

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 C19C

1/1/2019 - 12/31/2019

Clackamas County

Group Number: 1183-042

Deductible	
For one Member per Year	\$0
Out-of-Pocket Maximum *	
For one Member per Year	\$600
Office visits	
You pay	
“Welcome to Medicare” preventive visit	\$0
Primary Care	\$10
Specialty Care	\$10
Urgent Care	\$10
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	\$10 generic/\$20 brand, for up to a 30-day supply, per prescription. 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 \$5,100 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)	No charge
Nurse treatment room visits to receive injections	No charge
Hospital Services	You pay
Ambulance Services (per transport)	\$50
Emergency department visit	\$50 (Waived if admitted)
Inpatient Hospital Services	No charge
Outpatient Services (other)	You pay
Outpatient surgery visit	\$10
Chemotherapy/radiation therapy visit	\$10
Durable medical equipment	\$0
Physical, speech, and occupational therapies (no limit)	\$10
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	\$10
Residential Services	No charge
Mental Health Services	You pay
Outpatient Services	\$10 per visit
Residential Services	No charge
Alternative Care	You pay
Alternative care (self-referred)	\$10 per acupuncture, chiropractic and naturopathic visit. \$25 per massage therapy visit (up to 12 visits per calendar year). \$1,500 benefit maximum for all services combined.
Vision Services	You pay
Routine eye exam	\$10

LGSA0119



Vision hardware and optical Services	Balance after \$200 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	Balance after \$1,500 allowance is applied for each hearing aid per ear every three years

* 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?

- 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.