

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



Prescription drugs	\$15 per prescription, for up to a 30-day supply. When you get your drugs from our mail-order pharmacy, you may get up to a 31-90 day supply for two copayments. After you have paid \$7,050 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	\$10
Hospital Services	You pay
Ambulance Services (per transport)	\$75
Emergency department visit	\$50
Inpatient Hospital Services ²	\$200 per admission
Outpatient Services (other)	You pay
Outpatient surgery visit ²	\$100
Chemotherapy/radiation therapy visit ²	\$20
Durable medical equipment	20% Coinsurance
Physical, speech, and occupational therapies ²	\$20
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services up to 100 days per Medicare Benefit Period ²	\$0
Mental Health and Substance Abuse Services	You pay
Outpatient Services	\$15
Inpatient Services	\$200 per admission
Alternative Care (self-referred)	



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 ²	Balance after \$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.

² Your plan provider may need to provide a referral.

, 3 Utilization 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.

