

# Advantage Plus

## Dental, hearing aid, and eyewear benefits

Kaiser Permanente Senior Advantage (HMO-POS)  
Northwest – Lane County

Enroll now for 2025



Learn more at  
[kp.org/advantageplus](https://kp.org/advantageplus)



# Be healthy. Be vibrant.

Now you have the option to add dental, hearing aid, and eyewear benefits to your Kaiser Permanente Senior Advantage plan. And even better, it's affordable.

With Advantage Plus, you get a bundle of valuable dental care, hearing aid, and eyewear benefits added to your plan — so all your health benefits come in one convenient package.

- **Save time and money** by eliminating the need to shop around for dental care, hearing aid, and eyewear benefits separately.
- **One bill** — for both your Kaiser Permanente Senior Advantage individual plan and Advantage Plus coverage.

You deserve the total health care that's yours through Senior Advantage with Advantage Plus. It's one more way we can help you live a more vibrant life.

*Refer to your Kaiser Permanente Senior Advantage **Evidence of Coverage (EOC)** for detailed information about dental services provided under your Senior Advantage individual plan.*

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# 1 BENEFITS AT A GLANCE

The **Advantage Plus** package gives you the option of adding more benefits to your Kaiser Permanente Senior Advantage individual plan. This chart shows the **dental services, hearing aid, and eyewear benefits** you receive when you purchase Advantage Plus for an additional \$46 a month for all 3 benefits. This \$46 monthly premium will be added to your Senior Advantage individual plan premium. The \$1,250 annual dental benefit maximum applies for most dental services. The total plan charges for preventive, diagnostic, and most restorative services received apply to the annual dental benefit maximum except where noted.

Senior Advantage individual plan coverage only	Advantage Plus coverage combined with Senior Advantage individual plan coverage
<b>DENTAL</b>	
<p>Preventive dental services are not covered.</p>	<p><b>Preventive and diagnostic services:</b></p> <p>No copay or coinsurance up to the \$1,250<sup>1</sup> annual dental benefit maximum for:</p> <ul style="list-style-type: none"> <li>• Oral examinations including evaluations and diagnostic exams (up to 2 per calendar year).</li> <li>• Bitewing X-rays.</li> <li>• Other X-rays dentally needed.</li> <li>• One full mouth X-ray.</li> <li>• Preventive cleanings<sup>2</sup> (maximum of up to 2 per calendar year).</li> <li>• Fluoride treatments (as dentally needed).</li> </ul> <p>Note: Total plan allowable charges for preventive and diagnostic services received apply to the annual dental benefit maximum. Preventive and diagnostic services are not subject to meeting your dental deductible.</p> <p><sup>1</sup>Annual \$1,250 dental benefit maximum is combined in-network and out-of-network.</p> <p><sup>2</sup>Periodontal cleanings covered under restorative benefit.</p>

Senior Advantage individual plan coverage only	Advantage Plus coverage combined with Senior Advantage individual plan coverage
<b>DENTAL (continued)</b>	
<p><b>Comprehensive (basic and major restorative) dental services are not covered.</b></p>	<p><b>Basic restorative services:</b> Member pays 50% coinsurance after a \$50<sup>1</sup> dental deductible up to the \$1,250<sup>1</sup> annual dental benefit maximum.</p> <p><b>Major restorative services:</b> Member pays 50% coinsurance after \$50<sup>1</sup> dental deductible up to the \$1,250<sup>1</sup> annual dental benefit maximum.</p> <p><b>Restorative services include:</b></p> <ul style="list-style-type: none"> <li>• Fillings.</li> <li>• Periodontal cleaning.</li> <li>• Simple extractions.</li> <li>• Oral surgery.</li> <li>• Endodontic services (e.g., root canal).</li> <li>• Fixed prosthetics (e.g., bridges and crowns).</li> <li>• Removable prosthetics (dentures).</li> </ul> <p>Note: Total plan allowable charges for services we cover, less deductible and/or coinsurance you pay, count toward the \$1,250<sup>1</sup> annual dental benefit maximum.</p> <p>Nightguards: 10% coinsurance (based on full price).<sup>2</sup></p> <p>Nitrous oxide:<sup>2</sup></p> <ul style="list-style-type: none"> <li>• \$25 copay per occurrence for adults and children 13 years of age and older.</li> <li>• \$0 copay per occurrence for children under 13.</li> </ul> <p><b>Emergency or urgent dental care:</b></p> <ul style="list-style-type: none"> <li>• Cost share that normally applies for nonemergency dental services.</li> </ul>

