



For FEHB members in Northern CA, Southern CA and Fresno

# Enhancing your coverage

Understanding Medicare options that can improve your Federal Employees Health Benefits (FEHB) coverage



# **FEHB and Kaiser Permanente Medicare health plan coverage: How they work together**

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## Your current FEHB plan through Kaiser Permanente:

You keep it. **Nothing changes.**  
Your FEHB coverage, benefits,  
and premium stay the same.



FEHB  
Benefits

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**When you enroll in a Kaiser Permanente Medicare health plan,**  
your coverage and benefits **get even better.**

Senior  
Advantage  
(HMO)  
for  
Federal Members

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**Your current FEHB plan through Kaiser Permanente:**

You keep it. **Nothing changes.**  
Your FEHB coverage, benefits,  
and premium stay the same.\*

FEHB  
Benefits

## 2 Great Choices for FEHB High Option Members:

With either choice, you'll get the same or better benefits than you get through the Federal Employees Health Benefits (FEHB) Program.

<b>Senior Advantage 1</b>	<b>Senior Advantage 2</b>
<b>Better benefits</b>	<b>Some better benefits + up to \$1,500 per year</b>
<ul style="list-style-type: none"> <li>▪ <b>Lowest copays</b> for many services</li> <li>▪ <b>Up to a 100-day supply</b> of prescription drugs for 1 copay at Plan pharmacies or through mail order<sup>1</sup></li> <li>▪ <b>\$200 credit</b> for eyewear</li> <li>▪ <b>Extra coverage</b> for preventive dental</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Lower copays</b> for some services</li> <li>▪ <b>Extra credit</b> for hearing aids</li> <li>▪ <b>Silver&amp;Fit<sup>®</sup></b> fitness program</li> <li>▪ <b>Up to \$125 reimbursement each month</b> for your standard Part B premium<sup>2</sup></li> </ul>

<sup>1</sup>Plan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for non-covered drugs.

<sup>2</sup>We will not reimburse for any amount for either the Part B late enrollment penalty or the Income Related Monthly Adjustment Amount (IRMAA) that a subscriber or covered dependent pays.



## 2 Great Choices for FEHB Standard Option Members:

Introducing **Senior Advantage 2** for Standard Option Members – giving you greater choice and better benefits through the Federal Employees Health Benefits (FEHB) Program.

Senior Advantage 1	Senior Advantage 2
Better benefits	Some better benefits + up to \$1,500 per year
<ul style="list-style-type: none"> <li>▪ <b>No deductible</b></li> <li>▪ <b>Lowest copays</b> for many services</li> <li>▪ <b>\$150 credit</b> for eyewear</li> <li>▪ <b>Extra coverage</b> for preventive dental</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Lower copays and no deductible</b></li> <li>▪ <b>Silver&amp;Fit<sup>®</sup></b> fitness program</li> <li>▪ <b>Up to \$125 reimbursement each month</b> for your standard Part B premium<sup>2</sup></li> </ul>

<sup>1</sup>Plan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for non-covered drugs.

<sup>2</sup>We will not reimburse for any amount for either the Part B late enrollment penalty or the Income Related Monthly Adjustment Amount (IRMAA) that a subscriber or covered dependent pays.

# A side-by-side comparison for FEHB High Option members

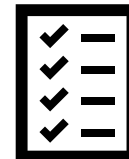
2020 Benefits and Services	High Option FEHB without Senior Advantage	Senior Advantage 1	Senior Advantage 2
<b>Copays</b>			
Primary Care/Specialty Care	\$15/\$25	\$5/\$5	\$10/\$10
Prescription Drugs <sup>3</sup>	Up to a 30-day supply at Plan pharmacies for 1 copay	Up to a 100-day supply at Plan pharmacies for 1 copay	Up to a 30-day supply at Plan pharmacies for 1 copay
Generic Drugs	\$10	\$10	\$10
Brand-name Drugs	\$40	\$30	\$40
Specialty Drugs	\$100	\$100	\$100
Outpatient Surgery	\$50	\$5	\$50
Inpatient Hospital Care (per admission)	\$250	\$100	\$250
Emergency Care	\$100	\$75	\$75
Urgent Care	\$15	\$5	\$10
<b>Coverage</b>			
Eyewear	not covered	\$200 allowance (every 24 months)	not covered
Dental (Delta Dental HMO)	not covered	Included	not covered
Hearing Aid	not covered	not covered	\$500 allowance (every 36 months)
Silver&Fit® Fitness Benefit (includes gym memberships)	not covered	not covered	Included
Part B Premium Reimbursement	none	none	Up to \$125 <sup>4</sup> each month

