



2027 Medical Plans for Retirees or Dependents with Medicare

	KAISER PERMANENTE Senior Advantage HMO (California)	BLUE SHIELD OF CALIFORNIA Medicare PPO
DEDUCTIBLES		
Deductible and Out-of-Pocket Maximum	No Deductible Annual out-of-pocket maximum \$1,000/individual	No Deductible Annual out-of-pocket maximum \$3,750/individual
PREVENTIVE CARE		
Routine Physical	No charge	\$0 co-pay
Immunizations and Inoculations	No charge	\$0 co-pay if covered under Part B
Well Woman Exam and Family Planning	No charge	\$0 co-pay
Routine Pre/Post-Partum Care	No charge visits limited; see EOC	Cost share per type and location of service
PHYSICIAN AND PROVIDER CARE		
Office and Home Visits	\$20 co-pay	\$5 co-pay PCP; \$15 co-pay specialist
Hospital Visits	No charge	No charge
PRESCRIPTION DRUGS		
Pharmacy: Generic Drugs (Tier 1)	\$5 co-pay 30-day supply	\$5 co-pay 30-day supply
Pharmacy: Brand-Name Drugs (Tier 2)	\$15 co-pay 30-day supply	\$20 co-pay 30-day supply
Pharmacy: Non-Preferred Brand Drugs (Tier 3)	Only if authorized by a Kaiser Physician	\$45 co-pay 30-day supply
Mail/Home Delivery: Generic Drugs (Tier 1)	\$10 co-pay 100-day supply	\$10 co-pay 100-day supply
Mail/Home Delivery: Brand-Name Drugs (Tier 2)	\$30 co-pay 100-day supply	\$40 co-pay 100-day supply
Mail/Home Delivery: Non-Preferred Brand Drugs (Tier 3)	Only if authorized by a Kaiser Physician	\$90 co-pay 100-day supply
Specialty Drugs (Tier 4)	20% coinsurance up to \$100 per prescription, 30-day supply	\$20 co-pay retail pharmacy up to 30-day supply; \$40 co-pay mail/home delivery pharmacy up to 90-day supply
OUTPATIENT SERVICES		
X-ray and Laboratory	No charge	\$0 co-pay
EMERGENCY		
Hospital Emergency Room	\$50 co-pay waived if hospitalized	\$65 co-pay waived if admitted to the hospital within 24 hours
Urgent Care Facility	\$20 co-pay	\$20 co-pay waived if admitted to the hospital within 24 hours
HOSPITAL/SURGERY		
Inpatient	\$100 co-pay per admission	\$150 co-pay per admission
Outpatient	\$35 co-pay	\$100 co-pay



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REHABILITATIVE		
Physical/Occupational Therapy	\$20 co-pay authorization required	\$20 co-pay
Acupuncture/Chiropractic	\$15 co-pay 30 visits combined acupuncture or chiro max per plan year; ASH network	\$15 co-pay 24 visits of each max per plan year; ASH network
GENDER DYSPHORIA		
Office Visits and Outpatient Surgery	Co-pays apply authorization required	Co-pays apply authorization required
DURABLE MEDICAL EQUIPMENT		
Home Medical Equipment	No charge as authorized by PCP according to formulary	\$15 co-pay
Prosthetics/Orthotics	No charge when medically necessary	\$15 co-pay
Diabetic Monitoring Supplies	No charge see EOC	\$0 co-pay limited to certain brands; \$15 copay for Continuous Glucose Monitors and Supplies
Hearing Aids	Evaluation no charge 1 aid per ear, every 36 months, up to \$2,500 each	Evaluation no charge \$5,000 allowance for hearing aid(s), combined for both ears, every 36 months
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		
Inpatient Hospitalization	\$100 co-pay per admission	\$150 co-pay per admission
Outpatient Treatment	\$10 co-pay group \$20 co-pay individual	\$5 co-pay group \$15 co-pay individual
Inpatient Detox	\$100 co-pay per admission	\$150 co-pay per admission
Residential Rehabilitation	\$100 co-pay per admission; physician approval required	\$150 co-pay per admission
EXTENDED & END-OF-LIFE CARE		
Skilled Nursing Facility	No charge up to 100 days per year	No charge up to 100 days/benefit period; no custodial care
Hospice	No charge when medically necessary	Covered by Original Medicare
POST-DISCHARGE SUPPORT AND ROUTINE TRANSPORTATION		
Post Discharge Meal Delivery	\$0 co-pay up to three meals per day in a consecutive four-week period, once per calendar year	\$0 co-pay for 30 meals; 16 snacks, per discharge
Routine Transportation	\$0 co-pay for up to 24 one-way trips (50 miles per trip) per calendar year	\$0 co-pay for 24 one-way trips to see a provider or pharmacy

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. If any discrepancy exists between the information provided in this Guide and the EOC, the EOC shall prevail. Download EOCs at sfhss.org.