

# 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**

**Multnomah County Employees**

**Group Number: 1569-401**

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### Deductible

For one Member per Year	\$0
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### Out-of-Pocket Maximum \*

For one Member per Year	\$600
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### 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 per prescription, for up to a 30-day supply. 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.

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Administered medications, including injections (all outpatient settings)	No charge
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	No charge
<b>Outpatient Services (other)</b>	<b>You pay</b>
Outpatient surgery visit	\$10
Chemotherapy/radiation therapy visit	\$10
Durable medical equipment	\$0
Physical, speech, and occupational therapies (no limit)	\$10
<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	\$10
Residential Services	No charge
<b>Mental Health Services</b>	<b>You pay</b>
Outpatient Services	\$10 per visit
Residential Services	No charge
<b>Alternative Care</b>	<b>You pay</b>
Alternative care (self-referred)	\$15 per acupuncture, chiropractic and naturopathic visit. \$25 per massage therapy visit (up to 12 visits per calendar year). \$500 benefit maximum for all services combined.
<b>Vision Services</b>	<b>You pay</b>
Routine eye exam	\$10
Vision hardware and optical Services	Balance after \$150 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.

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**Hearing Aids**

Balance after \$4,000 allowance is applied for each hearing aid per ear every four years

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\* 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.

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***Have questions?***

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  - 7 days a week, 8 a.m. to 8 p.m.
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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.