

# Kaiser Permanente Senior Advantage (HMO)

## Summary of Medical Benefits Part D

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

Member Services: **1-877-221-8221 (TTY 711)**  
8 a.m. to 8 p.m., 7 days a week

**Oregon MTD0**

**1/1/2020 - 12/31/2020**

**City & County of San Francisco**

**Group Number: 21227-001**

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### **Deductible**

For one Member per Year	\$0
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### **Out-of-Pocket Maximum <sup>1</sup>**

For one Member per Year	\$1,500
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### **Office visits** **You pay**

“Welcome to Medicare” preventive visit	\$0
Primary Care	\$20
Specialty Care*†	\$20
Urgent Care	\$20

### **Tests (outpatient)** **You pay**

Preventive Tests	\$0
Laboratory*†	No charge
X-ray, imaging, and special diagnostic procedures*†	No charge
CT, MRI, PET scans*†	No charge

### **Medications (outpatient)** **You pay**

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Prescription drugs <sup>†</sup>	\$5 generic/\$15 brand for up to a 30-day supply, per prescription. When you get your drugs from our mail-order pharmacy, you may get up to a 31-90 day supply for two copayments. 20% coinsurance up to \$100 maximum for specialty drugs for up to a 30-day supply, per prescription. 50% coinsurance for Infertility drugs. After you have paid \$6,350 in true out-of-pocket costs for Part D covered drugs in a calendar year, you will pay the lesser of your copayment or \$3 for generic drugs and \$7 for brand drugs, per prescription.
Administered medications, including injections (all outpatient settings) <sup>†</sup>	15% Coinsurance
Nurse treatment room visits to receive injections	\$5
<b>Hospital Services</b>	<b>You pay</b>
Ambulance Services (per transport)	No charge
Emergency department visit	\$50 (Waived if admitted)
Inpatient Hospital Services** <sup>†</sup>	\$100 per admission
<b>Outpatient Services (other)</b>	<b>You pay</b>
Outpatient surgery visit** <sup>†</sup>	\$35
Chemotherapy/radiation therapy visit** <sup>†</sup>	\$20
Durable medical equipment <sup>†</sup>	20% Coinsurance
Physical, speech, and occupational therapies (no limit)** <sup>†</sup>	\$20
<b>Skilled Nursing Facility Services</b>	<b>You pay</b>
Inpatient skilled nursing Services up to 100 days per Medicare Benefit Period** <sup>†</sup>	No charge
<b>Chemical Dependency Services<sup>†</sup></b>	<b>You pay</b>
Outpatient Services	\$20 per visit
Residential Services	\$50 per admission
<b>Mental Health Services<sup>†</sup></b>	<b>You pay</b>
Outpatient Services	\$20 per visit
Residential Services	\$50 per admission
<b>Alternative Care</b>	<b>You pay</b>

Alternative care (self-referred)	*\$20 per acupuncture, chiropractic and naturopathic visit. \$25 per massage therapy visit (up to 12 visits per calendar year for acupuncture, naturopathic, massage and up to 20 visits per calendar year for chiropractic).
<b>Vision Services</b>	<b>You pay</b>
Routine eye exam	No charge
Vision hardware and optical Services	Balance after \$100 eyewear allowance to use toward the purchase price of eyewear once within a two-calendar-year period.
<b>Outside Service Area Benefit</b>	20%. The annual benefit maximum is \$1,250. Kaiser Permanente pays 80% up to \$1,000 per year. You pay 100% thereafter. (In the U.S. only.)
<b>Silver&amp;Fit®</b>	\$0 for basic fitness center membership at participating centers.
<b>Hearing Aids*</b>	Balance after \$2,500 allowance is applied for each hearing aid per ear every three years

<sup>1</sup> Refer to your Medical Benefits Chart for cost-sharing that does not apply to the out-of-pocket maximum.

\* Your plan provider may need to provide a referral.

† Prior authorization may be required.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request.

### ***Have questions?***

- Please call Member Services at **1-877-221-8221 (TTY 711)**.
- 7 days a week, 8 a.m. to 8 p.m.

The benefit information provided is a brief summary, not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. If you receive Extra Help to pay for Medicare Part D prescription drug coverage, premiums and cost sharing will vary based on the level of Extra Help you receive. Please contact the plan for further details.