Kaiser Permanente Senior Advantage (HMO)
Summary of Medical Benefits with 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 C18B **7/1/2018 - 6/30/2019**

Portland, City of **Group Number: 7720**

Deductible	
For one Member per Year	$0
Out-of-Pocket Maximum *	
For one Member per Year	$1,000
Office visits	**You pay**
"Welcome to Medicare" preventive visit	$0
Primary Care	$15
Specialty Care	$15
Urgent Care	$15
Tests (outpatient)	**You pay**
Preventive Tests	$0
Laboratory	No charge
X-ray, imaging, and special diagnostic procedures	No charge
CT, MRI, PET scans	No charge
Medications (outpatient)	**You pay**
Prescription drugs	40% Coinsurance up to $150 maximum for up to a 30-day supply; up to $300 maximum for up to a 90-day supply of maintenance drugs. After you have paid $5,000 in true out-of-pocket costs for Part D covered drugs in a calendar year, you will pay $0 per prescription.
Administered medications, including injections (all outpatient settings)	15% Coinsurance
Nurse treatment room visits to receive injections	No charge

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Hospital Services	**You pay**
Ambulance Services (per transport)	$50
Emergency department visit	$50 (Waived if admitted)
Inpatient Hospital Services	$200 per admission
Outpatient Services (other)	**You pay**
Outpatient surgery visit	$15
Chemotherapy/radiation therapy visit	$15
Durable medical equipment, external prosthetic devices, and orthotic devices	20% Coinsurance
Physical, speech, and occupational therapies (no limit)	$15
Skilled Nursing Facility Services	**You pay**
Inpatient skilled nursing Services up to 100 days per Medicare Benefit Period	No charge
Chemical Dependency Services	**You pay**
Outpatient Services	$15
Residential Services	$100 per admission
Mental Health Services	**You pay**
Outpatient Services	$15 per visit
Residential Services	$100 per admission
Alternative Care	**You pay**
Alternative care (self-referred)	Not Covered
Vision Services	**You pay**
Routine eye exam	$15
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.
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	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.

Have questions?

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- 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.