



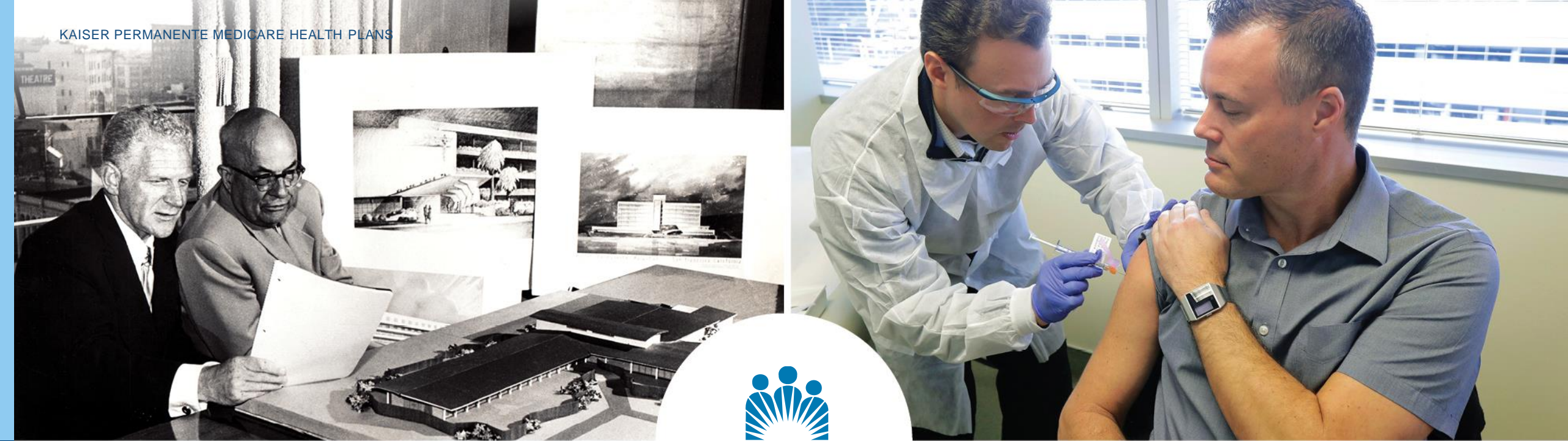
# Find your healthy place

With care designed to help you thrive

**2022 Retiree Open Enrollment Presentation for County of San Bernardino**



**Human Resources**  
My Health Matters!



## The Kaiser Permanente difference



**We're community focused:** We are committed to the health of our members and the communities we serve



**We're forward-looking:** We maintain one of the most advanced research institutions working to transform the future of health care



**We're innovative:** We pioneered the integrated health care model and offer nation-leading care

Photo was taken by Ted Warren, Associated Press.



## Integrated care centered around you

Quality care begins with our integrated care delivery system, which offers you:

- Care and coverage together in one package
- A coordinated, connected care team
- Many convenient services under one roof



# Support for your total health and well-being

Your doctor will build a care plan based on your needs and work with your care team to deliver personalized support.



**Preventive care to keep you healthy**



**Specialty care when you need it**



**Support for ongoing conditions**

**Get care in your language** — with multilingual doctors and phone interpretation in more than 150 languages.



## Your care, your way

With Kaiser Permanente, you can get care when, where, and how you want it.

### Video Visits

Connect with your doctor online. It's convenient, safe, and secure, and it often doesn't require a copay.



#### In person

Same-day appointments may be available.



#### Phone

Schedule a telephone appointment and get advice 24/7.



#### Email

Message your doctor anytime with nonurgent questions.



#### App

Download our app to schedule appointments, manage prescriptions, see test results, and more.





## Care while traveling

Since keeping you safe and healthy is our first priority, you're covered for emergency and urgent care anywhere in the world. You can also get urgent care at MinuteClinic® in select CVS and Target stores when you're traveling outside a Kaiser Permanente area.

### How we make getting care while traveling more convenient:



Our Away from Home Travel Line is available 24 hours a day, 7 days a week



Visit [kp.org/travel](https://kp.org/travel) — a special section of kp.org that's focused on getting care while traveling



You can refill eligible prescriptions early in preparation for your travel



# Traditional HMO Plan – Under 65 Retirees

This table shows an example of some of your group's benefits.

<b>Yearly deductible</b>	None
<b>Maximum yearly out-of-pocket costs</b>	<b>\$1,500 individual/\$3,000 family</b>
<b>Covered service</b>	<b>You pay</b>
<b>Preventive care</b>	<b>No charge</b>
<b>Doctor's office visit</b>	<b>\$10 per visit</b>
<b>Lab tests and radiology</b>	<b>No charge</b>
<b>Outpatient surgery</b>	<b>\$10 per procedure</b>
<b>Hospitalization</b>	<b>No charge</b>
<b>Emergency care</b>	<b>\$50 per visit</b>
<b>Prescribed medications up to a 100-day supply</b> <b>Specialty medication up to a 30-day supply</b>	<b>\$10 (generic medication) for up to a 100-day supply</b> <b>\$15 copay (brand-name medication) for up to a 100-day supply</b> <b>\$15 (specialty medication) for up to a 30-day supply</b>

\*This is a summary of some benefits and their copays and coinsurance. For specific information about your covered health plan benefits, limitations, and exclusions, including those not listed in this summary, please see your *Evidence of Coverage*.

