Kaiser Permanente Medicare Plus

Summary of Benefits

This plan is offered by the Kaiser Foundation Health Plan of the Mid-Atlantic States. This summary outlines some of the Plan features. It does not list every service that is covered or every limitation of coverage. For a comprehensive description of benefits contact Kaiser and request an “Evidence of Coverage” booklet. This contact number is (800) 777-7902. Hours are Monday through Friday from 7:30 a.m. to 5:30 p.m.

Where is Kaiser Medicare Plus Plan Available?
You can enroll in this plan if you live in the following areas:

- **District of Columbia**
- **Maryland**: Baltimore City, Anne Arundel County, Baltimore County, Carroll County, Harford County, Howard County, Montgomery County, Prince Georges County, Calvert County*, Charles County*, Frederick County*
- **Virginia**: Alexandria, Arlington, Fairfax City, Fairfax, Falls Church, Loudon, Manassas City, Manassas Park City and Prince William County

Physician and Hospital Choices

In-Network
You must go to network doctors, specialists and hospitals. You’ll need a referral from your Primary Care Provider for specialist visits and for hospital-based care.

Non-Emergency Out of Network Care
If you have Medicare Parts A & B, your Coverage will be the same as the Original Medicare Plan. You will be responsible for Medicare deductibles and coinsurance amounts.

Inpatient Hospital Care
You have 100% coverage for approved Inpatient care. The numbers of days covered is unlimited.

Doctor Office Visits
You pay $5 for each visit to your Primary Care Provider. You also pay $5 for approved Specialist Visits.

Diagnostic Tests, X-rays, Lab Services
There is no copay for Medicare covered x-rays and diagnostic lab services. There is a $5 copay for each Medicare Covered radiation therapy service.

Emergency Care
You pay $50 for each Medicare covered Emergency room visit. The copay is waived if you are admitted to the hospital for the same condition.

Dental and Vision Services
Your copay is $30 for a preventive care dental visit every six months. You pay $5 for a routine eye exam and receive a 25% discount on the cost of glasses.

Outpatient Prescription Drugs
The Kaiser plan uses a formulary, which is preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified in writing before the change. To view the plan’s formulary, go to www.kaiserpermanente.org on the web.

Your Out-of-Pocket Costs
You will not have a deductible with the Kaiser plan. Before your out-of-pocket drug costs reach $4,350, you pay:

**Kaiser Permanente Mail Delivery Services:**
Generic or Brand: $3.00 (up to a 60-day supply for most meds, up to a 90 day supply for maintenance medications may be dispensed with a prorated copayment)

**Kaiser Permanente Medical Center Pharmacy:**
Generic or Brand: $5.00 (up to a 60-day supply); $7.50 (up to a 90-day supply)

**Kaiser Permanente Affiliated Network Pharmacy:**
Generic or Brand: $10.00 (up to a 60-day supply); $15.00 (up to a 90-day supply)

**Out-of-Network Pharmacy:**
Generic or Brand: $5.00 (up to a 30-day supply) plus the amount over the in-network Kaiser Permanente Affiliated Network Pharmacy.

After your yearly out-of-pocket drug costs reach $4,350, you pay:

**Kaiser Permanente Mail Deliver, Medical Center, or Affiliated Network Pharmacy:**
Generic: $1.00  Brand: $2.50

Please note that certain prescription drugs will have maximum quantity limit.

*Partial coverage in these counties.
### Kaiser Permanente Medicare Plus

**Out-of-Network Pharmacies**
Kaiser Permanente will cover prescriptions that are filled at an out-of-network pharmacy if the prescriptions are related to care for a medical emergency or urgently needed care. In this situation, you will have to pay the full cost (rather than paying just your copayment) when you fill your prescription.

You can ask us to reimburse you for our share of the cost by submitting a paper claim form. To learn how to submit a paper claim, please refer to the paper claims process described in the Evidence of Coverage. You will be responsible for paying applicable cost-shares and all amounts over and above the amount Kaiser Permanente would have paid to an in-network non-preferred pharmacy (Kaiser Permanente Affiliated Network Pharmacy).

