

**Summary of Benefits Chart for
Kaiser Permanente Senior Advantage (HMO) with Part D when Medicare is secondary
coverage (1/1/26—12/31/26)**

Plan Deductible	None
Professional Services (Plan Provider office visits)	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits	No charge
Most Physician Specialist Visits	No charge
Annual Wellness visit and the “Welcome to Medicare” preventive visit	No charge
Routine physical exams.....	No charge
Routine eye exams with a Plan Optometrist.....	No charge
Urgent care consultations, evaluations, and treatment.....	No charge
Physical, occupational, and speech therapy.....	No charge
Outpatient Services	You Pay
Outpatient surgery and certain other outpatient procedures.....	No charge
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests.....	No charge
Manual manipulation of the spine	No charge
Hospital Inpatient Services	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge
Emergency Services	You Pay
Emergency department visits	No charge
Ambulance and Transportation Services	You Pay
Ambulance Services.....	No charge
Other transportation Services when provided by our designated transportation provider as described in this <i>EOC</i>	No charge for up to 24 one-way trips (50 miles per trip) per calendar year
Prescription Drug Coverage	You Pay
This plan covers Medicare Part D prescription drugs in accord with our Part D formulary.	
Initial coverage stage —until you have spent \$2,100 in 2026. (If you spend \$2,100, you move on to the catastrophic coverage stage):	
Catastrophic coverage stage	No charge for up to a 100-day supply No charge
Durable Medical Equipment (DME)	You Pay
Covered durable medical equipment for home use	No charge
Mental Health Services	You Pay
Inpatient psychiatric hospitalization	No charge
Individual outpatient mental health evaluation and treatment.....	No charge
Group outpatient mental health treatment	No charge
Substance Use Disorder Treatment	You Pay
Inpatient detoxification.....	No charge

Substance Use Disorder Treatment		You Pay
Individual outpatient substance use disorder evaluation and treatment		No charge
Group outpatient substance use disorder treatment.....		No charge
Home Health Services		You Pay
Home health care		No charge
Other		You Pay
Hearing aid(s) every 36 months		Amount in excess of \$2,500 Allowance for each ear
Skilled nursing facility care		No charge
External prosthetic and orthotic devices		No charge
Meals delivered to your home immediately following discharge from a network hospital or Skilled Nursing Facility		No charge up to three meals per day in a consecutive four-week period, once per calendar year
Over-the-Counter (OTC) Health and Wellness products obtained through our OTC catalog		No charge for a quarterly benefit limit of \$70
Fitness benefit – One Pass™ (includes access to in-network gyms and one home fitness kit per calendar year).....		No charge

Summary of Benefits booklet

This chart does not explain benefits, Cost Share, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For additional information, please refer to the *Summary of Benefits* booklet enclosed; for a complete explanation, refer to the *EOC*.