Retiree Medical Summary

2015 TA:

- ✓ Common design across the regions
- ✓ Long-term solution protects current and future retirees
- ✓ Improvements for retirees in ROCs effective 2017
- ✓ All grandfathered provisions remain in place
- ✓ Health Reimbursement Accounts will cover most out-of-pocket expenses for retirees, spouses and dependents
- ✓ Monthly premium subsidies for Medicare Advantage plans covering retirees and spouses

For Additional Plan Information:
National Human Resources Service Center
1-877-457-4772
www.ibenefitcenter.com/kp

Full Plan summary available at:
https://medicare.kaiserpermanente.org/wps/portal/medicare/plans/explore/descriptions/nw-or#.

New Plan Design: Kaiser Permanente Senior Advantage/Health Reimbursement Account (KPSA/HRA)

Starting Jan. 1, 2017, retirees move into an individual Kaiser Permanente Senior Advantage Plan

Premiums covered by a premium subsidy of $33, to increase at 3% per year

Co-pays and residual monthly premiums covered by a Health Retirement Account, credited with $2,000 per year of service i.e. if you retire with 15 years of service you are credited $30,000

Additional $10,000 added to the Health Retirement Account at age 85

Current Group vs. Individual KPSA

Benefit	Description	Current Retiree Medical Plan	KPSA (Oregon, basic plan)
Medical			
	Monthly Premium	30% Premium Cost-Share	$41
	Max OOP	$600 individual; $1,200 family	$4,900
	DOV	$5	$30 primary/$35 specialist
	ER	$5	$65 (copay waved if hospitalized)
	Urgent Care	$5	$35
	Inpatient Hospital	100% covered	$275 (days 1-6) 100% covered after 6th day
	Outpatient Surgery	$5	$250
	Skilled Nursing	100% covered	$0 per day (days 1-20); $50 per day (days 21-100)
	Lab, X-Ray, Imaging	100% covered	$0 Lab; $15 X-Ray; $175 MRI, PET, CT Scans
	Durable Medical Equipment	80% covered; 100% covered for Medicare retirees	20% coinsurance
	Ambulance	100% covered	$200
	Home Health and Hospice		100% covered for care (but may have some drug and respite care costs)
Part D			
	Initial (Up to $2,960) - Generic/Brand/Specialty	$5 ($3 for SEIU)	$5/$45/33% coinsurance
	Gap (Up to $4,700) - Generic/Brand/Specialty	$5 ($3 for SEIU)	$5/45% coinsurance/45% coinsurance
	Catastrophic - Generic/Brand/Specialty	$5 ($3 for SEIU)	$5/$15/$15
	Mail Order		2 copays for 90 day supply
Vision			
	Eye Exam	$5	$35
	Eye Wear	$150 every two years	Not covered