Senior Advantage individual plan coverage only	Advantage Plus coverage combined with Senior Advantage individual plan coverage
<b>DENTAL (continued)</b>	
	<p><sup>1</sup>Annual \$50 deductible and annual \$1,250 dental benefit maximum are each combined in-network and out-of-network.</p> <p><sup>2</sup>Annual dental benefit maximum does not apply.</p> <p>NOTE:</p> <ul style="list-style-type: none"> <li>• In any calendar year, we will not cover services that are subject to the deductible until you meet the deductible listed in the "Benefit Chart" during that calendar year. Once the deductible is satisfied, no further deductible will be due for the remainder of the calendar year.</li> <li>• The only payments that count toward the deductible are those you make for covered services that are subject to the deductible under your <b>EOC</b>.</li> <li>• The value of preventive and diagnostic services that you receive does not count toward the deductible.</li> <li>• Covered services subject to balance billing when received at an out-of-network (non-contracted) provider. See your <b>EOC</b> for more information about dental coverage.</li> </ul>
<b>HEARING AIDS</b>	
Hearing aids are not covered.	<p><b>\$500 for up to one aid per ear every 3 years.</b></p> <p><b>You must pay</b> all hearing aid charges after the \$1,000 hearing aid benefit maximum coverage amount.</p> <p>Fittings and evaluations for hearing aids are covered only if the member purchases the Advantage Plus supplemental benefit.</p>

Senior Advantage individual plan coverage only	Advantage Plus coverage combined with Senior Advantage individual plan coverage
<b>EYEWEAR</b>	
<p>No charge for Medicare-covered eyewear after each cataract surgery; eyeglasses or contact lenses from a designated selection of frames/lenses or contact lenses.</p> <p>Medicare-covered eyewear after cataract surgery is only covered for the cost of basic eyeglass frames and lenses. <b>You must pay</b> charges above the Medicare-covered amount for premium lenses, premium eyeglass frames, antireflective coating, tints, polarized or photochromic lenses, or other premium options.</p>	<p>\$175 allowance toward prescription eyeglasses or contact lenses once within a 2-calendar-year period.</p> <p><b>and</b></p> <p>No charge for Medicare-covered eyewear after each cataract surgery; one pair of eyeglasses or contact lenses from a designated selection of frames/lenses or contact lenses.</p>

See your Kaiser Permanente Senior Advantage **EOC** for detailed information about dental, hearing, and vision services provided under your Senior Advantage individual plan.



## 2 THE POWER OF A HEALTHY SMILE

Your dental health is key to your overall health. Healthy teeth and gums allow you to eat better and feel better — in body and mind.

Prevention and treatment of dental problems are important at any stage of life. You may experience more tooth sensitivity or have dental problems as a result of certain medications or health conditions. Regular oral exams not only keep your mouth healthy but can also help identify medical problems.

Advantage Plus makes it easy to get the dental care you need. Enjoy the power of a healthy smile.

### **Kaiser Permanente Dental Contact Information**

For the most-up-to-date information on locations and providers, go to **[kp.org/ppomedicare/nwdental](http://kp.org/ppomedicare/nwdental)**.

For questions about benefits, eligibility, or dental services, call Dental Choice Customer Care Monday through Friday, 8 a.m. to 5 p.m., except major holidays.

Dental Choice Customer Care ..... **1-866-653-0338**

TTY ..... **711**

# Q&As

## DENTAL

Advantage Plus dental benefits are provided through Kaiser Permanente Dental Choice (PPO) network providers. For the most up-to-date information on providers, please visit [kp.org/ppomedicare/nwdental](http://kp.org/ppomedicare/nwdental) or call **1-866-653-0338** (TTY **711**).

### 1. How do I locate participating dentists?

To find a participating dentist, visit [kp.org/ppomedicare/nwdental](http://kp.org/ppomedicare/nwdental). You may also call Dental Choice Customer Care at **1-866-653-0338**. Hours of operation are Monday through Friday, 8 a.m. to 5 p.m. Pacific time, except major holidays.

### 2. I already have a personal dentist. Can I still see them?

Yes. You may see any dentist you choose. However, you'll receive the highest level of benefits if you choose a participating provider. When you visit a participating dentist, you pay your share of negotiated fees. This means lower out-of-pocket costs.

### 3. The dentist I want to use does not participate in your network. Is there anything I can do to encourage them to participate?

Yes. Our dental network may add a dentist if the dentist meets our credentialing standards. Please have your benefit administrator contact the Kaiser Permanente Dental Choice team for more information.

### 4. Can I change dentists?

Yes. You can change dentists as many times as you like. However, we encourage you to find a personal dentist you feel comfortable with and want to stay with. Your dentist will become familiar with your dental history and needs.

