2015 Summary of Benefits

Kaiser Permanente Senior Advantage LA, Orange Co. (HMO)

Los Angeles and Orange Counties Plan

Kaiser Foundation Health Plan, Inc.
Southern California Region
A nonprofit corporation
Health Maintenance Organization (HMO)

January 1, 2015, through December 31, 2015

KAISER PERMANENTE®

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Kaiser Permanente Senior Advantage LA, Orange Co. (HMO)

(a Medicare Advantage Health Maintenance Organization (HMO) offered by KAISER FOUNDATION HP, INC. with a Medicare contract).

Summary of Benefits

January 1, 2015–December 31, 2015

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "*Evidence of Coverage*."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Kaiser Permanente Senior Advantage LA, Orange Co. (HMO)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Kaiser Permanente Senior Advantage LA, Orange Co. (HMO) covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on **http://www.medicare.gov**.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at **http://www.medicare.gov** or get a copy by calling **1-800-MEDICARE** (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Sections in this booklet

- Things to Know About Kaiser Permanente Senior Advantage LA, Orange Co. (HMO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Optional Benefits (you must pay an extra premium for these benefits)

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at **1-800-777-1238**.

Este documento puede estar disponible en otros idiomas aparte del inglés. Si desea información adicional, por favor llámenos al **1-800-777-1238**.

Things to Know About Kaiser Permanente Senior Advantage LA, Orange Co. (HMO)

Hours of Operation

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time.

Kaiser Permanente Senior Advantage LA, Orange Co. (HMO) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-800-443-0815**.
- If you are not a member of this plan, call toll-free **1-800-777-1238**.
- Our website: **kp.org/medicare**

Who can join?

To join Kaiser Permanente Senior Advantage LA, Orange Co. (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in California: Los Angeles*, Los Angeles, and Orange.

* denotes partial county

Los Angeles County: 90001–84, 90086–91, 90093–96, 90099, 90189, 90201–02, 90209–13, 90220–24, 90230–33, 90239–42, 90245, 90247–51, 90254–55, 90260–67, 90270, 90272, 90274–75, 90277–78, 90280, 90290–96, 90301–12, 90401–11, 90501–10, 90601–10, 90623, 90630–31, 90637–40, 90650–52, 90660–62, 90670–71, 90701–03, 90706–07, 90710–17, 90723, 90731–34, 90744–49, 90755, 90801–10, 90813–15, 90822, 90831–35, 90840, 90842, 90844, 90846–48, 90853, 90895, 90899, 91001, 91003, 91006–12, 91016–17, 91020–21, 91023–25, 91030–31, 91040–43, 91046, 91066, 91077, 91101–10, 91114–18, 91121, 91123–26, 91129, 91182, 91184–85, 91188–89, 91199, 91201–10, 91214, 91221–22, 91224–26, 91301–11, 91313, 91316, 91321–22, 91324–31, 91333–35, 91337, 91340–46, 91350–57, 91361–62, 91364–65, 91367, 91371–72, 91376, 91380–87, 91390, 91392–96, 91401–13, 91416, 91423, 91426, 91436, 91470, 91482, 91495–96, 91499, 91501–08, 91510, 91521–23, 91526, 91601–12, 91614–18, 91702, 91706, 91709, 91711, 91714–16, 91722–24, 91731–35, 91740–41, 91744–50, 91754–56, 91765–73, 91775–76, 91778, 91780, 91788–93, 91801–04, 91896, 91899, 93243, 93510,

93532, 93534–36, 93539, 93543–44, 93550–53, 93560, 93563, 93584, 93586, 93590–91, 93599.

Which doctors, hospitals, and pharmacies can I use?

Kaiser Permanente Senior Advantage LA, Orange Co. (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider directory at our website (**kp.org/medicare**).

You can see our plan's pharmacy directory at our website (**http://www.kp.org/seniorrx**).

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*.

- Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get *more than what is* covered by Original Medicare. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **http://www.kp.org/seniorrx**.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?	**$0 per month.** In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: $4,400 for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Is there a limit on how much the plan will pay?	No. There are no limits on how much our plan will pay.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

Covered Medical and Hospital Benefits

Note:

- Services with a [1] may require prior authorization.
- Services with a [2] may require a referral from your doctor.