### Inpatient Hospital/Facility Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Copayment/Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room &amp; Board</td>
<td>100% Covered</td>
</tr>
<tr>
<td>ICU/CCU (other special care units), and Ancillary Services</td>
<td>100% Covered (including nursery charges)</td>
</tr>
<tr>
<td>Extended Care Facility/Skilled Nursing Care (medically necessary care—non-custodial)</td>
<td>100% Covered (100 days per benefit period)</td>
</tr>
</tbody>
</table>

### Inpatient Professional/Practitioner Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Copayment/Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Surgical Services</td>
<td>100% Covered</td>
</tr>
<tr>
<td>Anesthesia, Assistant Surgeon</td>
<td>100% Covered</td>
</tr>
<tr>
<td>Consultations (including follow-up visits) &amp; Physician Visits</td>
<td>100% Covered</td>
</tr>
<tr>
<td>Radiation Therapy, Chemotherapy and Renal Dialysis</td>
<td>100% Covered</td>
</tr>
</tbody>
</table>

### Outpatient Hospital/Facility Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Copayment/Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor/All Surgery (includes hospital based and freestanding surgical centers)</td>
<td>$5 Copay</td>
</tr>
<tr>
<td>Preadmission Testing</td>
<td>$5 Copay</td>
</tr>
<tr>
<td>Radiation Therapy, Chemotherapy and Renal Dialysis</td>
<td>$5 Copay</td>
</tr>
<tr>
<td>Physical &amp; Speech Therapy</td>
<td>$5 Copay</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>$5 Copay</td>
</tr>
<tr>
<td>Diagnostic Tests</td>
<td>100% Covered</td>
</tr>
</tbody>
</table>

### Outpatient/Office Professional Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Copayment/Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor/All Surgery</td>
<td>$5 Copay</td>
</tr>
<tr>
<td>Anesthesia, Assistant Surgeon</td>
<td>$5 Copay</td>
</tr>
<tr>
<td>Diagnostic Tests</td>
<td>100% Covered</td>
</tr>
<tr>
<td>Office Visit for Illness, Injury or Consultation</td>
<td>$5 Copay</td>
</tr>
<tr>
<td>Allergy Tests</td>
<td>$5 Copay</td>
</tr>
<tr>
<td>Allergy and Other Covered Injections—administration of injection</td>
<td>$5 Copay</td>
</tr>
<tr>
<td>Physical Therapy &amp; Acupuncture</td>
<td>$5 Copay</td>
</tr>
<tr>
<td>Speech &amp; Occupational Therapy</td>
<td>$5 Copay</td>
</tr>
</tbody>
</table>

### Preventive/Well Care (Routine)

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Copayment/Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Adult Physicals, Immunizations and Diagnostic Tests: Ages 18 and older</td>
<td>$5 Copay</td>
</tr>
</tbody>
</table>
# Kaiser Permanente Medicare Plus

## Preventive/Well Care (Routine) continued
- **GYN Services (including pap smear) rendered in the office covered once every 24 months**  
  - 100% Covered
- **Mammography Screening (Provider must be American College of Radiology (ACR) approved)**  
  - 100% Covered
- **Prostate Cancer Screening (including PSA test)**  
  - 100% Covered

## Emergency Care
- **Accidental Injury/First Aid and Medical Emergency or Life Threatening Event**  
  - $50 Emergency Copay; waived if admitted
- **Follow-up Visits to an American Injury or Medical Emergency**  
  - $5 Office Visit Copay

## Ambulance
- **Ground (public and private)**  
  - Covered in full

## Mental Health
- **Inpatient Hospital/Facility and Professional Services**  
  - Covered in full up to 190 days in psychiatric hospital (Medicare Guidelines)
- **Outpatient Facility, Professional Services**  
  - $5 Copay

## Prosthetic Devices & Orthopedic Braces
- **Purchase, repair or replacement**  
  - 100% Covered (Medicare Guidelines)
- **Durable Medical Equipment**  
  - 100% Covered (Medicare Guidelines)
- **Medical Supplies**  
  - 100% Covered (Medicare Guidelines)
- **Home Health Care**  
  - 100% Covered (Medicare Guidelines)
- **Outpatient Private Duty Nursing (non-custodial; pre-authorization required)**  
  - Special limitations apply
- **Hospice Care (inpatient or at home; pre-authorization required)**  
  - 100% Covered (Medicare Certified Hospice)
- **Cardiac Rehabilitation**  
  - $5 Office Visit Copay

## Organ Transplants
- **Kidney, Cornea, Bone Marrow**  
  - 100% Covered (Medicare Guidelines)
- **Heart, Heart-Lung, Single or Double Lung, Pancreas and Liver**  
  - 100% Covered (Medicare Guidelines)

## Prescription Drugs
- **Outpatient prescription drugs**  
  - 60 day supply; $3 mail order, $5 Kaiser Center, $10 Kaiser network pharmacy
- **Drugs dispensed by medical provider in office**  
  - Included in office visit

## Routine Vision
- **Discounts at participating providers**

## Dental
- **Discounts at participating providers**

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**Note:** All services through Kaiser Permanente require coordination or authorization from the Plan or the member’s Primary Care Physician.