# A side-by-side comparison for FEHB Standard Option members

2020 Benefits and Services	Standard Option FEHB without Senior Advantage	Senior Advantage 1	Senior Advantage 2
<b>Copays</b>			
Deductible (2x per family maximum)	\$100	None	None
Primary Care/Specialty Care	\$30/\$40	\$15/\$15	\$25/\$25
Prescription Drugs <sup>3</sup>	Up to a 30-day supply at Plan pharmacies for 1 copay	Up to a 30-day supply at Plan pharmacies for 1 copay	Up to a 30-day supply at Plan pharmacies for 1 copay
Generic Drugs Brand-name Drugs Specialty Drugs	\$15 \$50 \$150	\$10 \$40 \$150	\$10 \$47 \$150
Outpatient Surgery	\$200 <sup>5</sup>	\$15	\$25
Inpatient Hospital Care (per admission)	\$500 <sup>5</sup>	\$250	\$500
Emergency Care	\$150 <sup>5</sup>	\$75	\$75
Urgent Care	\$30	\$15	\$25
<b>Coverage</b>			
Eyewear	not covered	\$150 allowance (every 24 months)	not covered
Dental (Delta Dental HMO)	not covered	Included	not covered
Silver&Fit <sup>®</sup> Fitness Benefit (includes gym memberships)	not covered	not covered	Included
Part B Premium Reimbursement	none	none	Up to \$125 <sup>4</sup> each month



# High or Standard Members Who Choose Senior Advantage 2



## What do I need to do to get my Part B reimbursement:

- After the submission of your Senior Advantage Election Form and Senior Advantage 2 enrollment application, you will receive a confirmation letter and a FEHB Senior Advantage 2 Annual Documentation Submission Form.
- You must complete the FEHB Senior Advantage 2 Annual Documentation Submission Form and provide proof of your Part B premium as indicated.
- Proof of your Part B premium amount will be required annually. You will receive notification in the mail along with a new form to fill out each year.
- Submit your completed form and proof of your Part B premium by mail, fax or email.

# A side-by-side comparison for FEHB Basic Option members

2020 Benefits and Services	Basic Option without Senior Advantage	Basic Option Senior Advantage
<b>Copays</b>		
<b>Deductible</b>	<b>\$500 (2x per family maximum)</b>	<b>\$0</b>
Prescription Drugs <sup>†</sup>	<b>Up to a 30-day supply at plan pharmacies for 1 copay</b>	<b>Up to a 30-day supply at plan pharmacies for 1 copay<sup>3</sup></b>
Generic Drugs Brand-name Drugs Specialty Drugs	<b>\$15 \$60 \$200</b>	<b>\$10 \$47 \$200</b>
Outpatient Surgery	<b>\$20%<sup>†</sup></b>	<b>\$25</b>
Inpatient Hospital Care (per admission)	<b>\$20%<sup>†</sup></b>	<b>\$250 per day up to \$1,000</b>
Emergency Care	<b>\$20%<sup>†</sup></b>	<b>\$75</b>
Urgent Care	<b>\$25</b>	<b>\$25</b>
<b>Coverage</b>		
Eyewear	<b>not covered</b>	<b>\$150 allowance (every 24 months)</b>
Dental (Delta Dental HMO)	<b>not covered</b>	<b>not covered</b>
Hearing Aids	<b>not covered</b>	<b>not covered</b>
Silver&Fit <sup>®</sup> Fitness Benefit (includes gym memberships)	<b>not covered</b>	<b>not covered</b>
Part B Premium Reimbursement	<b>none</b>	<b>none</b>

## 2 Great Choices for FEHB High Option Members:

With either choice, you'll get the same or better benefits than you get through the Federal Employees Health Benefits (FEHB) Program.

