2027 Summary of Benefits

Kaiser Permanente Group Medicare (HMO) for Washoe County

With Medicare Part D prescription drug coverage

NV27_WASHOEMASB

KAISER PERMANENTE®

About this Summary of Benefits

Thank you for considering Kaiser Permanente Group Medicare. You can use this *Summary of Benefits* to learn more about our plan. It includes information about:

- Premiums
- Benefits and costs
- Part D prescription drugs
- Additional benefits
- 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. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see your Kaiser Permanente Medicare Group *Evidence of Coverage (EOC)*, which we'll notify you how to view online after you enroll. If you'd like to see it before you enroll, ask for a copy from Customer Service by calling 1-888-775-7003 (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

Have questions?

- Please call Customer Service at 1-888-775-7003 (TTY 711).
- Hours are 7:00 a.m. to 8:00 p.m., Monday to Friday (except holidays) from April 1 through September 30. Hours are 7:00 a.m. to 8:00 p.m. October 1 through March 31, and Monday to Friday (except Thanksgiving and Christmas) and 8:00 a.m. to 8:00 p.m. Saturday-Sunday

What's covered and what it costs

*Your plan provider may need to provide a referral.
†Prior authorization may be required.

Benefits and premiums	You pay
Plan premium You must also continue to pay any applicable Medicare premiums.	Your group will notify you if you are required to contribute to your group's premium. If you have any questions about your contribution toward your group's premium, please contact your group's benefits administrator.
Deductible	**$0**
Your maximum out-of-pocket responsibility Doesn't include Medicare Part D drugs.	**$2,500**
Inpatient hospital services*† There's no limit to the number of medically necessary inpatient hospital days.	Days 1-3: **$175** per day per benefit period. $0 for the rest of your covered stay.
Outpatient hospital services	**$175** per visit
Ambulatory Surgical Center (ASC) services	**$175** per visit
Doctor visits • Primary care providers	**$0**
• Specialists*	**$25** per visit
Preventive care* See the *EOC* for details.	**$0**
Emergency care We cover emergency care anywhere in the world.	**$140** per Emergency Department visit For worldwide coverage, there's an annual benefit maximum of **$10,000**. After you reach your annual benefit maximum, you pay **100%** of the costs for the rest of the calendar year.

Benefits and premiums	You pay
Urgently needed services We cover urgent care anywhere in the world.	**Preferred Facility:** **$10** per office visit **Non-Preferred Facility:** **$20** per office visit **For worldwide coverage:** **$20** per office visit, up to an annual benefit maximum of **$10,000**. After you reach your annual benefit maximum, you pay **100%** of the costs for the rest of the calendar year.
Diagnostic services, lab, and imaging* • INR testing	**$80** per visit
• All other Lab tests	**$0**
• EKGs	**$35** per visit (**$0** for pre-operative EKGs)
• X-rays and ultrasounds	**$20** per visit
• CT scans	**$40** per visit
• MRI, PET, and radiation therapy	**$60** per visit
Hearing services • Evaluations to diagnose medical conditions	**$0**
• Routine hearing exams (one per calendar year)	**$0**
• Exams for the fitting and evaluation of hearing aids	**$0**
• Hearing aids (up to two hearing aids per calendar year)	**$495-$1,970** per aid, up to two hearing aids per calendar year, depending on the technology level selected.
Dental services Preventive and comprehensive dental coverage	Not covered
Vision services • Visits to diagnose and treat eye diseases and conditions	**$20** per visit
• Routine eye exams	**$0**
• Preventive glaucoma screening and diabetic retinopathy services	**$0**

