

## 2017 PEBB Retirees

This is a summary of benefits.

See your Evidence of Coverage for full benefit details.

### Kaiser Permanente WA Original Medicare (COB)

(For Medicare Retirees living outside the Kaiser Permanente Medicare Advantage Service Area)

### Kaiser Permanente WA Medicare Advantage (HMO)

<b>Costs</b>		
Monthly rates—Retiree only	\$176.17	\$176.17
Annual deductible	None	Individual: \$250 Family: \$750
Out-of-pocket limit	\$2,500 per individual	Individual: \$2,000 Family: \$4,000
<b>Benefits</b>		
Primary care visit	\$20	\$15
Preventive care visit	\$0	◆ \$0
Specialty care visit	\$20	\$30
Prescription drugs	Formulary generic / formulary brand / nonformulary	Value tier / formulary generic / formulary brand / nonformulary
30-day supply (retail)	\$20 / \$40 / 50% to \$250	◆ \$5 / \$20 / \$40 / 50% to \$250
90-day supply (mail order)	\$40 / \$80 / 50% to \$750	◆ \$10 / \$40 / \$80 / 50% to \$750
Manipulative therapy	\$20 Maximum of 10 visits PCY	\$15* Maximum of 10 visits PCY
Naturopathy	\$20 Maximum of 3 visits per medical diagnosis PCY	\$15* Maximum of 3 visits per medical diagnosis PCY
Acupuncture	\$20 Maximum of 8 visits per medical diagnosis PCY	\$15* Maximum of 8 visits per medical diagnosis PCY

*Continued next page*

PCY = Per calendar year

◆ Not subject to annual deductible

\*The specialty care visit copay will apply if service is rendered by a specialist. See the certificate of coverage for the list of specialty providers.

Coverage provided by Kaiser Foundation Health Plan of Washington

**Kaiser Permanente WA  
Original Medicare (COB)**

(For Medicare Retirees living outside the Kaiser Permanente Medicare Advantage Service Area)

**Kaiser Permanente WA  
Medicare Advantage (HMO)**

Mental health	Inpatient: \$200 copay per day for first 5 days to a maximum of \$1,000 per admit Outpatient: \$20	Inpatient: \$150 copay per day to a maximum of \$750 per admit Outpatient: \$15*
Hospital	Inpatient: \$200 copay per day for first 5 days to a maximum of \$1,000 per admit Outpatient: \$200	Inpatient: \$150 copay per day to a maximum of \$750 per admit Outpatient: \$150
Skilled nursing facility	\$0; 100 days per benefit period	\$150 copay per day to a maximum of \$750 per admit; 150 days PCY
Ambulance	\$150	20%
Emergency care	\$65	\$250
Lab and radiology	\$0	\$0; MRI / CT / PET \$30
Vision exam	\$20	\$15*
Glasses and contacts	Enrollee pays any amount over \$150 every 24 months	◆ Enrollee pays any amount over \$150 every 24 months
Hearing exam	\$20	\$15*
Hearing aid benefit	Enrollee pays any costs over the covered benefit of \$800 every 36 months	◆ Enrollee pays any costs over the covered benefit of \$800 every 36 months
Rehabilitation therapy**	Inpatient: \$200 copay per day for first 5 days to a maximum of \$1,000 per admit Outpatient: \$20	Inpatient: \$150 copay per day to a maximum of \$750 per admit (maximum of 60 days PCY) Outpatient: \$30 per visit (maximum of 60 visits PCY)

PCY = Per calendar year

◆ Not subject to annual deductible

\* The specialty care visit copay will apply if service is rendered by a specialist.

See the certificate of coverage for the list of specialty providers.

\*\* Services with mental health diagnoses are covered with no limit

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The Formulary may change at any time. You will receive notice when necessary. If you enroll in an MA or MAPD plan, you may not enroll in a stand-alone Part D prescription drug plan unless you disenroll from your MA plan.

# Kaiser Permanente Nondiscrimination Notice and Language Access Services



## KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

### **Kaiser Permanente:**

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Kaiser Permanente Member Services.

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, sex, sexual orientation, or gender identity, you can file a grievance by phone, mail, fax, or email. If you need help filing a grievance, a Kaiser Permanente Member Services Representative is available to help you. Language assistance is provided free of charge.

### **Kaiser Permanente Member Services**

Phone: 206-630-4636

Toll-free: 1-888-901-4636

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Fax: 206-901-6205 or toll-free 1-888-874-1765

Address: PO Box 34593, Seattle, WA 98124-1593

Email: [csforms@ghc.org](mailto:csforms@ghc.org)

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, 800-537-7697 (TDD)

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

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

## LANGUAGE ACCESS SERVICES

**English: ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

**Español (Spanish): ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**中文 (Chinese): 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 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**한국어(Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**Filipino (Tagalog): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Українська (Ukrainian): УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**ភាសាខ្មែរ (Khmer): រម្ងាប់ត្រូវ:** បើសិនអ្នកនិយាយខ្មែរ, សេចក្តីជំនួយផ្នែក វេយមិនគិតល គឺចំនួនសំបុំបំអអក។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

**日本語 (Japanese): 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

**አማርኛ (Amharic): ማሰታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711)።

**Oromiffa (Oromo): XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**العربية (Arabic):** لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 (رقم هاتف الصم والبكم: 1-800-833-6388 / 711).

**ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ພາສາລາວ (Lao): ໄປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

**Français (French): ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

**Română (Romanian): ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Adamawa (Fulfulde): MAANDO:** To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**فارسی (Farsi): توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.