<b>Senior Advantage 1</b>	<b>Senior Advantage 2</b>
<b>Better benefits</b>	<b>Some better benefits + up to \$1,500 per year</b>
<ul style="list-style-type: none"> <li>▪ <b>Lowest copays</b> for many services</li> <li>▪ <b>Up to a 100-day supply</b> of prescription drugs for 1 copay at Plan pharmacies or through mail order<sup>1</sup></li> <li>▪ <b>\$200 credit</b> for eyewear</li> <li>▪ <b>Extra coverage</b> for dental (Delta Dental HMO)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Lower copays</b> for some services</li> <li>▪ <b>\$500 allowance each ear</b> for hearing aids</li> <li>▪ <b>Silver&amp;Fit®</b> fitness program</li> <li>▪ <b>Up to \$125 reimbursement each month</b> for your standard Part B premium<sup>2</sup></li> </ul>

<sup>1</sup>Plan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for non-covered drugs.

<sup>2</sup>We will not reimburse for any amount for either the Part B late enrollment penalty or the Income Related Monthly Adjustment Amount (IRMAA) that a subscriber or covered dependent pays.

# A side-by-side comparison for FEHB High Option members

2020 Benefits and Services	High Option FEHB without Senior Advantage	Senior Advantage 1	Senior Advantage 2
<b>Copays</b>			
Primary Care/Specialty Care	<b>\$15/\$25</b>	<b>\$5/\$5</b>	<b>\$10/\$10</b>
Prescription Drugs <sup>3</sup>	<b>Up to a 30-day supply at Plan pharmacies for 1 copay</b>	<b>Up to a 100-day supply at Plan pharmacies for 1 copay</b>	<b>Up to a 30-day supply at Plan pharmacies for 1 copay</b>
Generic Drugs Brand-name Drugs Specialty Drugs	<b>\$10 \$40 \$100</b>	<b>\$10 \$30 \$100</b>	<b>\$10 \$40 \$100</b>
Outpatient Surgery	<b>\$50</b>	<b>\$5</b>	<b>\$50</b>
Inpatient Hospital Care (per admission)	<b>\$250</b>	<b>\$0</b>	<b>\$250</b>
Emergency Care	<b>\$100</b>	<b>\$75</b>	<b>\$75</b>
Urgent Care	<b>\$15</b>	<b>\$5</b>	<b>\$10</b>
<b>Coverage</b>			
Eyewear	<b>not covered</b>	<b>\$200 allowance (every 24 months)</b>	<b>not covered</b>
Dental (Delta Dental HMO)	<b>not covered</b>	<b>Included</b>	<b>not covered</b>
Hearing Aid	<b>not covered</b>	<b>not covered</b>	<b>\$500 allowance each ear (every 36 months)</b>
Silver&Fit® Fitness Benefit (includes gym memberships)	<b>not covered</b>	<b>not covered</b>	<b>Included</b>
Part B Premium Reimbursement	<b>none</b>	<b>none</b>	<b>Up to \$125<sup>4</sup> each month</b>