# Kaiser Permanente Deductible HMO Plan – Under 65 Retirees

This table shows an example of some of your group's benefits.

<b>Yearly deductible</b>	<b>\$500 individual \$1,000 family</b>
<b>Maximum yearly out-of-pocket costs</b>	<b>\$3,000 individual \$6,000 family</b>
<b>Drug Deductible</b>	<b>\$100 Individual/ family Not applicable</b>
<b>Covered service</b>	<b>You pay</b>
<b>Preventive care</b>	<b>No Charge</b>
<b>Doctor's office visit</b>	<b>\$20 copay per visit (Plan Deductible doesn't apply)</b>
<b>Lab tests and radiology</b>	<b>\$10 per encounter (after Plan Deductible) *</b>
<b>Outpatient surgery</b>	<b>20% Coinsurance (after Plan Deductible) *</b>
<b>Hospitalization</b>	<b>20% Coinsurance (after Plan Deductible) *</b>
<b>Emergency care</b>	<b>20% Coinsurance (after Plan Deductible) *</b>
<b>Prescribed medications up to a (30-day supply)</b>	<b>\$10 copay (generic medication) for up to a 100-day supply (Plan Deductible doesn't apply) \$30 copay (brand-name medication) for up to a 100-day supply (Plan Deductible doesn't apply) \$30 copay (specialty medication) for up to a 30 - supply (after Drug Deductible)*</b>

\*This is a summary of some benefits and their copays and coinsurance. For specific information about your covered health plan benefits, limitations, and exclusions, including those not listed in this summary, please see your *Evidence of Coverage*.



# Kaiser Permanente HSA-High Deductible HMO Plan – Under 65 Retirees

This table shows an example of some of your group's benefits.

<b>Yearly deductible</b>	<b>\$1,500 individual</b> <b>\$3,000 family</b>
<b>Maximum yearly out-of-pocket costs</b>	<b>\$4,000 individual</b> <b>\$8,000 family</b>
<b>Covered service</b>	<b>You pay</b>
<b>Preventive care</b>	<b>No Charge</b>
<b>Doctor's office visit</b>	<b>20% coinsurance (after Plan Deductible) *</b>
<b>Lab tests and radiology</b>	<b>20% coinsurance (after Plan Deductible) *</b>
<b>Outpatient surgery</b>	<b>20% Coinsurance (after Plan Deductible) *</b>
<b>Hospitalization</b>	<b>20% Coinsurance (after Plan Deductible) *</b>
<b>Emergency care</b>	<b>20% Coinsurance (after Plan Deductible) *</b>
<b>Prescribed medications up to a (30-day supply)</b>	<b>\$10 copay (generic medication) up to a 100-day supply (after Plan Deductible) *</b> <b>\$30 copay (brand-name medication) up to a 100-day supply (after Plan Deductible)*</b> <b>\$30 copay (specialty medication) for up to a 30-day supply (after Plan Deductible doesn't)*</b>

\*This is a summary of some benefits and their copays and coinsurance. For specific information about your covered health plan benefits, limitations, and exclusions, including those not listed in this summary, please see your *Evidence of Coverage*.

## Senior Advantage Low Option: Medicare-eligible Retirees

This table highlights some of the benefits of your group:

**Yearly deductible: None**

Covered service	You pay*
Preventive care	No charge
Doctor's office visit	\$25 per visit
Lab tests and radiology	No charge
Outpatient surgery	\$25 per procedure
Hospitalization	\$500 per admission
Emergency care	\$50 per visit (waived if admitted)
Skilled Nursing Facility	No charge (up to 100 days per benefit period)
Eyeglasses	Amount in excess of \$150 Allowance (every 24 months)
Prescribed medications	
Most generic items	\$10 copay for up to a 30-day supply
Most brand-name items	\$25 copay for up to a 30-day supply
Most specialty drugs	20% coinsurance (not to exceed \$100) for up to a 100-day supply

**Maximum yearly out-of-pocket costs: \$1,500** for any one member

\*This is a summary of some benefits and their copays and coinsurance. For specific information about your covered health plan benefits, limitations, and exclusions, including those not listed in this summary, please see your *Evidence of Coverage*.

## Senior Advantage High Option: Medicare-eligible Retirees

This table highlights some of the benefits of your group:

**Yearly deductible: None**

Covered service	You pay*
Preventive care	No charge
Doctor's office visit	\$10 per visit
Lab tests and radiology	No charge
Outpatient surgery	\$10 per procedure
Hospitalization	No charge
Emergency care	\$50 per visit (waived if admitted)
Skilled Nursing Facility	No charge (up to 100 days per benefit period)
Eyeglasses	Amount in excess of \$150 Allowance (every 24 months)
Prescribed medications	
Most generic items	\$10 copay for up to a 100-day supply
Most brand-name items	\$20 copay for up to a 100-day supply
Most specialty drugs	20% coinsurance (not to exceed \$100) for up to a 100-day supply

**Maximum yearly out-of-pocket costs: \$1,500** for any one member

\*This is a summary of some benefits and their copays and coinsurance. For specific information about your covered health plan benefits, limitations, and exclusions, including those not listed in this summary, please see your *Evidence of Coverage*.



## Trust in our high ratings for quality, service, and member satisfaction

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

Check out our highly rated\* 2022 Medicare health plans at [kp.org/medicarestars](https://kp.org/medicarestars).

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

# THANK YOU for your time today!



## Questions?

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.