	\$10 per visit	\$15 per visit	\$25 per visit	\$25 per visit
Skilled nursing facility*† We cover up to 100 days per benefit period.	\$0	\$0	\$0	\$0	\$0
Physical therapy*	\$5 per visit	\$10 per visit	\$15 per visit	\$25 per visit	\$25 per visit
Ambulance	\$50 per one-way trip	\$50 per one-way trip	\$125 per one-way trip	\$150 per one-way trip	\$150 per one-way trip

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
<p>Transportation (other than a licensed ambulance) Non-medical and non-emergency medical (gurney or wheelchair van) transportation to bring you to and from a network provider when provided by our designated transportation provider.</p>	<p>\$0 for up to 24 one-way trips (50 miles per trip) per calendar year.</p>	<p>Not covered</p>	<p>Not covered</p>	<p>Not covered</p>	<p>Not covered</p>
<p>Medicare Part B drugs† Medicare Part B drugs are covered when you get them from a plan provider. See the EOC for details.</p> <ul style="list-style-type: none"> • Drugs that must be administered by a health care professional 	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
<ul style="list-style-type: none"> Drugs from a plan pharmacy 	Up to a 100-day supply: <ul style="list-style-type: none"> \$10 for generic drugs \$30 for brand-name drugs 	Up to a 30-day supply: <ul style="list-style-type: none"> \$10 for generic drugs \$40 for brand-name drugs, except you pay \$35 for Part B insulin drugs furnished through an item of DME. 	Up to a 30-day supply: <ul style="list-style-type: none"> \$10 for generic drugs \$40 for brand-name drugs, except you pay \$35 for Part B insulin drugs furnished through an item of DME. 	Up to a 30-day supply: <ul style="list-style-type: none"> \$10 for generic drugs \$47 for brand-name drugs, except you pay \$35 for Part B insulin drugs furnished through an item of DME. 	Up to a 30-day supply: <ul style="list-style-type: none"> \$10 for generic drugs \$47 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, Standard Option Senior Advantage 1, Standard Option Senior Advantage 2, or Prosper 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 **1-800-443-0815** (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 Senior Advantage 1	\$10	\$10	\$10
• High Option Senior Advantage 2 • Standard Option Senior Advantage 1 • Standard Option Senior Advantage 2 • Prosper Senior Advantage	\$10	\$20	\$30
Tier 3* (Preferred brand-name) Tier 4* (Non-preferred drugs)			
• High Option Senior Advantage 1	\$30	\$30	\$30
• High Option Senior Advantage 2 • Standard Option Senior Advantage 1	\$40	\$80	\$120
• Standard Option Senior Advantage 2 • Prosper Senior Advantage	\$47	\$94	\$141
Tier 5* (Specialty)			
• High Option Senior Advantage 1	\$100	\$100	\$100
• High Option Senior Advantage 2	\$100	\$200	\$300
• Standard Option Senior Advantage 1 • Standard Option Senior Advantage 2	\$150	\$300	\$450
• Prosper Senior Advantage	\$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 Senior Advantage 1	\$10	\$10	\$10
• High Option Senior Advantage 2			
• Standard Option Senior Advantage 1	\$10	\$20	\$20
• Standard Option Senior Advantage 2			
• Prosper Senior Advantage			
Tier 3* (Preferred brand-name) Tier 4* (Non-preferred drugs)			
• High Option Senior Advantage 1	\$30	\$30	\$30
• High Option Senior Advantage 2			
• Standard Option Senior Advantage 1	\$40	\$80	\$80
• Standard Option Senior Advantage 2			
• Prosper Senior Advantage	\$47	\$94	\$94
Tier 5* (Specialty)			
• High Option Senior Advantage 1	\$100	\$100	\$100
• High Option Senior Advantage 2	\$100	\$200	\$200
• Standard Option Senior Advantage 1	\$150	\$300	\$300
• Standard Option Senior Advantage 2			
• Prosper Senior Advantage	\$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 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 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
Chiropractic Covered chiropractic services from any American Specialty Health Plans of California, Inc. (ASH Plans) participating chiropractor.	\$15 for up to 20 chiropractic office visits per calendar year. Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.	\$15 for up to 20 chiropractic office visits per calendar year. Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.	\$15 for up to 20 chiropractic office visits per calendar year. Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.	\$15 for up to 20 chiropractic office visits per calendar year. Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.	\$15 for up to 20 chiropractic office visits per calendar year. Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.