# A side-by-side comparison for FEHB Standard Option members

2020 Benefits and Services	Standard Option FEHB without Senior Advantage	Standard Option Senior Advantage
<b>Copays</b>		
Primary Care/Specialty Care	<b>\$30/\$40</b>	<b>\$15/\$15</b>
Prescription Drugs <sup>3</sup>	<b>Up to a 30-day supply at Plan pharmacies for 1 copay</b>	<b>Up to a 30-day supply at Plan pharmacies for 1 copay</b>
Generic Drugs Brand-name Drugs Specialty Drugs	<b>\$15 \$50 \$150</b>	<b>\$10 \$40 \$150</b>
Outpatient Surgery	<b>\$200</b>	<b>\$15</b>
Inpatient Hospital Care (per admission)	<b>\$500</b>	<b>\$250</b>
Emergency Care	<b>\$150</b>	<b>\$75</b>
Urgent Care	<b>\$30</b>	<b>\$15</b>
<b>Coverage</b>		
Eyewear	<b>not covered</b>	<b>\$150 allowance (every 24 months)</b>
Dental (Delta Dental HMO)	<b>not covered</b>	<b>Included</b>
Hearing Aid	<b>not covered</b>	<b>not covered</b>
Silver&Fit® Fitness Benefit (includes gym memberships)	<b>not covered</b>	<b>not covered</b>
Part B Premium Reimbursement	<b>none</b>	<b>none</b>

# High Option Members Who Choose Senior Advantage 2



## What do I need to do to get my Part B reimbursement:

- After the submission of your Senior Advantage Election Form and Senior Advantage 2 enrollment application, you will receive a confirmation letter and a FEHB Senior Advantage 2 Annual Documentation Submission Form.
- You must complete the FEHB Senior Advantage 2 Annual Documentation Submission Form and provide proof of your Part B premium as indicated.
- Proof of your Part B premium amount will be required annually. You will receive notification in the mail along with a new form to fill out each year.
- Submit your completed form and proof of your Part B premium by mail, fax or email.

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## If you choose Senior Advantage 2

### Here's how your Part B premium reimbursement will work:

Every month, you'll get an automatic reimbursement check or direct deposit to your designated account from Kaiser Permanente.



- This reimbursement will be up to \$1,500 per year, depending on the Part B premium you pay monthly.

# If you choose Senior Advantage 2

- Some of you may be paying a lower Part B premium, and that's the amount you'll be reimbursed. For those who will be signing up for Social Security for the first time, your Part B premium may be up to \$144.60, but Kaiser Permanente will only reimburse you up to \$125.
- This reimbursement does not include payment for Part B late enrollment penalty or higher-income premium adjustments (also known as Part B Income Related Monthly Adjustment Amount or IRMAA).



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# Extra benefits to keep you healthy



- FEHB members enrolled in Kaiser Permanente **Senior Advantage 2** can choose from these 2 exercise plans:
  - Gym membership
  - Home fitness program
- You pay \$0 for Silver&Fit®.
- To learn more, find nearby fitness facilities, and to register, visit **SilverandFit.com**.

## 2 Great Choices for FEHB Members:

With either choice, you'll get the same or better benefits than you get through the Federal Employees Health Benefits (FEHB) Program.

### High Option or Standard Option Senior Advantage

#### Better benefits

- **Lower copays for primary and specialty office visits, outpatient surgery, inpatient hospital care, emergency services, urgent care and some prescription drugs**
- **Up to a 100-day supply** of prescription drugs for 1 copay at Plan pharmacies or through mail order<sup>1</sup> (High Option)
- **Extra eyewear allowance** of \$200 (High Option) or \$150 (Standard Option) every 24 months
- **Dental coverage** through DeltaCare USA with no added premium
- **Lower Out-of-pocket maximum** (Standard Option)

<sup>1</sup>Plan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for non-covered drugs.

# Northern California: Fresno

## A side-by-side comparison for FEHB High Option members

2020 Benefits and Services	High Option FEHB without Senior Advantage	Senior Advantage
<b>Copays</b>		
Primary Care/Specialty Care	\$15/\$25	\$5/\$5
Prescription Drugs <sup>1</sup>	Up to a 30-day supply at Plan pharmacies for 1 copay	Up to a 100-day supply at Plan pharmacies for 1 copay
Generic Drugs	\$10	\$10
Brand-name Drugs	\$40	\$30
Specialty Drugs	\$100	\$100
Outpatient Surgery	\$50	\$5
Inpatient Hospital Care (per admission)	\$250	\$0
Emergency Care	\$100	\$75
Urgent Care	\$15	\$5
<b>Coverage</b>		
Eyewear	not covered	\$200 allowance (every 24 months)
Dental (Delta Dental HMO)	not covered	Included

<sup>1</sup>Plan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for non-covered drugs.

