

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 1MTC

1/1/2021 - 12/31/2021

City & County of San Francisco

Group Number: 21227-001

Deductible

For one Member per Year	\$0
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Out-of-Pocket Maximum ¹

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*†	\$0
X-ray, imaging, and special diagnostic procedures*†	\$0
CT, MRI, PET scans*†	\$0 per department visit

Medications (outpatient)

You pay

Prescription drugs [†]	\$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 \$6,550 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) [†]	15% Coinsurance
Nurse treatment room visits to receive injections	\$5
Hospital Services	You pay
Ambulance Services (per transport)	\$0
Emergency department visit	\$50 (waived if admitted)
Inpatient Hospital Services ^{*†}	\$100 per admission
Outpatient Services (other)	You pay
Outpatient surgery visit ^{*†}	\$35
Chemotherapy/radiation therapy visit ^{*†}	\$20
Durable medical equipment [†]	20% Coinsurance
Physical, speech, and occupational therapies (no limit) ^{*†}	\$20
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services up to 100 days per Medicare Benefit Period ^{*†}	\$0
Chemical Dependency Services[†]	You pay
Outpatient Services	\$20 per visit
Residential Services	\$50 per admission
Mental Health Services[†]	You pay
Outpatient Services	\$20 per visit
Residential Services	\$50 per admission
Alternative Care	You pay

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).
Vision Services	You pay
Routine eye exam	\$0
Vision hardware and optical Services	Balance after \$100 allowance to use toward the purchase price of eyewear once within a two-calendar-year period.
Outside Service Area Benefit	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.)
Silver&Fit®	\$0 for basic fitness center membership at participating centers.
Hearing Aids*	Balance after \$2,500 allowance is applied for each hearing aid per ear every three years

¹ 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.