### 5. Will I need a prior authorization?

Yes, you will need prior authorization for a dental service for which the charges are \$500 or more per procedure (such as dentures) or a periodontal treatment. See your **EOC** for full details.

### 6. How do I get reimbursed if I visit an out-of-network dentist?

If you see an out-of-network (nonparticipating) dentist, they may require you to pay the entire bill at the time of the visit. The charges may also be higher than what you would pay for the same service(s) from a network/participating provider. You or your dentist must submit a claim form to Kaiser Permanente Dental Choice for processing. An Explanation of Benefits and any reimbursement will be sent to you, according to your plan's coverage.

Kaiser Permanente Dental Choice  
Attn: Claims Processing  
P.O. Box 6927  
Columbia, SC 29260

## **7. What is a negotiated network fee?**

A negotiated network fee refers to a discounted schedule that participating network dentists agree to accept as payment in full for services rendered. Typical discounts range from approximately 20% to 50%. Depending on the services rendered, your plan may cover all or part of the discounted fee. All network dentists have agreed to accept the negotiated fees as payment in full for covered services rendered, and there is no balance billing.

When members see a nonparticipating dentist:

- Our Usual and Customary plans cover up to the 90th percentile of usual and customary charges for the service (less any applicable coinsurance and copays).
- Members pay the balance of the charges.
- Out-of-network dentists may charge more than usual and customary charges. Members' out-of-pocket costs may be higher if they see a nonparticipating dentist. Any charges in excess of usual and customary charges are the member's responsibility.

## **8. Can I find out in advance how much a service will cost me out of pocket? Can I get an estimate of what will be covered?**

Yes. You or your provider may request a pretreatment estimate to find out what your benefits will be. We'll send both you and your provider an estimate that shows what services will be covered and at what level.

## **9. Will I get a separate Kaiser Permanente dental ID card?**

Yes, you will receive a separate Dental Choice ID card from Kaiser Permanente. You do not need to show your ID card to receive services. You can tell your dentist that you are enrolled in the Dental Choice (PPO) plan. Your dentist can call **1-866-653-0338** for verification. However, we encourage you to carry your ID card for your and your provider's convenience.

## **10. Does my dental plan have a deductible?**

Yes, there is a \$50 annual deductible (combined in-network and out-of-network) for basic and major restorative dental services. There is no deductible for preventive and diagnostic dental services.

## **11. How does the dental deductible work?**

A deductible is the amount you must pay before our plan begins to pay its share of your covered dental services. You pay for covered basic and major restorative dental services until you meet the \$50 deductible. Once you meet the deductible, you will pay 50% coinsurance for basic restorative dental services and 50% for major restorative dental services until you meet the annual dental benefit maximum.

## **12. What is the annual dental benefit maximum?**

Your dental benefits have a \$1,250 annual dental benefit maximum (combined in-network and out-of-network). The actual cost of the services you receive (the total plan allowable charges), not counting copay, coinsurance, or deductible amounts, accrue or apply to the \$1,250 annual dental benefit maximum. Once

you reach the annual dental benefit maximum, you are responsible for the total plan charges for any additional dental services you receive in that calendar year. The actual costs (total plan charges) for most, but not all, covered dental services apply to the dental benefit maximum.

### 13. What actual costs (total plan charges) apply to the annual dental benefit maximum?

The actual cost for the following services applies to the dental benefit maximum:

- Preventive and diagnostic services (such as oral exams, X-rays, and cleanings).
- Basic and major restorative services (such as fillings, crowns, and dentures).

### 14. What does not apply to the annual dental benefit maximum?

Your copay, coinsurance, and deductible amount.

The actual cost for the following covered services does not apply to the dental benefit maximum:

- Nightguards.
- Nitrous oxide.

This chart shows an example of how the deductible and the annual dental benefit maximum work. Amounts listed may not reflect your actual services, dental needs, or selected provider contract.

