

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

## Kaiser Permanente Senior Advantage (HMO) Summary of Medical Benefits with Part D

### Small Group Senior Advantage Plan

**2021 Contract**

<b>Deductible</b>	
For one Member per Year	\$0
<b>Out-of-Pocket Maximum *</b>	
For one Member per Year	\$1,000
<b>Office visits</b>	<b>You pay</b>
“Welcome to Medicare” preventive visit	No charge
Primary Care	\$20
Specialty Care	\$20
Urgent Care	\$25
<b>Tests (outpatient)</b>	<b>You pay</b>
Preventive Tests	No charge
Laboratory	No charge
X-ray, imaging, and special diagnostic procedures	No charge
CT, MRI, PET scans	No charge

<b>Medications (outpatient)</b>	<b>You pay</b>
Prescription drugs	\$20 generic/\$40 brand. You get up to a 30-day supply. When you use mail-order pharmacy, you get up to a 90-day supply of maintenance drugs for two copayments. After you have paid \$6,350 in true out-of-pocket cost for Part D covered drugs in a calendar year, you will pay the lesser of your copayment or \$3 generic and \$7 brand per prescription. The better of Part D and standard formulary applies. We cover non formulary drugs only when you meet exception criteria.
Administered medications, including injections (all outpatient settings)	15% Coinsurance
Nurse treatment room visits to receive injections	\$10
<b>Hospital Services</b>	<b>You pay</b>
Ambulance Services (per transport)	\$100
Emergency department visit	\$50 (Waived if admitted)
Inpatient Hospital Services	\$200 per admission
<b>Outpatient Services (other)</b>	<b>You pay</b>
Outpatient surgery visit	\$50
Chemotherapy/radiation therapy visit	\$20
Durable medical equipment	20% Coinsurance
Physical, speech, and occupational therapies	\$20
<b>Skilled Nursing Facility Services</b>	<b>You pay</b>
Inpatient skilled nursing Services up to 100 days per Medicare Benefit Period	No charge
<b>Chemical Dependency Services</b>	<b>You pay</b>
Outpatient Services	\$20 per visit
Residential Services	\$100 per admission
<b>Mental Health Services</b>	<b>You pay</b>
Outpatient Services	\$20 per visit
Residential Services	\$100 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). \$1,000 benefit maximum for all services combined.

<b>Vision Services</b>	<b>You pay</b>
Routine eye exam	\$20
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>	Not covered
Silver&Fit®	No charge for basic fitness center membership at participating centers.
<b>Hearing Aids</b>	Not covered

\* Refer to your Medical Benefits Chart for benefits that may not apply to Out-of-Pocket Maximum.

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?***

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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.