

Kaiser Foundation Health Plan of the NW — Medicare Senior Advantage



Benefit Description	Medicare Senior Advantage
Eligible Providers	Kaiser Permanente facilities and affiliated providers. See kp.org/locations
	Member Pays:
Calendar Year Deductible	None
Calendar Year Medical Out-of-Pocket Maximum	\$1,000 per individual
Preventive Care	Covered in full per Medicare guidelines
Inpatient Care:	
<ul style="list-style-type: none"> Inpatient Hospital Care Skilled Nursing Facility 	<ul style="list-style-type: none"> \$200 copay per admit Covered in full
Outpatient Care:	
<ul style="list-style-type: none"> Physician Office Visits Specialist Office Visits Outpatient Surgery Ambulance (air-ground) Emergency Services Urgent Care DME Lab Test X-ray Diagnostic Procedures (CT/MRI/PET) OT/PT/ST Therapies² 	<ul style="list-style-type: none"> \$15 copay \$15 copay \$15 copay \$50 copay \$50 copay \$15 copay 20%¹ Covered in full Covered in full Covered in full Covered in full

Benefit Description	Medicare Senior Advantage
Other Services:	
<ul style="list-style-type: none"> Chiropractic Care³ Acupuncture⁴ Hearing Vision 	<ul style="list-style-type: none"> \$15 copay \$15 copay Routine exam: Covered in full; Hardware (aids): \$400 allowance per ear / \$800 per calendar year Routine exam: \$15 copay; Hardware: \$200 credit every 2 years for lenses, frames and/or contacts
Calendar Year Pharmacy Out-of-Pocket Maximum	\$2,000 per individual
Pharmacy⁵:	This is a Medicare Part D Prescription Drug Plan
<ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6 	<ul style="list-style-type: none"> Up to an \$8 copay per 30-day supply Up to a \$15 copay per 30-day supply 40% to \$250 max per script/30-day supply 40% to \$250 max per script/30-day supply 40% to \$250 max per script/30-day supply \$0 cost share
Rates (per member, per month):	
<ul style="list-style-type: none"> Adult Child 	<ul style="list-style-type: none"> \$290.09 \$233.25

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this guide and the health plan document, the information in the health plan document shall prevail.

¹ Applies to Medicare approved supplies/equipment only and may require Pre-Authorization. Some diabetic supplies are covered in full.

² Outpatient Rehab: OT = Occupational Therapy, PT = Physical Therapy, ST = Speech Therapy

³ Medicare covered chiropractic services only.

⁴ Acupuncture for chronic low back pain per Medicare guidelines; up to 12 visits in 90 days are covered, no more than 20 acupuncture treatments can be given yearly. Specific medical criteria must be met. Physician referral required.

⁵ See Health Plan EOC for more details on each tier. EOC may contain expanded language.