Annual care	Actual cost of the dental service (total plan charges)	Member out-of-pocket \$0 for preventive services and diagnostic services, 50% coinsurance for basic services, and 50% for major restorative services after \$50 deductible	Kaiser Permanente pays	Annual dental benefit maximum balance
2 cleanings	\$270.00	\$0	\$270.00	\$980.00
2 oral exams	\$150.00	\$0	\$150.00	\$830.00
1 set of X-rays (4 bitewings)	\$89.00	\$0	\$89.00	\$741.00
1 surface amalgam (metal) filling	\$167.00	Annual deductible \$50 + 50% coinsurance: \$167 – \$50 (deductible) = \$117 at 50% coinsurance = \$58.50 \$50 + \$58.50 = \$108.50 member out of pocket.	\$58.50	\$682.50
4+ surface amalgam (metal) fillings	\$286.00	\$143.00	\$143.00	\$539.50
Tooth extraction	\$229.00	\$114.50	\$114.50	\$425.00
Total	\$1,191.00	\$366.00	\$825.00	\$425.00

**15. Do I have a share of the cost (deductible, copay, or coinsurance) for covered preventive and diagnostic services (cleanings, oral exams, fluoride treatments, and X-rays)?**

There is no deductible or cost share (copay or coinsurance) for preventive and diagnostic services as long as you have not reached your annual dental benefit maximum. If you have reached your annual dental benefit maximum, then you will pay the actual cost (total plan charges) for preventive and diagnostic services. You may be subject to balance billing if an out-of-network provider is used for services.

**16. When will I be charged a coinsurance or copay?**

You have a share of the cost for nightguards (10% coinsurance) and nitrous oxide (a \$25 copay for those 13 and older). These cost shares apply regardless of whether you have reached the annual dental benefit maximum.

You have a share of the cost for basic restorative services (50% coinsurance after a \$50 dental deductible) and major restorative services (50% coinsurance after a \$50 dental deductible). These cost shares apply to the annual dental benefit maximum. Once you reach the annual dental benefit maximum, you are responsible for the total plan charges for any additional dental services you receive in that calendar year.

**17. If I have dental X-rays from my previous dentist, can they be used in place of new X-rays?**

Your dentist will determine whether your outside X-rays can be used or if you'll need new ones. You can ask your former dentist to send the X-rays to the dental office you have chosen for your appointment prior to your examination. Or you may bring them to your initial exam. Your initial examination cannot be completed without dental X-rays.

Copies of X-rays are often unclear and difficult to read, making them unusable for a new exam. The dentist must feel sure about making an accurate diagnosis from any dental X-ray.

If too much time has gone by, your dentist might decide you need new X-rays. If you have dental disease or a history of a lot of dental treatment, you may need X-rays more frequently. If you're in good dental health with very few previous dental restorations, you'll probably wait longer between X-rays.

**18. What's the difference between a preventive cleaning and a periodontal cleaning?**

A prophylaxis is a preventive dental procedure to prevent periodontal disease to be performed in a generally healthy mouth without bone loss, furcations, mobility, and active periodontal disease. Periodontal cleanings are part of the major restorative service benefits.

# DENTAL BENEFIT DESCRIPTIONS

**Note: Services are covered up to the annual dental benefit maximum. You are responsible for any total plan charges that exceed the annual maximum and balance billing charges as a result of out-of-network provider services.**

Dental treatment and services are based on dental need and appropriateness. A dentally necessary service is, in the judgment of a licensed dentist, required to prevent, diagnose, or treat a dental condition. A service is dentally necessary and dentally appropriate only if a dentist determines that its omission would adversely affect your dental health and its provision constitutes a dentally appropriate course of treatment for you in accord with generally accepted professional standards of practice that are consistent with a standard of care in the dental community.

## **Preventive and diagnostic services**

- **Diagnostic examination.** Examination of your mouth, X-rays to check for cavities, and determining the condition of your teeth and gums.
- **Preventive services.** Preventive care includes such services as routine teeth cleaning (prophylaxis) and fluoride treatments.
- **Prophylaxis.** Preventive cleaning of the teeth. You are covered for no more than 2 visits for oral prophylaxis treatments in any one-calendar-year period, except when you are receiving periodontal treatment.
- **Space maintainer.** Appliance used to maintain spacing after removal of a tooth or teeth.

## **Oral surgery services**

- **Oral surgery.** Surgical tooth extractions, including diagnosis and evaluation, are covered.

## **Periodontics**

- **Periodontics (gum treatment).** Treatment of disease of the gums. Diagnosis, evaluation, and treatment of disease of the gums, including scaling and root planing, are provided.

## **Basic restoration services**

- **Basic restorative services.** Your plan covers routine fillings and stainless steel and plastic/acrylic crowns.
- **Simple extractions.** Your plan covers simple tooth extractions.

## **Endodontics**

- **Endodontics (root canal therapy).** Treatment of the root canal or tooth pulp. Your benefit includes root canal and related therapy, including diagnosis and evaluation.

