

Kaiser Permanente Senior Advantage (HMO)

Summary of Medical Benefits without Part D

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Membership Services: 1-800-813-2000

Oregon C17C

1/1/2017 - 12/31/2017

Lewis & Clark College

Group Number: 1336-001

Calendar year is the time period (Year) in which dollar, day, and visit limits, and Out-of-Pocket Maximums accumulate.

Deductible

For one Member per Year	\$0
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Out-of-Pocket Maximum (Note: All Copayment, and Coinsurance amounts count toward the Out-of-Pocket Maximum, unless otherwise noted.)

For one Member per Year	\$1,000
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Office visits

You pay	
"Welcome to Medicare" preventive visit Annual wellness visit	\$0
Primary Care	\$10
Specialty Care	\$20
Urgent Care	\$15

Tests (outpatient)

You pay	
Preventive Tests	No charge
Laboratory	No charge
X-ray, imaging, and special diagnostic procedures	No charge
CT, MRI, PET scans	No charge

Medications (outpatient)

You pay

Prescription drugs*	50% up to \$25 maximum for up to a 30-day supply; up to \$50 maximum for up to a 90-day supply of maintenance drugs. After you have paid \$4,950 in true out-of-pocket cost for Part D covered drugs in a calendar year, you will pay the lesser of your copayment or \$3 generic and \$7 brand per prescription. The better of Part D and standard formulary applies. We cover non formulary drugs only when you meet exception criteria
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)	\$75
Emergency department visit	\$50 (Waived if admitted)
Inpatient Hospital Services	\$100 per day up to \$500 per admission
Outpatient Services (other)	You pay
Outpatient surgery visit	\$50
Chemotherapy/radiation therapy visit	\$20
Durable medical equipment, external prosthetic devices, and orthotic devices	20% Coinsurance
Physical, speech, and occupational therapies (no limit)	\$20
Skilled Nursing Facility Services	You pay
Inpatient skilled nursing Services up to 100 days per Medicare Benefit Period	No charge
Chemical Dependency Services	You pay
Outpatient Services	\$10
Inpatient hospital & residential Services	\$100 per day up to \$500 per admission
Mental Health Services	You pay
Outpatient Services	\$10
Inpatient hospital & residential Services	\$100 per day up to \$500 per admission
Alternative Care*	You pay
Alternative care (self-referred)	Not covered
Vision Services	You pay
Routine eye exam (age 19 and older)	\$10

Vision hardware and optical Services (ages 19 years and older)*	Balance after \$150 allowance, once every two years
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*Any amount you pay for covered Services does not count toward the 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 or you may go to <http://www.kp.org/plandocuments>

Questions? Call Member Services (M-F, 8 am-6 pm) or visit **kp.org**

Portland area: 503-813-2000 All other areas: 1-800-813-2000

TTY.711. Language Interpretation Services, all areas: 1-800-324-8010

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.