# Northern California: Fresno

## A side-by-side comparison for FEHB Standard Option members

2020 Benefits and Services	Standard Option FEHB without Senior Advantage	Senior Advantage
<b>Copays</b>		
Primary Care/Specialty Care	<b>\$30/\$40</b>	<b>\$15/\$15</b>
Prescription Drugs <sup>1</sup>	<b>Up to a 30-day supply at Plan pharmacies for 1 copay</b>	<b>Up to a 30-day supply at Plan pharmacies for 1 copay</b>
Generic Drugs Brand-name Drugs Specialty Drugs	<b>\$15 \$50 \$150</b>	<b>\$10 \$40 \$150</b>
Outpatient Surgery	<b>\$200</b>	<b>\$15</b>
Inpatient Hospital Care (per admission)	<b>\$500</b>	<b>\$250</b>
Emergency Care	<b>\$150</b>	<b>\$75</b>
Urgent Care	<b>\$30</b>	<b>\$15</b>
<b>Coverage</b>		
Eyewear	<b>not covered</b>	<b>\$150 allowance (every 24 months)</b>
Dental (Delta Dental HMO)	<b>not covered</b>	<b>Included</b>

<sup>1</sup>Plan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for non-covered drugs.

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# Stay healthy and thrive with Kaiser Permanente Senior Advantage for Federal Members



**Healthy Rewards  
up to \$75**



**A full range of  
specialists**



**Your choice of  
Kaiser Permanente  
doctors**



**Convenient services  
and online programs**



**Connected,  
personalized care**



**The highest-rated  
Medicare health plan  
in California for 2020.\***

\*Every year, Medicare evaluates plans based on a 5-star rating system.

# 2020 Medicare Star Ratings

Our Medicare health plan is rated 5 out of 5 stars in California for 2020, making it Medicare's longest-running, highest-rated plan in the nation (2012 – 2020).\*

Kaiser Permanente region	Star rating*
California	★★★★★
Colorado	★★★★★
Georgia	★★★★★
Hawaii	★★★★★
Mid-Atlantic States (MD, VA, D.C.)	★★★★★
Northwest (OR, SW Washington)	★★★★☆
Kaiser Permanente Washington	★★★★★

\*Every year, CMS evaluates plans based on a 5-star rating system.

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# Thank you from Kaiser Permanente

Call **1-877-719-8758** (TTY 711), Monday through Friday,  
8 a.m. to 8 p.m., to speak to a Kaiser Permanente Medicare  
specialist.

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You must pay the Medicare Part B premium to join a Kaiser Permanente Medicare health plan.

<sup>3</sup>Plan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for non-covered drugs.

<sup>4</sup>We will not reimburse you for any extra charges added to your standard Part B premium, such as the Part B late enrollment penalty or Income Related Monthly Adjustment Amount.

<sup>5</sup>You pay the deductible, then cost-sharing.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. To join a Kaiser Permanente Medicare health plan, you must reside in the Kaiser Permanente Senior Advantage service area in which you enroll. Enrolling in Senior Advantage for Federal Members will not affect the benefits you receive through the Federal Employees Health Benefits (FEHB) Program, although the network and other rules of Medicare may apply. This is a summary of the features of the Kaiser Permanente health plan, including Kaiser Permanente Senior Advantage for Federal Members. Before making a final decision, please read the Federal Employees Health Benefits (FEHB) brochure, RI 73-003, RI 73-822 or RI 73-889. All benefits are subject to the definitions, limitations, and exclusions set forth in the FEHB brochure and the Kaiser Permanente Senior Advantage for Federal Members EOC. For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 5 business days. If not, please call 1-888-218-6245 (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m.

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