## Major restorative services

- **Major restorative services.** Your plan covers gold and porcelain crowns, inlays, bridge abutments and pontics, and other cast metal restorations. If you request a procedure or material not covered, or in excess of what is recommended by your dentist, you will be responsible for the additional total plan charges. Repair or replacement of prosthetic appliances that are less than 5 years old is not covered.
- **Pontic.** An artificial tooth on a dental bridge.
- **Removable prosthetic services.** Covered services include full and partial dentures, relines, and rebases. Your plan covers repair and adjustment of dentures and other prosthetic devices damaged through normal use. If a prosthetic device cannot be repaired, we will cover replacement once every 5 years.
- **Prosthetic device.** We cover artificial teeth such as dentures or bridges.
- **Rebase.** We cover replacement of the entire denture base, except the teeth, to improve the bite and/or fit.
- **Reline.** We cover adding a new layer of plastic material to the inside of a set of full or partial dentures to improve the fit.

## Emergency/urgent care

- **Emergency care.** Care for a condition requiring immediate treatment for acute infection, hemorrhage, injury to the gums and/or teeth, or relief of extreme pain that would lead a prudent layperson possessing an average knowledge of health and medicine to reasonably expect that immediate dental attention is needed. Coverage includes local anesthesia and premedication.
- **Urgent condition.** A dental problem such as toothaches, chipped teeth, broken/lost fillings causing irritation, swelling around a tooth, or a broken prosthetic that may require something other than a routine appointment.

## Other services/benefits

- **Nightguard.** A removable dental appliance designed to minimize the effects of grinding and other occlusal factors.
- **Nitrous oxide.** Covered for children when administered by a participating pediatric dentist, oral surgeon, or periodontist and for adults when administered by a participating oral surgeon or periodontist.

## Exclusions

- Conditions for which service or reimbursement is required by law to be provided at or by a government agency.
- Cosmetic services, supplies, or prescription drugs that are intended primarily to improve appearance, repair, and/or replace cosmetic dental restorations.

- Dental implants, including bone augmentation and fixed or removable prosthetic devices attached to or covering the implants; all related services, including diagnostic consultations, impressions, oral surgery, placement, removal, and cleaning when provided in conjunction with dental implants; and services associated with postoperative conditions and complications arising from implants.
- Experimental or investigational treatments, procedures, and other services that are not commonly considered standard dental practice or that require governmental approval.
- Full mouth reconstruction and occlusal rehabilitation, including appliances, restorations, and procedures needed to alter vertical dimension, occlusion, or correct attrition or abrasion.
- Genetic testing.
- "Hospital call fees," "call fees," or similar charges associated with dentally necessary services that are performed at ambulatory surgery centers or hospitals.
- Medical or hospital services, unless otherwise specified in the **EOC**.
- Orthodontic services.
- Prescription drugs obtainable with or without a prescription. These may be covered under your medical benefits.
- Prosthetic devices following your decision to have a tooth (or teeth) extracted for nonclinical reasons or when a tooth is restorable.
- Replacement of prefabricated, noncast crowns, including noncast stainless steel crowns not placed by a participating dentist.
- Sedation and general anesthesia (including, but not limited to, intramuscular IV sedation, non-IV sedation, and inhalation sedation) are not covered, except when administered by an oral surgeon, periodontist, or pediatric dentist pursuant to the nitrous oxide benefit as described in your **EOC**.
- Services for conditions that are covered by workers' compensation or that are the employer's responsibility.
- Services furnished by a family member.
- Services provided or arranged by criminal justice institutions for members confined therein, unless care would be covered as emergency care.
- Speech aid prosthetic devices and follow-up modifications.
- Surgery to correct malocclusion or temporomandibular joint disorders; treatment for problems of the jaw joint, including temporomandibular joint syndrome and craniomandibular disorders; and treatment of conditions of the joint linking the jawbone and skull and of the complex of muscles, nerves, and other tissues related to that joint.
- Treatment to restore tooth structure lost due to attrition, erosion, or abrasion.

## Limitations

- Dental services in conjunction with medically necessary general anesthesia. We cover the dental services described in your **EOC** when provided in a hospital or ambulatory surgery center, if these services are performed at that location in order to obtain medically necessary general anesthesia for a member. We do not cover the general anesthesia services.
- Repair or replacement needed due to normal wear and tear of fixed and removable prosthetic devices that are less than 5 years old.
- Works in progress started prior to your effective date are not covered and are the liability of the member or a prior dental insurance carrier.



## 3 HEAR WELL, LIVE WELL

Good hearing means you can participate in life more fully. You're more confident, more secure, and more connected to your world.

Millions of Americans experience some degree of hearing loss. But now, more than ever, hearing loss doesn't mean that your quality of life has to change. Today's hearing products are smaller, more effective, and more comfortable.

