

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 C21C

1/1/2021 - 12/31/2021

Multnomah County Employees

Group Number: 1569-408

Deductible	
For one Member per Year	\$0
Out-of-Pocket Maximum ¹	
For one Member per Year	\$600
Office visits	
You pay	
“Welcome to Medicare” preventive visit	\$0
Primary Care	\$10
Specialty Care*†	\$20
Urgent Care	\$30
Tests (outpatient)	
You pay	
Preventive Tests	\$0
Laboratory*†	\$0
X-ray, imaging, and special diagnostic procedures*†	\$0
CT, MRI, PET scans*†	\$0 per department visit
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 \$6,550 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) [†]	\$0
Nurse treatment room visits to receive injections	\$0
Hospital Services	You pay
Ambulance Services (per transport)	\$50
Emergency department visit	\$50
Inpatient Hospital Services* [†]	\$50 per day up to \$250 per admission
Outpatient Services (other)	You pay
Outpatient surgery visit* [†]	\$25
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* [†]	\$0
Chemical Dependency Services[†]	You pay
Outpatient Services	\$10
Residential Services	\$25 per day up to \$125 per admission
Mental Health Services[†]	You pay
Outpatient Services	\$10
Residential Services	\$25 per day up to \$125 per admission
Alternative Care	You pay
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.
Vision Services	You pay
Routine eye exam	\$10

Vision hardware and optical Services	Balance after \$150 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 \$4,000 allowance is applied for each hearing aid per ear every four years

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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- 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.