

# 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 C19B**

**7/1/2019 - 6/30/2020**

**Portland, City of**

**Group Number: 7720**

<b>Deductible</b>	
For one Member per Year	\$0
<b>Out-of-Pocket Maximum *</b>	
For one Member per Year	\$1000
<b>Office visits</b>	
<b>You pay</b>	
“Welcome to Medicare” preventive visit	\$0
Primary Care	\$15
Specialty Care	\$15
Urgent Care	\$15
<b>Tests (outpatient)</b>	
<b>You pay</b>	
Preventive Tests	\$0
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	40% coinsurance up to \$150 maximum per prescription for up to 30-day supply. 40% coinsurance up to \$300 maximum per prescription for up to a 31-90 day supply when you get your drugs from our mail-order pharmacy. After you have paid \$5,100 in true out-of-pocket cost for Part D covered drugs in a Calendar Year, you will pay \$0 per prescription

LGSA0119

Administered medications, including injections (all outpatient settings)	15% Coinsurance
Nurse treatment room visits to receive injections	No charge
<b>Hospital Services</b>	<b>You pay</b>
Ambulance Services (per transport)	\$50
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	\$15
Chemotherapy/radiation therapy visit	\$15
Durable medical equipment	20% Coinsurance
Physical, speech, and occupational therapies (no limit)	\$15
<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	No charge
Residential Services	No charge
<b>Mental Health Services</b>	<b>You pay</b>
Outpatient Services	No charge
Residential Services	No charge
<b>Alternative Care</b>	<b>You pay</b>
Alternative care (self-referred)	Not Covered
<b>Vision Services</b>	<b>You pay</b>
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.
<b>Outside Service Area Benefit</b>	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.)
<b>Silver&amp;Fit®</b>	\$0 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.

LGSA0119



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.