The hearing aid benefit from Advantage Plus can help make sure you're not missing the sounds and conversations that make life more fulfilling.

### **Kaiser Permanente Audiology Contact Information**

For the most up-to-date information on providers, visit [kp.org/directory](https://www.kp.org/directory) or call Member Services at **1-877-221-8221** (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

# Q&As

## HEARING SERVICES

### 1. Are hearing tests covered?

Kaiser Permanente Senior Advantage individual plans cover hearing tests that determine the need for hearing correction. These tests are provided at the specialty office visit copay. There is no charge for hearing aid evaluations that determine the appropriate hearing aid and for tests to verify that the aid matches the prescription. If you suspect you have a hearing loss, call your Kaiser Permanente primary care physician.

### 2. If I have a hearing loss, are hearing aids covered?

Yes, you have a \$1,000 benefit allowance toward the purchase of hearing aids. You are covered for up to \$500 per ear per aid every 3 calendar years. If your hearing aids cost more than \$500 per ear per aid, you will be responsible for 100% of the difference. If you do not use all of the \$500 at the initial point of sale, you cannot use it later.

### 3. Are referrals or special claim forms required to use my hearing aid benefit?

No, referrals or claim forms are not required for a hearing aid purchased from or authorized by Kaiser Permanente.

### 4. Are there any limitations to the type of style of hearing aid that is covered?

A range of technologies and styles are available. Your audiologist will help you choose the hearing aids that best meet your needs. Coverage is limited to the types and models of hearing aids furnished by Kaiser Permanente or a Kaiser Permanente–designated audiologist.

### 5. What if I have a medical problem with my hearing?

If a medical problem is identified during the hearing examination, the audiologist can notify your primary care physician of the results to assist you in obtaining the appropriate medical follow-up.

### 6. What if I need service or repairs on my hearing aids?

If you purchased your hearing aid at a Kaiser Permanente or Kaiser Permanente–designated network audiology provider, you have a manufacturer’s warranty. Batteries, accessories, and damaged hearing aid repairs are not part of your hearing aid package and are an out-of-pocket expense. There is a \$100 nonrefundable copay, per hearing aid, should you decide to return the hearing aid during the trial period, and your hearing aid benefit is restored.

## Hearing aid exclusions

- Bone-anchored hearing aids are not covered under the Advantage Plus hearing aid benefit (instead, refer to the "Prosthetic or orthotic devices and related supplies" benefit description in the Senior Advantage individual plans' **EOC**).
- Cochlear implants and osseointegrated external hearing devices (instead, refer to the "Prosthetic or orthotic devices and related supplies" benefit description in the Senior Advantage individual plans' **EOC**).
- Hearing aids that were fitted before you were covered under Advantage Plus (for example, a hearing aid that was fitted during the previous contract year will not be covered under Advantage Plus, though it might be covered under your **EOC** for the previous contract year).
- Internally implanted hearing aids.
- Repair of hearing aids beyond the warranty period.
- Replacement parts and batteries, repair of hearing aids, earmolds, and replacement of lost or broken hearing aids (the manufacturer's warranty may cover some of these).
- Services related to the ear or hearing other than those described in this section (instead, refer to the "Hearing services" benefit description in the Senior Advantage individual plans' **EOC**).



## 4 FOCUS ON A HEALTHIER YOU

Good vision and healthy eyes are your keys to seeing the world around you. You have access to experienced eye care professionals who will work closely with you to help keep your vision sharp and your eyes healthy by providing eye exams, prescription updates, eyeglasses, and contact lenses to suit your lifestyle needs.

It's important to have your eyes checked regularly to identify minor as well as more serious eye problems. Advantage Plus gives you a \$175 allowance toward the purchase of eyewear. This is in addition to eye exams and standard eyewear following cataract surgery covered under our Kaiser Permanente Senior Advantage individual plans.

### **Vision Essentials by Kaiser Permanente Contact Information**

To find eye care services and locations, call Kaiser Permanente Member Services at **1-877-221-8221 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m., or visit **kp2020.org**.

# Q&As

## EYEWEAR COVERAGE

The eyewear benefit covered by Advantage Plus is provided by participating network providers. For information about vision benefits (including limitations and exclusions) covered under your Kaiser Permanente Senior Advantage individual plan, please refer to your **EOC** Benefit Chart under "Vision Services."

### **1. What is my coverage for eyeglass frames, lenses, and contact lenses?**

As a Kaiser Permanente member with the Advantage Plus benefit package, you will receive a maximum plan benefit allowance amount of \$175 once within a 2-calendar-year period to use toward the purchase of eyeglass frames, lenses, and/or contact lenses. This benefit is in addition to standard eyewear following cataract surgery covered at no charge under your Senior Advantage individual plan.