This benefit matrix is intended for comparison/informational purposes and is not meant to be a binding contract. Specific benefit inquires or quotes should be directed to the appropriate customer service department at (800) 777-7902 or by consulting your Evidence of Coverage.
Kaiser Permanente Medicare Plus

What do I need to know about Kaiser Permanente Medicare Plus (a Medicare HMO)?

Can I only see the Kaiser Permanente doctors at the Kaiser Medical Centers?

If you wish to go to the doctor and pay only the $5 copayment, you must see the doctors either at the Kaiser Permanente centers or the specialists that they refer you to. Sometimes the specialists may be doctors in your neighborhood or doctors you already use, but you must see your Kaiser Permanente Primary doctor first. You may, at any time, use your red, white and blue Medicare card to see any Medicare participating doctor, but you will pay the Medicare deductibles and coinsurance, and be responsible for making the claim yourself or through the doctor.

Will I need to change all my doctors if I switch to Kaiser Permanente?

Not necessarily. Kaiser Permanente and Medicare Plus contract with many independent specialists in the Baltimore metropolitan area. It is possible that some of your doctors are already participating with Kaiser Permanente. But in order to see these doctors for only the $5 copayment, you will need to get a referral from your Primary Care doctor at Kaiser Permanente.

What is it like at a Kaiser Permanente Medical Center?

Kaiser Permanente Medical Centers offer many medical services under one roof. There will always be Primary Care, a pharmacy and a laboratory in the building. Each center may also offer specialty care, such as Allergy, Orthopedics, Dermatology or Urology. They may also have Urgent Care hours, Outpatient Surgery, X-rays or other imaging services available. Except for Urgent Care, these services will require an appointment. You can call or stop by and request a tour at one of the centers at any time during regular business hours.

How do I get referral to see my specialists?

Once you and your Primary Care Physician know each other, your doctor may send you to your specialist for a one time evaluation, or for an entire treatment plan. The referral is something you will discuss with your doctor and depends on the nature of your condition. If you are already seeing a specialist, you might ask their office if they can help you to choose a Primary Care Physician from Kaiser Permanente with whom they are familiar.

Are the doctors at Kaiser Permanente good?

Ninety-three percent of the physicians at Kaiser Permanente are board certified. This means they have taken exams in their area of specialty and continued their medical education to remain current. Only one in eight doctors who apply to work at the Mid-Atlantic Permanente Medical Group is accepted to become part of the group.

What independent sources monitor the quality of care people receive at Kaiser Permanente?

The Maryland Health Care Commission is a public regulatory commission appointed by the Governor of the State of Maryland that evaluates and publishes findings on the quality and performance of managed care plans that operate in the state. You can read the 2008 report at http://mhcc.maryland.gov/hmo/compreport.pdf. Kaiser Permanente has been the top rated plan for five years straight.

Kaiser Permanente of the Mid-Atlantic States is the highest ranking plan in member satisfaction in the 2009 J.D. Power and Associates National Health Insurance Plan Study for the Virginia-Maryland region.

The National Committee on Quality Assurance (NCQA) evaluates the quality of the processes and the key systems that define health care organizations. Kaiser Permanente of the Mid-Atlantic States has received the highest possible rating, Excellent. Kaiser Permanente Medicare Plus also received recognition in the U.S. News and World Report “Best Health Plans of 2008.”
Kaiser Permanente Medicare Plus

What makes an HMO different from how I get my healthcare now? What is “managed care”?

Kaiser Permanente health plans stress routine screenings and preventive care, as well as specialized disease management programs. The goal is to keep the patient healthy and active instead of waiting until there is an illness to treat. Having a Primary Care Physician means all of your specialists, treatments and prescriptions are being monitored and coordinated in one place. These doctors can also easily consult and collaborate with each other, since they are all on the same team. Kaiser’s doctors are paid salaries, not based on each procedure they perform. Kaiser Permanente is also recognized worldwide for its use of the “Automated Medical Record.” This system, “Health Connect”, makes your records immediately available to all of the doctors and hospitals of Kaiser Permanente via the secure Kaiser Permanente computer system.

I like my doctors, but I am finding the paperwork for healthcare expenses to be overwhelming.

Managed care members rarely need to complete any paperwork for payment of their healthcare. Ordinarily one shows their identification card and pays a copayment at the time of service. There are no deductibles or complicated forms for reimbursement when they visit participating physicians. Rare cases for needing to complete a form would be when seeing a doctor who does not file to Medicare, or for an emergency outside of the home area.