These benefits are available to you as a plan member:	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
<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	\$0	\$0

These benefits are available to you as a plan member:	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
<p>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, 6 a.m. to 7 p.m.</p>					
<p>Home-delivered meals</p>	<p>\$0 for meals delivered to your home immediately following discharge from a network hospital or skilled nursing facility as an inpatient, up to three meals per day in a consecutive four-week period, once per calendar year.</p>	<p>Not covered</p>	<p>Not covered</p>	<p>Not covered</p>	<p>Not covered</p>

These benefits are available to you as a plan member:	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1	Standard Option Senior Advantage 2	Prosper Senior Advantage
<p>Over the counter (OTC) Health and Wellness We cover OTC items listed in our OTC catalog for free home delivery. You may order OTC items up to the quarterly benefit limit. Each order must be at least \$25. Your order may not exceed your quarterly benefit limit. Any unused portion of the quarterly benefit limit doesn't carry forward to the next quarter. (Your benefit limit resets on January 1, April 1, July 1, and October 1). To view our catalog and place an order online, please visit kp.org/otc/ca. You may place an order over the phone or request a printed catalog be mailed to you by calling 1-833-569-2360 (TTY 711), 7 a.m. to 5 p.m. PST, Monday through Friday.</p>	<p>No charge for a quarterly benefit limit of \$70.</p>	<p>No charge for a quarterly benefit limit of \$70.</p>	<p>Not covered</p>	<p>Not covered</p>	<p>Not covered</p>

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.

CareLinx

Kaiser Permanente has partnered with CareLinx to provide you with a discount for purchasing non-medical, in-home help with daily activities. Your caregiver can help you live an independent lifestyle in your own home by assisting with light housekeeping, meal preparation, companionship and more. Visit carelinx.com/kp-affinity or call toll-free **1-844-636-4592**.

Comfort Keepers® in-home care and assistance

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

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 <https://www.momsmeals.com/> 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 **Alameda, Contra Costa, Marin, Napa, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Cruz, Solano, and Stanislaus counties**. It also includes **parts of these counties** in these ZIP codes only:
 - **Amador County:** 95640 and 95669
 - **El Dorado County:** 95613–14, 95619, 95623, 95633–35, 95651, 95664, 95667, 95672, 95682, and 95762
 - **Placer County:** 95602–04, 95610, 95626, 95648, 95650, 95658, 95661, 95663, 95668, 95677–78, 95681, 95703, 95722, 95736, 95746–47, and 95765
 - **Santa Clara County:** 94022–24, 94035, 94039–43, 94085–89, 94301–06, 94309, 94550, 95002, 95008–09, 95011, 95013–15, 95020–21, 95026, 95030–33, 95035–38, 95042, 95044, 95046, 95050–56, 95070–71, 95076, 95101, 95103, 95106, 95108–13, 95115–36, 95138–41, 95148, 95150–61, 95164, 95170, 95172–73, 95190–94, and 95196
 - **Sonoma County:** 94515, 94922–23, 94926–28, 94931, 94951–55, 94972, 94975, 94999, 95401–07, 95409, 95416, 95419, 95421, 95425, 95430–31, 95433, 95436, 95439, 95441–42, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471–73, 95476, 95486–87, and 95492
 - **Sutter County:** 95626, 95645, 95659, 95668, 95674, 95676, 95692, and 95836–37
 - **Yolo County:** 95605, 95607, 95612, 95615–18, 95620, 95645, 95691, 95694–95, 95697–98, 95776, and 95798–99
 - **Yuba County:** 95692, 95903, and 95961

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 Directory** 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 Directory** or **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, 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 may choose any available plan provider 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., Northern California 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](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

Kaiser Foundation Health Plan, Inc.
393 E. Walnut St.
Pasadena, CA 91188

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