### **2. Where can I obtain my eyeglasses and contact lenses?**

You may use your vision benefit at any participating network providers. For a list of providers, call Member Services at **1-877-221-8221** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m., or visit **kp2020.org**.

You can also reorder contact lenses at **kp2020.org**.

### **3. What if my prescription changes shortly after I get my new prescription and eyeglasses?**

Doctor-approved prescription changes can be made at no charge within 90 days from the original date you receive your eyeglasses.

### **4. How do I make or cancel an eye care optometry/ophthalmology appointment?**

Please call **1-800-813-2000**, option 3 (TTY **711**), 7 a.m. to 6 p.m., to make or cancel an appointment. If you need to cancel, please give us a 24-hour notice. If you made an appointment with a participating network provider, please call their office to schedule or cancel appointments.

### **5. When will I be eligible to use my Advantage Plus eyewear benefit for the first time?**

Once you receive confirmation of your enrollment in Advantage Plus, you can begin using your eyewear benefit on your effective date.

### **6. After I use my Advantage Plus eyewear \$175 benefit, when can I use it again?**

You are eligible to use your Advantage Plus eyewear \$175 benefit allowance once within a 2-calendar-year period. This is counted from the date you last ordered your eyeglasses or contact lenses while enrolled as a member of Kaiser Permanente Senior Advantage individual plan with Advantage Plus.

## 7. Can I combine my Advantage Plus eyewear \$175 benefit allowance with my Senior Advantage individual plan eyewear benefit listed in the EOC?

These are 2 separate benefits. Under your Senior Advantage individual plan post-cataract surgery eyewear benefit, there is no charge for Medicare-covered standard eyeglasses or contact lenses. Any remaining balance resulting from the purchase of premium products/options is calculated as follows:

Premium eyeglass and lens products/options\*  
– Medicare allowable amounts for frame and lens  

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= What you pay

\*Premium eyeglass and lens products/options include premium lenses, premium eyeglass frames, antireflective coatings, tints, and polarized or photochromic lenses.

You may not combine your Advantage Plus eyewear \$175 benefit allowance with your Senior Advantage individual plan post-cataract surgery eyewear benefit to decrease your out-of-pocket member obligation amount.

The Advantage Plus eyewear allowance may not be used for total plan charges associated with professional services, cosmetic contact lenses fitting and follow-up care, low-vision aids, or post-cataract surgery eyewear.

**Multiple replacement eyeglass and cosmetic lenses are covered if a member's prescription changes 0.5 diopter or more within 12 months of the initial exam. Replacement lenses are covered up to the following maximum allowances:**

- \$60 for single vision lenses and contact lenses.
- \$90 for multifocal lenses and contact lenses.
- Replacement coverage is for the original product type (eyeglasses or contacts only).

# TYPES OF EYE CARE PROFESSIONALS

We have eye care professionals practicing in the following specialties:

## **Contact lens professionals**

Specialize in fitting your contact lenses.

## **Eye care professionals**

Inclusive term for all the people who provide eye care services at and in conjunction with Vision Essentials, including ophthalmologists, optometrists, opticians, and contact lens fitters.

## **Ophthalmologists (MD)**

Diagnose and treat eye diseases and disorders and are licensed to perform eye surgery.

## **Opticians**

Help you select the right eyewear for your needs. Technicians are trained to fill prescriptions for glasses written by optometrists. They are responsible for selecting the best lenses for your prescription and for the fit and comfort of your glasses.

## **Optometrists (OD)**

Examine your eyes for general eye health, diagnose and treat eye diseases, and write prescriptions for vision correction.

## **Vision definitions**

**Eye care services.** The products and services offered by Kaiser Permanente including Vision Essentials optical retail, optometry, and ophthalmology.

**Eyewear.** Prescription glasses, sunglasses, and contact lenses.

**Optical center.** A Vision Essentials retail location where you can purchase eyeglasses, purchase contact lenses, or get your glasses adjusted.

**Prescription sunglasses.** Glasses that contain a corrective prescription and are primarily used to shield eyes from sun damage.

**Sunglasses.** Glasses primarily used to shield eyes from sun damage that do not contain a corrective prescription.

## **Vision/eyewear exclusions**

- Low-vision aids.
- Nonprescription products (other than eyeglass frames), such as nonprescription sunglasses, eyeglass holders, eyeglass cases, repair kits, contact lens cases, contact lens cleaning and wetting solution, and lens protection plans.
- Professional services for fitting and follow-up care for cosmetic contact lenses.
- Replacement of lost, broken, or damaged lenses or frames (beyond the one-year warranty).
- Vision therapy (orthoptics or eye exercises).