Outpatient Care and Services	
Acupuncture and Other Alternative Therapies[2]	$5 copay Acupuncture services are typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain. Alternative therapies are not covered.
Ambulance	$200 copay Copay applies per one-way trip.
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): $5 copay
Dental Services[1,2]	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): $5 copay Preventive and comprehensive dental care is not covered unless you are enrolled in Advantage Plus (see “Optional Benefits” section for details).
Diabetes Supplies and Services[1]	Diabetes monitoring supplies: You pay nothing Diabetes self-management training: You pay nothing Therapeutic shoes or inserts: 20% of the cost

Outpatient Care and Services	
Diagnostic Tests, Lab and Radiology Services, and X-Rays	Diagnostic radiology services (such as MRIs, CT scans): $155 copay Diagnostic tests and procedures: $0–20 copay, depending on the service Lab services: $0–20 copay, depending on the service Outpatient x-rays: $40 copay Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing $0 applies to ultraviolet light therapy, retinal preventive screenings, and monthly routine labs associated with routine dialysis treatment.
Doctor's Office Visits[2]	Primary care physician visit: $5 copay Specialist visit: $5 copay Visits to your primary care physician and some specified specialty care do not require a referral. Please refer to the *Evidence of Coverage (EOC)* for details.
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*[1]	20% of the cost
Emergency Care	$65 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs. Our plan covers emergency care anywhere in the world.
Foot Care *(podiatry services)*[2]	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: $5 copay

Outpatient Care and Services	
Hearing Services[2]	Exam to diagnose and treat hearing and balance issues: $5 copay
Home Health Care	You pay nothing We do not cover custodial care, homemaker services, meals delivered to your home, or full-time nursing care in your home.
Mental Health Care	Inpatient visit: Our plan covers an unlimited number of days for an inpatient hospital stay. • $210 copay per day for days 1 through 7 • You pay nothing per day for days 8 through 90 • You pay nothing per day for days 91 and beyond Outpatient group therapy visit: $2 copay Outpatient individual therapy visit: $5 copay There is a 190-day lifetime limit on mental health stays in a Medicare-certified psychiatric hospital, except for certain conditions described in the *EOC*.
Outpatient Rehabilitation[2]	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): $5 copay Occupational therapy visit: $5 copay Physical therapy and speech and language therapy visit: $0–5 copay, depending on the service $0 applies to physical therapy to prevent falls.
Outpatient Substance Abuse	Group therapy visit: $2 copay Individual therapy visit: $5 copay

Outpatient Care and Services	
Outpatient Surgery	Ambulatory surgical center: $210 copay Outpatient hospital: $0–210 copay, depending on the service $0 only applies to therapeutic radiological services performed in a hospital setting.
Over-the-Counter Items	Not covered
Prosthetic Devices *(braces, artificial limbs, etc.)*[1]	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost
Renal Dialysis	You pay nothing
Transportation	Not covered
Urgent Care	$5–65 copay, depending on the service $5 applies to urgent care received in a doctor's office. $65 applies to urgent care received in an emergency room.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $5 copay Routine eye exam: $5 copay Contact lenses: You pay nothing Eyeglasses (frames and lenses): You pay nothing Eyeglass lenses: You pay nothing Eyeglasses or contact lenses after cataract surgery: You pay nothing Our plan pays up to $50 every two years for contact lenses, eyeglasses (frames and lenses), and eyeglass lenses. Following cataract surgery, you pay any amounts that exceed what Medicare covers. For all other eyewear, you pay amounts

Outpatient Care and Services	
	that exceed $50 every two years. This eyewear allowance is more if you are enrolled in Advantage Plus (see "Optional Benefits").
Preventive Care[2]	You pay nothing Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colonoscopy • Colorectal cancer screenings • Depression screening • Diabetes screenings • Fecal occult blood test • Flexible sigmoidoscopy • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered. The applicable cost-sharing listed elsewhere in this *Summary of Benefits* will apply to any non-preventive services you receive during or subsequent to preventive care.

Outpatient Care and Services	
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. When you are enrolled in a Medicare certified hospice program, your hospice services and your Part A and Part B services related to your terminal condition are paid for by Original Medicare, **not** our plan.

Inpatient Care	
Inpatient Hospital Care[1]	Our plan covers an unlimited number of days for an inpatient hospital stay. • $210 copay per day for days 1 through 7 • You pay nothing per day for days 8 through 90 • You pay nothing per day for days 91 and beyond
Inpatient Mental Health Care	For inpatient mental health care, see the “Mental Health Care” section of this booklet.
Skilled Nursing Facility (SNF)	Our plan covers up to 100 days in a SNF. • You pay nothing per day for days 1 through 20 • $50 copay per day for days 21 through 100 We cover up to 100 days per benefit period. A benefit period begins on the first day you go to a Medicare-covered inpatient hospital or skilled nursing facility (SNF). The benefit period ends when you have not been an inpatient at any hospital or SNF for 60 calendar days in a row.

Prescription Drug Benefits

How much do I pay?