Can an HMO help me budget for my healthcare?

Many people find traditional insurance makes it hard to plan a budget. You may have deductibles to meet before benefits will start, and/or you are required to pay a percentage of charges that you cannot possibly know in advance. Also, many doctors charge more than the “Usual and Customary” rates, which further adds to your out-of-pocket expenses.

With flat copayments, HMOs make it easier to budget for your healthcare. If you can guess how many times you might need to go to the doctor, and what prescriptions you take, you can easily forecast how much you will need to set aside for medical expenses.

Why do the Kaiser Permanente Medicare Plus plan rates change in January?

The Kaiser Permanente Medicare Plus plan is an HMO with a Medicare Cost contract. The Medicare Plus Plan offered by Baltimore County Public Schools also includes Medicare Part D benefits. Medicare contracts always run on a calendar year. The laws also require the HMO to offer at least what Medicare would cover, and to follow the pricing rules set by CMS (the Centers for Medicare and Medicaid Services), that also follow the calendar year.

If Medicare Plus has Medicare Part D coverage, what am I going to do about the deductible and the coverage gap? Aren’t there special rules about when I can sign up for Part D?

Baltimore County Public Schools has purchased an upgraded Medicare Part D benefit for its retirees. There are no deductibles and there is no coverage gap. For Kaiser Permanente Medicare Plus members, all prescriptions are $3, $5 or $10 (or less in some cases) depending on where you get it filled.

People who join a Part D plan through an employer group can come in at any time allowed by the employer. Baltimore County Public Schools has set plan rules for open enrollment periods and “events” that allow for plan changes. These rules apply equally to the Kaiser Permanente Medicare Plus plan and other plans.
When might it NOT be a good idea to enroll in a Medicare Managed Care Plan or HMO such as Kaiser Permanente Medicare Plus?

Do you live far from the central major metropolitan area (more than 20 miles away)?

HMOs can only operate in areas approved by the federal government. These service areas are defined by zip code. The rule says you must “Live or Work” within the plan’s approved service area. You should always check the service area of a plan before applying for coverage. The plan will be notified if the address on your application does not match your address on record with Medicare or Social Security, and your application may be denied.

Kaiser Permanente Medicare Plus cannot enroll people who live outside of the Baltimore/Washington Metropolitan areas (such as Pennsylvania or Delaware). They can enroll people in the City of Baltimore, Baltimore, Anne Arundel, Carroll, Harford, Howard, Montgomery and Prince Georges Counties, and portions of Calvert, Charles, and Frederick counties. The District of Columbia and Northern Virginia are also included.

You may also wish to check the plan descriptions for the nearest participating hospital. HMO’s will pay for you to go the nearest emergency room, but for care that can be planned or scheduled, they will use hospitals that they have contracts with. You want to be sure these are convenient to you, especially if driving is difficult for you or family members. This means that in an emergency, you will be stabilized at the closest facility, even if they do not participate. After you are stable, you may be transferred to a participating hospital, or will need to follow up with your regular Kaiser Permanente doctors.

Are you using doctors or hospitals to whom you are very attached and will never want to change?

If so, check with their office manager to see whether or not they will take referrals from the plan you are considering. It is possible that they might participate with the plan, but if they do not, you (or the doctor) will need to file claims to Medicare and be reimbursed after the Medicare deductible and coinsurance. This is possible to do when a Kaiser member, but really is not the best way to get value from the Kaiser Permanente Medicare Plus Plan.

Do you often leave your home area for more than three months (90 consecutive days) at a time?

Medicare managed care plans are funded based upon a member’s permanent address. If you are out of the service area for more than 90 consecutive days, Medicare would prefer you select a plan in the area to which you have relocated. If you go away for more than three months at a time often, you should check with your employer that they will let you change plans if necessary.

How do I enroll?

Obtain a Kaiser Permanente Medicare Plus enrollment form and mail the form directly to Kaiser. BCPS will start deductions when notified of enrollment by Kaiser.

How do I cancel?

Submit written notification for each covered member directly to Kaiser.
Kaiser Permanente Medicare Plus

**Are you required to provide healthcare for someone (for example, a child or spouse), who does not live in your home area?**

If you have an obligation to provide healthcare for someone else, you should check with your employer to make sure they are also eligible for this plan, or if another plan is available. Some employers allow family members to have different health plans if they live in different areas.

For dependent children who are away at college/university, HMOs will cover them while out of town only for urgent or emergency care. For care that can be planned or scheduled, (if there is time to make an appointment), the patient will be expected to return home to their Primary Care Physician.