# 5 HOW TO APPLY FOR COVERAGE

## Applying for Advantage Plus is easy

1. If you are **currently** a Kaiser Permanente Senior Advantage individual plan member, please complete the enrollment form. The annual enrollment period for Advantage Plus is October 15 to December 7, 2024, for a January 1, 2025, effective date. You can also enroll any time through March 31, 2025, for coverage effective the first day of the following month. If you would like to receive an enrollment form, please call one of our Kaiser Permanente Medicare Specialists at **1-877-451-3817** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
2. If you are **now applying** for Kaiser Permanente Senior Advantage individual plan membership and you also want the Advantage Plus package, complete the Advantage Plus enrollment form. If you would like to receive an Advantage Plus enrollment form, please call one of our Kaiser Permanente Medicare Specialists at **1-877-451-3817** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
3. Return your Advantage Plus enrollment form in the enclosed business reply envelope to:  
Kaiser Permanente  
Medicare Department  
P.O. Box 232407  
San Diego, CA 92193-9914
4. We'll notify you when your application has been approved and give you additional details about your coverage and start date.  
The premium for your Advantage Plus optional benefit package of dental, hearing aid, and eyewear benefits is \$46 per month. The \$46 monthly premium is in addition to your Senior Advantage individual plan premium.

# 6

## INFORMATION YOU NEED TO KNOW

### ENROLLMENT/DISENROLLMENT

#### Enrollment

Other important information about applying for Advantage Plus:

- You must be a Kaiser Permanente Senior Advantage **individual** plan member to enroll in the Advantage Plus package. (If your Senior Advantage plan is provided to you under a group or trust fund, you are not eligible to enroll in Advantage Plus.)
- If you are **currently** a Kaiser Permanente Senior Advantage individual plan member, you can enroll in the Advantage Plus package during the annual enrollment period from October 15 through December 7, 2024, to begin your Advantage Plus plan year on January 1, 2025. You can also enroll any time through March 31, 2025, for coverage effective the first day of the following month.
- If you are **applying** for Kaiser Permanente Senior Advantage individual plan membership, you can enroll in the Advantage Plus package at the same time by completing the Advantage Plus enrollment form. Your Advantage Plus benefit coverage period will begin on the same date as your Kaiser Permanente Senior Advantage plan.
- If you are a new Kaiser Permanente Senior Advantage individual plan member **and** your Senior Advantage membership effective date is *within* the past 30 days, you can enroll in the Advantage Plus package by completing an enrollment form. Your Advantage Plus benefit coverage period will begin on the first day of the month after your completed Advantage Plus enrollment form is received by Kaiser Foundation Health Plan of the Northwest. Please note that if you do not enroll in Advantage Plus within the first 30 days of your Kaiser Permanente Senior Advantage effective date, then you cannot apply for Advantage Plus until the annual enrollment period for an effective date of January 1.

#### Disenrollment

You may terminate your Advantage Plus coverage at any time during the year. Your disenrollment will be effective the first of the month following the date we receive your written disenrollment request or completed Advantage Plus disenrollment form. For more information regarding disenrollment, please call Member Services at **1-877-221-8221** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

If you disenroll from Advantage Plus, you will not be eligible to reenroll until the next annual enrollment period October 15 through December 7, 2025, for coverage to be effective January 1, 2026. You can keep the Senior Advantage plan coverage you are enrolled in as long as you continue to pay your full plan premiums and continue to meet the eligibility requirements.

If you disenrolled after you used your Advantage Plus eyewear benefit **and** subsequently reenrolled in Advantage Plus with the same Senior Advantage individual plan, you will be able to get covered eyewear once every 2 calendar years after you last used your Advantage Plus eyewear benefit.

If you disenrolled after you used your Advantage Plus hearing aid benefit **and** subsequently reenrolled in Advantage Plus with the same Senior Advantage individual plan, you won't be able to get covered hearing aids until 3 calendar years after you last used your Advantage Plus hearing aid benefit.



Kaiser Permanente is an HMO and HMO-POS 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.



Kaiser Foundation Health Plan of the Northwest  
500 NE Multnomah St., Suite 100  
Portland, OR 97232

### Want more info?

Visit [kp.org/advantageplus](https://kp.org/advantageplus) to enroll online today. Or call one of our Kaiser Permanente Medicare Specialists at **1-877-451-3817** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

Please recycle.