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 4MTC
1/1/2024 - 12/31/2024

City & County of San Francisco
Group Number: 21227-001

<table>
<thead>
<tr>
<th>Deductible</th>
<th>For one Member per Year</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Pocket Maximum¹</td>
<td>For one Member per Year</td>
<td>$1,500</td>
</tr>
<tr>
<td>Office visits</td>
<td>You pay</td>
<td></td>
</tr>
<tr>
<td>Welcome to Medicare preventive visit</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
<td>$20</td>
</tr>
<tr>
<td>Specialty Care²†</td>
<td></td>
<td>$20</td>
</tr>
<tr>
<td>Urgent Care</td>
<td></td>
<td>$20</td>
</tr>
<tr>
<td>Tests (outpatient)</td>
<td>You pay</td>
<td></td>
</tr>
<tr>
<td>Preventive Tests</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>Laboratory²†</td>
<td></td>
<td>$0 per department visit</td>
</tr>
<tr>
<td>X-ray, imaging, and special diagnostic procedures²†</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>CT, MRI, PET scans²†</td>
<td></td>
<td>$0 per department visit</td>
</tr>
<tr>
<td>Medications (outpatient)</td>
<td>You pay</td>
<td></td>
</tr>
</tbody>
</table>

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[Image]
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 $ 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. Insulin is subject to the applicable drug tier cost-sharing up to $35 for each 30-day supply.

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
Inpatient Hospital Services²† | $100 per admission

**Outpatient Services (other)** | You pay
---|---
Outpatient surgery visit²† | $35
Chemotherapy/radiation therapy visit²† | $20
Durable medical equipment† | 20% Coinsurance
Physical, speech, and occupational therapies²† | $20

**Skilled Nursing Facility Services** | You pay
---|---
Inpatient skilled nursing Services up to 100 days per Medicare Benefit Period²† | $0

**Mental Health and Substance Abuse Services†** | You pay
---|---
Outpatient Services | $20
Inpatient Services | $100 per admission

**Alternative Care (self-referred)** | You pay
---|---
Acupuncture Services (up to 12 visits per Year) | $20 per visit
Chiropractic Services (up to 20 visits per Year) | $20 per visit
Massage Therapy (up to 12 visits per Year) | $25 per visit
Naturopathic Medicine | $20

**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 Aids²

Balance after $2,500 allowance is applied for each hearing aid per ear every three years

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

2 Your plan provider may need to provide a referral.

† Prior authorization may be required.

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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.

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**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.