

2018 Medicare Cost Renewal Kaiser Permanente Medicare Plus*

*an HMO with a Section 1876 Medicare Cost contract
and Part D Prescription Drug benefits

Arlington County Government

Group Number: 4126-24

Effective Date: January 1, 2018 through December 31, 2018

<u>Premium Rate</u>	<u>Medicare Plus Plan A with Medicare Part D</u>
For each CMS accreted Medicare Beneficiary	\$ 246.32 monthly
Hearing Aid Rider	\$ 4.88 monthly
CAM Rider	N/A monthly
Vision Rider	\$ 3.64 monthly
APP	N/A monthly
Total Premium Per Enrollee	\$ 254.84 monthly

- Each subscriber must continue to pay Part B premium. Failure to maintain Part B will result in termination of Medicare HMO by the Centers for Medicare and Medicaid Services (CMS).
- This plan is open to persons with Medicare Part A and Part B, regardless of age. Medicare Plus is also available to persons with Medicare Part B only. Please consult your Account Manager for administration of the Medicare Plus Part B only rate.
- A member can select a Primary Care Physician (PCP) from a Kaiser Permanente Medical Center or affiliated participating Medicare Plus provider from the Medicare Plus Directory (the Kaiser Permanente Signature network).
- This product does **not** contain a "Lock – in provision". Care coordinated by the PCP or Kaiser Permanente of the Mid-Atlantic States (except for emergencies or urgently needed out-of-area care) will be covered under the "In Plan" benefit. Care not provided by or authorized by Kaiser Permanente may be filed by the provider directly to Medicare for reimbursement, subject to Medicare deductibles and coinsurance.
- Medicare contracts are renewed with CMS annually on the calendar year, and all mandated benefits may be adjusted on January 1st of each year as dictated by CMS or state mandate.

2018 Medicare Plus Benefits—Plan A with Part D

BENEFIT	Plan A with D
<u>Annual Deductible</u>	No Annual Deductible
Annual Out-of-Pocket Maximum	\$3,400
Primary Care Physician Visits (Family Care, Internal Medicine)	\$15 copayment
Specialist	\$15 copayment
Routine Physical Exams	\$0 copayment
Diagnostic Imaging	\$0 for lab and x-ray
Therapeutic Radiology	\$15 copayment
Medicare Covered Preventive Care	\$0 copayment
<u>Prescription Drugs</u>	
Mail Order from Kaiser Permanente Mail Order Pharmacy	\$10 Generic or Brand Up to 90 days maintenance
Kaiser Permanente Medical Center Pharmacy	\$15 Generic or Brand Up to 60 days supply
Affiliated Network Pharmacy Giant, Rite Aid, Safeway, Target, Walmart	\$25 Generic or Brand Up to 60 days supply
<u>Inpatient Hospitalization</u>	
Inpatient Hospitalization	\$100 per benefit period
Outpatient Surgery @ Surgery Center	\$0 copayment
Emergency Visits	\$50 copayment
Ambulance	\$0 copayment
Inpatient mental health	\$100 per benefit period
Outpatient mental health	\$15 copayment per visit
Inpatient chemical dependency	\$100 per benefit period
Outpatient chemical dependency	\$15 copayment per visit
<u>Other Health Services</u>	
Medicare Covered Chiropractic	\$15 copayment per visit
Physical and Speech Therapy	\$15 copayment per visit
Home Health, Hospice	\$0 copayment
Durable Medical Equipment	\$0 copayment
Dental discount plan (Plan provided through Dominion Dental)	\$30 examination, cleaning 2x per year + 25% discount with participating dentists
Vision hardware discounts (office visit copayment will apply)	25% off frames and lenses at Kaiser Permanente vision centers

Hearing aids

Your employer has contracted with Kaiser Permanente to provide this added benefit.

You are covered for medically necessary hearing aids, hearing aid evaluations, and diagnostic procedures to determine the hearing aid model, which will best compensate for loss of hearing with plan providers. The following hearing aid models are covered:

- In the ear
- Behind the ear
- On the body
- On the eyeglass temple

Hearing aids—you pay nothing for one hearing aid for each ear every 36 months.

Exclusions: Replacement of parts for repair, lost or broken hearing aids, batteries, accessory parts and routine maintenance.

Kaiser Permanente is a Cost plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year and at other times in accord with your group's contract with us. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply.

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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-777-5536 (TTY: 711).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-777-5536 (መስማት ለተሳናቸው: 711)።

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-777-5536 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-777-5536 (TTY: 711)번으로 전화해 주십시오.



Vision benefits

Your employer has contracted with Kaiser Permanente to provide this added benefit.

You are covered for additional eyewear benefits such as eyeglass lenses, eyeglass frames, contact lenses, and other vision services.

- \$175 per 12 months toward eyeglass lenses, frames, and contact lenses, including the cost for initial fitting and purchase of contact lenses at Kaiser Permanente optical departments.

Kaiser Permanente is a Cost plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year and at other times in accord with your group's contract with us. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply.

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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-777-5536 (TTY: 711).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-777-5536 (መስማት ለተሳናቸው: 711)።

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-777-5536 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-777-5536 (TTY: 711)번으로 전화해 주십시오.

