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

Member Services: **1-877-221-8221** (TTY **711**)
8 a.m. to 8 p.m., 7 days a week

**** No Plan Changes ****

Oregon C21B **7/1/2021 - 6/30/2022**

Portland, City of **Group Number: 7720-033/038**

Deductible	
For one Member per Year	None
Out-of-Pocket Maximum [1]	
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*†	$0 per department visit
X-ray, imaging, and special diagnostic procedures*†	$0 per department visit
CT, MRI, PET scans*†	$0 per department visit
Medications (outpatient)	**You pay**
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 $6,550 in true out-of-pocket cost 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	$0
Hospital Services	**You pay**
Ambulance Services (per transport)	$50
Emergency department visit	$50
Inpatient Hospital Services*†	$200 per admission
Outpatient Services (other)	**You pay**
Outpatient surgery visit*†	$15
Chemotherapy/radiation therapy visit*†	$15
Durable medical equipment†	20% Coinsurance
Physical, speech, and occupational therapies *†	$15
Skilled Nursing Facility Services	**You pay**
Inpatient skilled nursing Services up to 100 days per Medicare Benefit Period*†	$0
Chemical Dependency Services†	**You pay**
Outpatient Services	$0 per visit
Residential Services	$0
Mental Health Services†	**You pay**
Outpatient Services	$0 per visit
Residential Services	$0
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 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

[1] Refer to your Medical Benefits Chart for cost-sharing that does not apply to the out-of-pocket maximum.
* Your plan provider may need to provide a referral.
† Prior authorization 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?

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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.