



2016-2017 Frequently Asked Questions

REGARDING THE KAISER SENIOR ADVANTAGE PLAN

1. IS THE KAISER SENIOR ADVANTAGE PLAN OFFERED THROUGH THE COAST BETTER THAN AN INDIVIDUAL PLAN FROM KAISER?

Yes, the Kaiser Senior Advantage plan offered through Coast has lower copays and does not have the Medication Gap (often referred to as the “donut hole”).

2. IS THERE AN AGE LIMIT TO JOIN THE KAISER SENIOR ADVANTAGE PLAN?

There is no age limit to join the plan however the person would need to be enrolled in Medicare A & B.

3. ARE DENTAL SERVICES COVERED THROUGH KAISER?

No, dental services are not covered however Kaiser does cover dental prescriptions.

4. HOW CAN I FIND OUT WHAT SERVICES ARE AVAILABLE AT A SPECIFIC KAISER LOCATION?

Please visit the Kaiser website at: www.kp.org/locations to find what services are available at each Kaiser location.

5. IS THE KAISER SENIOR ADVANTAGE PLAN AVAILABLE IF I LIVE OUT OF STATE?

This is a California only plan and you must reside in California to seek services through this plan. However, members are covered for Emergency care while traveling outside of California.

6. IF I LIVE IN NORTHERN CALIFORNIA, AM I ALSO COVERED IN SOUTHERN CALIFORNIA?

Yes, if you move to Northern California, you will have an Inter-Regional plan.

7. CAN YOU CHANGE YOUR PRIMARY CARE PHYSICIAN?

Yes, a member can change their Primary Care Physician (PCP) at any time.

8. DOES YOUR PRIMARY CARE PHYSICIAN ASSIGN YOU TO A SPECIALIST?

Yes, your Primary Care Physician (PCP) will refer you to a specialist. However, you have the right to a second opinion with any Kaiser specialist in the region.

9. HOW LONG DOES IT TAKE TO GET A REFERRAL FOR A SPECIALIST?

It will vary by specialty and Kaiser service area and patient medical urgency.

10. I HAVE A HEART SPECIALIST THAT IS NOT WITH KAISER, IF I ENROLL IN THIS PLAN, DO I HAVE TO START ALL OVER AND LOSE MY CURRENT HEART SPECIALIST?

Yes, as a new member to the Kaiser network you will not be able to continue to see your heart specialist. Kaiser has a New Member Entry program and through this program, a Kaiser representative will assist new members with appointments and specialists as needed.

11. IF I HAVE AN EMERGENCY AND NEED TO CALL 911, DO I NEED TO CONTACT KAISER AS WELL?

If you have an emergency you will need to get help at the closest medical facility. If you are admitted to a non-Kaiser hospital, you and/or family member should contact Kaiser's number on the back of your ID card ideally within 24 hours. Once you are stable, you will be transferred to a Kaiser facility.



12. ARE YOU COVERED WHILE TRAVELING?

Yes, a member is covered worldwide for Emergency care and Urgent care.

13. HOW IS END OF LIFE HANDLED ON THE KAISER PLAN?

If someone is on hospice, it reverts back to Medicare. If the member is not on hospice, they would continue to be covered on the current Kaiser Senior Advantage plan.

14. DOES THE KAISER SENIOR ADVANTAGE PLAN HAVE CHIROPRACTIC SERVICES AND/OR DISCOUNTS RELATED TO CHIROPRACTIC SERVICES?

Chiropractic discounts, as well as other discounts are available through www.kp.org/choosehealthy website.

15. WILL I BE ABLE TO SEE AN OPHTHALMOLOGIST ON THE KAISER SENIOR ADVANTAGE PLAN?

Yes, Kaiser has ophthalmologists (under specialty providers) and members would be subject to any applicable copays.

16. CAN YOU DIFFERENTIATE BETWEEN VISION CARE AND VISION DISEASE TREATMENT?

Vision care commonly refers to routine eye examinations and patient is routinely seen by an optometrist. Vision disease treatment is usually treated by a specialist, such as an ophthalmologist.

17. ARE URGENT CARE FACILITIES OPEN 24/7?

Urgent care facilities are not open 24/7, instead these facilities typically have set hours. Kaiser does have a nurse line members can call after hours. The nurse line will be able to assist and advise you on what to do. The Emergency room at Kaiser is open 24/7.

18. HOW DOES SKILLED NURSING WORK AND DOES KAISER HAVE THEIR OWN FACILITIES?

Kaiser partners with different facilities. Medicare covers up to 100 days of skilled nursing care however the usual stay is about 20 days.

19. DOES THE 100 DAYS OF SKILLED NURSING ENCOMPASS ALL EXTENDED CARE SUCH AS BRAIN DAMAGE?

It will depend on the injury, usually skilled nursing works for rehabilitation in the short-term. For brain damage, the member would talk to the specialist for what kind of care he/she would need.

20. I HAD A VERY BAD EXPERIENCE WITH A PARTICULAR SKILLED NURSING FACILITY, WHAT CAN I DO ABOUT THIS?

If you are a member of Kaiser, talk to our Member Service department about your experience. In addition, HICAP (Health Insurance Counseling and Advocacy Program) can assist you to fight Medicare.

21. ARE ALL PRESCRIPTIONS REQUIRED TO BE FILLED THROUGH A KAISER FACILITY?

Yes, all prescriptions must be filled through a Kaiser facility. Kaiser also has a Mail Order service. For Mail Order please call: 800-464-4000 or visit www.kp.org/refill.

22. IS THERE ANY KINDS OF MEDICATIONS THAT ARE NOT COVERED?

Kaiser Permanente has a formulary list and if the medication is not on the formulary list, your doctor may be able to make an exception if the medication is medically necessary and no other medication will work.

23. ARE YOU ABLE TO PRESCRIBE BRAND RX?

Kaiser Permanente physicians will prescribe an Rx that is on the formulary list. Kaiser's formulary consists of both generic and brand Rx. If the medication prescribed by a Kaiser Permanente physician is generic and your "preference" is brand, please discuss this with your physician. If determined medically appropriate, you may be able



to obtain the brand Rx and will subject to the applicable copays.

24. WHY ARE CERTAIN RX PRESCRIBED FOR 100 DAYS AND OTHERS FOR 30 DAYS?

For maintenance medications, Kaiser physicians are able to prescribe up to 100 day supply. However there are some medications that may have a 30 day dispensation limit.

25. IS THE PREMIUM FOR MEDICARE A PART OF THE KAISER PREMIUM?

No, you must pay for any applicable Part A & B costs to Medicare.

26. DOES KAISER SUBMIT CLAIMS TO MEDICARE DIRECTLY?

Yes, Kaiser submits directly to Medicare, the member will never see a bill or claim.