

2019 PEBB Medicare Retirees

This is an overview of benefits. See your Evidence of Coverage for full benefit details.

Kaiser Permanente WA Medicare Advantage (HMO)

Costs	
Monthly rates—Retiree only	\$167.91
Annual deductible	None
Out-of-pocket limit	\$2,500 per individual (Outpatient prescription drugs do not apply to the out-of-pocket limit)
Benefits	
Primary care visit	\$20
Preventive care visit	\$0
Specialty care visit	\$20
Prescription drugs	generic / preferred brand / non-preferred brand
30-day supply (retail)	\$20 / \$40 / 50% to \$250 / \$0 Vaccine
90-day supply (mail order)	\$40 / \$80 / 50% to \$750
Manipulative therapy	\$20, 10 visits PCY for non-spinal manipulation services
Naturopathy	\$20, 3 visits per medical diagnosis PCY
Acupuncture	\$20, 8 visits per medical diagnosis PCY
Mental health	Inpatient: \$200 copay per day for first 5 days to a maximum of \$1,000 per admit Outpatient: \$20
Hospital	Inpatient: \$200 copay per day for first 5 days to a maximum of \$1,000 per admit Outpatient: \$200
Skilled nursing facility	\$0 per benefit period; 100 days per benefit period
Ambulance	\$150
Emergency care	\$65
Lab and radiology	\$0
Vision exam	\$20
Glasses and contacts	Enrollee pays any amount over \$150 every 24 months
Hearing exam	\$20
Hearing aid benefit	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
Diabetes prevention program	\$0
Annual physical exam	\$0
Telehealth	\$0

PCY = Per calendar year *Services with mental health diagnoses are covered with no limit.

Medicare Advantage is available to retirees living in the following Washington counties: Island, King, Kitsap, Lewis, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Whatcom. Partial county coverage in Grays Harbor and Mason.

Medicare Advantage Drug Formulary: Group Medicare Advantage Drug Formulary 3 Tier

**Kaiser Permanente WA Original Medicare
Coordination of Benefits (COB)**
(For Medicare retirees living outside the
Kaiser Permanente Medicare Advantage Service Area)

Costs	
Monthly rates—Retiree only	\$167.91
Annual deductible	Individual: \$250 Family: \$750
Out-of-pocket limit	Individual: \$2,000 Family: \$4,000 (Outpatient prescription drugs apply to the out-of-pocket limit)
Benefits	
Primary care visit	\$15
Preventive care visit	◆ \$0
Specialty care visit	\$30
Prescription drugs 30-day supply (retail) 90-day supply (mail order)	Value tier / preferred generic / preferred brand / non-preferred brand ◆ \$5 / \$20 / \$40 / 50% to \$250 / \$0 Vaccine ◆ \$10 / \$40 / \$80 / 50% to \$750
Manipulative therapy	\$15, 10 visits PCY
Naturopathy	\$15, 3 visits per medical diagnosis PCY
Acupuncture	\$15, 8 visits per medical diagnosis PCY
Mental health	Inpatient: \$150 copay per day to a maximum of \$750 per admit Outpatient: \$15*
Hospital	Inpatient: \$150 copay per day to a maximum of \$750 per admit Outpatient: \$150
Skilled nursing facility	\$150 copay per day to a maximum of \$750 per admit; 150 days PCY
Ambulance	◆ 20%
Emergency care	\$250
Lab and radiology	\$0; MRI / CT / PET \$30
Vision exam	\$15*
Glasses and contacts	◆ Enrollee pays any amount over \$150 every 24 months
Hearing exam	\$15*
Hearing aid benefit	◆ Enrollee pays any costs over the covered benefit of \$800 every 36 months
Rehabilitation therapy**	Inpatient: \$150 copay per day to a maximum of \$750 per admit Outpatient: \$30 per visit (maximum of 60 visits PCY)
Diabetes prevention program	\$0
Annual physical exam	\$0
Telehealth	\$0

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 Evidence of Coverage for the list of specialty providers. **Services with mental health diagnoses are covered with no limit.

Medicare COB is available to retirees living in the following counties: Benton, Columbia, Franklin, Kittitas, Wahkiakum, Whitman, Yakima, Walla Walla, Kootenai, Latah. Partial County coverage in Lincoln, Mason, Pend Oreille, Stevens, Umatilla.

Medicare COB Drug Formulary: Drug Formulary for Large Employer Groups 3 Tier

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. Call **1-888-901-4600** (TTY 711) for more information. 7 days a week, 8 a.m. to 8 p.m. 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.

Medicare members may call to speak with a Kaiser Permanente Medicare specialist at **1-800-581-8252** (TTY 711), 8 a.m. to 8 p.m., 7 days a week.