

Summary of Benefits Chart for Kaiser Permanente Senior Advantage (HMO) with Part D (10/1/24—9/30/25)

Plan Out-of-Pocket Maximum

For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the following amount:

For any one Member\$1,000 per calendar year

Plan Deductible

None

Professional Services (Plan Provider office visits)

You Pay

Most Primary Care Visits and most Non-Physician Specialist Visits No charge

Most Physician Specialist Visits..... No charge

Annual Wellness visit and the “Welcome to Medicare” preventive visit..... No charge

Routine physical exams No charge

Routine eye exams with a Plan Optometrist No charge

Urgent care consultations, evaluations, and treatment..... No charge

Physical, occupational, and speech therapy..... No charge

Telehealth Visits

You Pay

Primary Care Visits and Non-Physician Specialist Visits by interactive video No charge

Physician Specialist Visits by interactive video..... No charge

Primary Care Visits and Non-Physician Specialist Visits by telephone No charge

Physician Specialist Visits by telephone No charge

Outpatient Services

You Pay

Outpatient surgery and certain other outpatient procedures..... No charge

Most immunizations (including the vaccine) No charge

Most X-rays and laboratory tests No charge

Manual manipulation of the spine No charge

Hospital Inpatient Services

You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs No charge

Emergency Services

You Pay

Emergency department visits..... \$50 per visit

Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see “Hospital Inpatient Services” for inpatient Cost Share)

Ambulance and Transportation Services

You Pay

Ambulance Services \$50 per trip

Other transportation Services when provided by our designated transportation provider as described in this EOC No charge for up to 24 one-way trips (50 miles per trip) per calendar year

Prescription Drug Coverage

You Pay

Most covered outpatient items in accord with our drug formulary guidelines \$5 for up to a 100-day supply

continued

Durable Medical Equipment (DME)		You Pay
Covered durable medical equipment for home use		No charge
Mental Health Services		You Pay
Inpatient psychiatric hospitalization		No charge
Individual outpatient mental health evaluation and treatment.....		No charge
Group outpatient mental health treatment		No charge
Substance Use Disorder Treatment		You Pay
Inpatient detoxification		No charge
Individual outpatient substance use disorder evaluation and treatment.....		No charge
Group outpatient substance use disorder treatment.....		No charge
Home Health Services		You Pay
Home health care (part-time, intermittent)		No charge
Other		You Pay
Eyeglasses or contact lenses every 24 months.....		Amount in excess of \$150 Allowance
Hearing aid(s) every 36 months.....		Amount in excess of \$500 Allowance per aid
Skilled nursing facility care (up to 100 days per benefit period).....		No charge
External prosthetic and orthotic devices		No charge
Meals delivered to your home immediately following discharge from a network hospital or Skilled Nursing Facility		No charge up to three meals per day in a consecutive four-week period, once per calendar year

This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For additional information, please refer to the *Summary of Benefits* booklet enclosed; for a complete explanation, refer to the *EOC*.

Chiropractic and Acupuncture Coverage (through ASH Plans) You Pay

Up to a combined total of 30 Chiropractic and Acupuncture visits per year..... \$10 copay per visit
 Kaiser Permanente contracts with American Specialty Health Plans (ASH) to provide chiropractic and acupuncture care. Members must receive all their benefits from ASH Plans participating providers. ASH Plans contracts with Participating Providers and other licensed providers to provide covered Chiropractic Services (including laboratory tests, X-rays, and chiropractic appliances). ASH Plans contracts with Participating Providers to provide acupuncture care (including adjunctive therapies, such as acupressure, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture). You must receive covered Services from a Participating Provider or another licensed provider with which ASH contracts, except for Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, and Urgent Acupuncture Services, and Services that are not available from Participating Providers or other licensed providers with which ASH contracts to provide covered Services that are authorized in advance by ASH Plans. The list of Participating Providers is available on the ASH Plans website at www.ashlink.com/ash/kp or from the ASH Plans Customer Service Department at **1-800-678-9133**. The list of Participating Providers is subject to change at any time without notice.

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).