Benefits and premiums	You pay
• Eyeglasses or contact lenses after cataract surgery	**20% coinsurance** for eyewear in accord with Medicare guidelines. If the eyewear you purchase costs more than what Medicare covers, you pay the difference.
• Other eyewear	**$250** allowance per calendar year. If your eyewear costs more than $250, you pay the difference.
Mental health services* • Inpatient mental health	Days 1-3: **$175** per day per benefit period. **$0** for the rest of your covered stay.
• Outpatient group therapy	**$25** per visit
• Outpatient individual therapy	**$25** per visit
Skilled nursing facility* We cover up to 100 days per benefit period.	Per benefit period: • **$20** per day for days 1–20 • **$100** per day for days 21–34 • **$0** for days 35–100
Physical therapy†	**$10** per visit
Ambulance	**$225** per one-way trip
Transportation*† To and from a network provider when provided by our designated transportation provider within the service area.	**$0** for up to 24 one-way trips per calendar year or **$1,250** annual maximum benefit limit, whichever occurs first.
Medicare Part B drugs† Medicare Part B drugs are covered when you get them from a plan provider. See the Group Medicare *EOC* for details.	**20% coinsurance** (some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation), 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 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 Customer Service to ask for a copy at 1-888-775-7003 (TTY 711). Hours are 7:00 a.m. to 8:00 p.m., Monday to Friday (except holidays) from April 1 through September 30. Hours are 7:00 a.m. to 8:00 p.m. October 1 through March 31, and Monday to Friday (except Thanksgiving and Christmas) and 8:00 a.m. to 8:00 p.m. Saturday-Sunday.
- 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 and coinsurance shown in the chart below until your out-of-pocket costs reach **$2,400**. If you reach the **$2,400** limit in 2027, you move on to the catastrophic stage and your coverage changes.

Your costs for a *One-Month* Supply (Up to a 30–day supply)

Tier	Retail plan pharmacy	Mail-order plan pharmacy
Tier 1 (Preferred generic)	**$2**	
Tier 2 (Generic)	**$8**	
Tier 3 (Preferred brand-name)	**$41**	
Tier 4 (Nonpreferred)	**50% coinsurance**	
Tier 5 (Specialty)	**33% coinsurance**	

Note: Our plan covers most Part D vaccines (Tier 6) at no cost to you (not available through mail-order).

When you get a 31- to 100-day supply of drugs in Tiers 1-3, the copays listed above in the chart will be multiplied as follows:

- For Tiers 1-3:
    - If you get a 31- to 60-day supply from any retail plan pharmacy, you pay 2 copays.
    - If you get a 61- to 100-day supply from any retail plan pharmacy, you pay 2 ½ times the copay.
    - If you get a 31- to 100-day supply from our mail-order plan pharmacy, you pay 2 copays.

Note: For Tiers 4-5, your coinsurance doesn't change for a 31- to 100-day supply from any plan pharmacy (retail or mail order). A long-term supply isn't available for drugs in Tier 6.

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

Catastrophic coverage stage

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

Long-term care 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.
- 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 Group Medicare *EOC* for details.

Additional Benefits

*Your plan provider may need to provide a referral.

These benefits are available to you as a plan member:	You pay
Fitness benefit You have access to gym memberships at select gym facilities in our service area for active members enrolled in our plan. Please visit kp.org for information on signing up for this benefit or contact Customer Service at 1-888-775-7003. Participating facilities may change throughout the plan year.	**$0**
Over the counter (OTC) items Includes OTC items and products. You can order: • Online – visit KPNevada.NationsBenefits.com • By Phone – call a NationsBenefits Member Experience Advisor at **(877) 200-4189 (TTY: 711)**, 8 a.m. - 8 p.m., 7 days a week, local member time. • By Mail – Fill out and return the order form in the NationsBenefits/Kaiser Permanente product catalog.	**$0** up to a quarterly benefit limit of **$30**. If you do not use all your quarterly OTC benefit amount when you order, the remaining balance will not roll over to the next quarter.

Who can enroll

You can sign up for this plan if:

- You are enrolled in Kaiser Permanente through your group plan and meet your group's eligibility requirements.
- You have Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums for this plan.)
- You're a United States citizen or national, or an eligible noncitizen.
- You live in the service area for this plan, which includes all of Nevada.

Coverage rules

We cover the services and items listed in this document and the Medicare Group *EOC*, 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 Group Medicare *EOC*.

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 Customer Services at 1-888-775-7003 (TTY 711). Hours are 7:00 a.m. to 8:00 p.m., Monday to Friday (except holidays) from April 1 through September 30. Hours are 7:00 a.m. to 8:00 p.m. October 1 through March 31, and Monday to Friday (except Thanksgiving and Christmas) and 8:00 a.m. to 8:00 p.m. Saturday-Sunday.