For Part B drugs such as chemotherapy drugs[1]: $0–45 copay depending on the drug

Other Part B drugs[1]: $0–45 copay depending on the drug

$0 applies to Epoetin Alfa used for routine dialysis treatment and certain administered drugs covered by Part B when observation or administration by medical personnel is required.

Initial Coverage

You pay the following until your total yearly drug costs reach $2,960. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	$3 copay	$9 copay
Tier 2 (Non-Preferred Generic)	$10 copay	$30 copay
Tier 3 (Preferred Brand)	$45 copay	$135 copay
Tier 4 (Non-Preferred Brand)	$95 copay	$285 copay
Tier 5 (Specialty Tier)	25% of the cost	25% of the cost
Tier 6 (Vaccines)	$0	Not Offered

Standard Mail Order Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	$3 copay	$6 copay
Tier 2 (Non-Preferred Generic)	$10 copay	$20 copay
Tier 3 (Preferred Brand)	$45 copay	$90 copay
Tier 4 (Non-Preferred Brand)	$95 copay	$190 copay
Tier 5 (Specialty Tier)	25% of the cost	25% of the cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

A three-month supply is not available for all drugs. Not all drugs can be mailed.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $2,960.

After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 65% of the plan’s cost for covered generic drugs until your costs total $4,700, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug’s tier. See the chart that follows to find out how much it will cost you.

Standard Retail Cost-Sharing

Tier	Drugs Covered	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	All	$3 copay	$9 copay
Tier 2 (Non-Preferred Generic)	All	$10 copay	$30 copay
Tier 6 (Vaccines)	All	$0	Not Offered

Standard Mail Order Cost-Sharing

Tier	Drugs Covered	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	All	$3 copay	$6 copay
Tier 2 (Non-Preferred Generic)	All	$10 copay	$20 copay

A three-month supply is not available for all generic drugs. Not all drugs can be mailed.

Catastrophic Coverage After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $4,700, you pay the following:

Tier	Your Cost
Tier 1 (Preferred Generic)	$3 copay
Tier 2 (Non-Preferred Generic)	$4 copay
Tier 3 (Preferred Brand)	$12 copay
Tier 4 (Non-Preferred Brand)	$12 copay
Tier 5 (Specialty Tier)	$12 copay
Tier 6 (Vaccines)	$0

Optional Benefits

(you must pay an extra premium each month for these benefits)

Package 1: Advantage Plus

Benefits include:

- Eligible Supplemental Benefits
- Preventive Dental
- Comprehensive Dental
- Eyewear
- Hearing Aids

How much is the monthly premium?	Additional $20.00 per month. You must keep paying your Medicare Part B premium and your $0 monthly plan premium.
How much is the deductible?	This package does not have a deductible.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit for certain benefits. $25 annual copay for Silver & Fit fitness facility basic membership. $10 per dental exam and 1–2 cleanings every six months. Other copays and authorization rules apply. Referrals from assigned dentist may be required. The plan pays $350 per hearing aid per ear every 3 years. The plan pays an additional $285 for eyewear every 2 years.

Additional information about Kaiser Permanente Senior Advantage LA, Orange Co. (HMO)

Covered services are provided in accord with Medicare coverage guidelines. Please see the *Evidence of Coverage (EOC)* for complete details, including other coverage limitations and exclusions.

Getting care

You must get covered services from plan providers except for authorized referrals, emergency care, and out-of-area urgent or dialysis care or as otherwise described in the *EOC.*

Case management

We have case management programs if you are managing many chronic conditions. Nurses, social workers, and your physician partner to meet your needs. They educate and teach self-care skills to help you manage your health. Please ask your physician for details.

Grievances & appeals

You can ask us to provide or pay for an item or service you think should be covered. If we deny your request, you can ask us to reconsider. You may ask for a fast decision if you think waiting could put your health at risk. If your doctor makes or supports the fast request, we will expedite our decision. If you have an issue unrelated to coverage, you can file a grievance with us. Please see the *EOC* for details.

Privacy

We protect the privacy of protected health information. Please see the *EOC* or view our *Notice of Privacy Practices* on **kp.org** to learn more.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-443-0815. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-443-0815. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-443-0815。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-443-0815。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-443-0815. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-443-0815. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-443-0815 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-443-0815. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-443-0815 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-443-0815. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:
إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-344-5180. سيقوم شخص بمساعدتك. هذه خدمة مجانية ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-443-0815 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-443-0815. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-443-0815. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-443-0815. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-443-0815. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-443-0815 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

Kaiser Foundation Health Plan, Inc.
393 E. Walnut St.
Pasadena, CA 91188-8514

Member Service Contact Center
1-800-443-0815 (TTY **711**) toll free
Seven days a week, 8 a.m. to 8 p.m.

KAISER PERMANENTE®

kp.org/medicare

♻ **Please recycle.**