



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

Oregon MWX4

1/1/2024 - 12/31/2024

Retirees - Denver Employees Retirement

Group Number: 4749-002

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|---|--------------------------|
| Deductible | |
| For one Member per Year | None |
| Out-of-Pocket Maximum¹ | |
| For one Member per Year | \$2,000 |
| Office visits | |
| You pay | |
| Welcome to Medicare preventive visit | \$0 |
| Primary Care | \$15 |
| Specialty Care ^{2†} | \$25 |
| Urgent Care | \$15 |
| Tests (outpatient) | |
| You pay | |
| Preventive Tests | \$0 |
| Laboratory ^{2†} | \$0 per department visit |
| X-ray, imaging, and special diagnostic procedures ^{2†} | \$0 |
| CT, MRI, PET scans ^{2†} | \$0 per department visit |
| Medications (outpatient) | |
| You pay | |

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| Prescription drugs [†] | \$15 generic/\$30 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 \$8,000 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. Insulin is subject to the applicable drug tier cost-sharing up to \$35 for each 30-day supply. |
| 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) | \$100 |
| Emergency department visit | \$50 |
| Inpatient Hospital Services ^{2†} | \$250 per admission |
| Outpatient Services (other) | You pay |
| Outpatient surgery visit ^{2†} | \$100 |
| Chemotherapy/radiation therapy visit ^{2†} | \$25 |
| Durable medical equipment [†] | 20% Coinsurance |
| Physical, speech, and occupational therapies ^{2†} | \$25 |
| 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 | \$250 per admission |
| Alternative Care (self-referred) | You pay |
| Acupuncture Services | Not covered |
| Chiropractic Services | Not covered |
| Massage Therapy | Not covered |
| Naturopathic Medicine | 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. |

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| 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 Aids² | Not covered |

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.

† 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?

- 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.