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

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered by submitting a claim to us within a specific time period that includes the date you received the item or service. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.

If you have a complaint that's not about coverage, you can file a grievance with us. See the Medicare Group *EOC* 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 of Nevada is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Group Medicare.

Privacy

We protect your privacy. See the Medicare Group *EOC* or view our *Notice of Privacy Practices* at kp.org/privacy to learn more.

Helpful definitions (glossary)

Allowance

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

Benefit period

The way our plan measures your use of skilled nursing facility services. A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't gotten any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

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 Group Medicare.

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. For the latest Kaiser Permanente Region locations, visit kp.org.

Retail plan pharmacy

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

Service area

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

Kaiser Permanente is an HMO plan 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.

kp.org/medicare

Kaiser Permanente
10315 Professional Circle
Reno, NV 89521

Kaiser Foundation Health Plan of Nevada
A nonprofit corporation and Health Maintenance Organization (HMO)

KAISER PERMANENTE®

Nondiscrimination Notice

In this document, “we”, “us”, or “our” means Kaiser Permanente (Kaiser Foundation Health Plan of Nevada, Kaiser Insurance Company of Nevada, and Kaiser Permanente Medical Group of Nevada). This notice is available on our website at **kp.org**.

We do not discriminate, exclude people, or treat them differently because of age, race, color, national origin, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, or medical condition.

Kaiser Permanente provides the following services in a timely manner:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- 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 our Member Services department at the numbers below. The call is free. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-888-775-7003 or 775-982-3112** (TTY **711**), Monday through Friday, 7:00 a.m. to 8:00 p.m.
- All others: **1-855-937-5768** (TTY **711**), Monday through Friday, 7:00 a.m. to 8:00 p.m.

Upon request, this document can be made available to you in braille, large print, audio, or electronic formats. To obtain a copy in one of these alternative formats, or another format, call our Member Services department and ask for the format you need.

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with us if you believe we have failed to provide these services or discriminated against you in another way. You can file a grievance by phone, by mail, or online. You can call Member Services for more information on the options that apply to you, or for help filing a grievance. You may file a discrimination grievance in the following ways:

- **By phone:** Call our Member Services department. Phone numbers are listed above.
- **Online:** Use the online form on our website at **kp.org**

You may also contact the Kaiser Permanente Civil Rights Coordinator directly at the addresses below:

Attn: Kaiser Permanente Civil Rights Coordinator
Member Relations Grievance Operations
10315 Professional Circle
Reno, Nevada 89521

How to file a grievance with the U.S. Department of Health and Human Services Office of Civil Rights

You can file a discrimination complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can file your complaint in writing, by phone, or online:

- **By phone:** Call **1-800-368-1019** (TTY **711** or **1-800-537-7697**)
- **By mail:** Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Complaint forms are available at:
  https://www.hhs.gov/ocr/office/file/index.html

- **Online:** Visit the Office of Civil Rights Complaint Portal at:
  https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

English – ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-775-7003 (TTY: 711) or speak to your provider.

Spanish / Español – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-888-775-7003 (TTY: 711) o hable con su proveedor.

Tagalog / Tagalog – PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-888-775-7003 (TTY: 711) o makipag-usap sa iyong provider.

Traditional Chinese / 台語 – 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-888-775-7003 (TTY: 711) 或與您的提供者討論

Simplified Chinese / 中文 – 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-775-7003 (TTY: 711) 或咨询您的服务提供商。

Korean / 한국어 – 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-775-7003 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Vietnamese / Việt – LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-775-7003 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Amharic / አማርኛ – ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-888-775-7003 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

Thai / ไทย – หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-888-775-7003 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

Japanese / 日本語 – 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-888-775-7003 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

Arabic / العربية –
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-775-7003 (TTY: 711) أو تحدث إلى مقدم الخدمة".

Russian / РУССКИЙ – ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-775-7003 (TTY: 711) или обратитесь к своему поставщику услуг.

French / Français – ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-775-7003 (TTY: 711) ou parlez à votre fournisseur.

Farsi / فارسي –
توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. 1-888-775-7003 (TTY: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

German / Deutsch – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-775-7003 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

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