

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

Lewis & Clark College

Group Number: 1336-001

Deductible	
For one Member per Year	\$0
Out-of-Pocket Maximum *	
For one Member per Year	\$1,000
Office visits	
	You pay
“Welcome to Medicare” preventive visit	\$0
Primary Care	\$10
Specialty Care	\$20
Urgent Care	\$15
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	50% coinsurance up to \$25 maximum per prescription for up to a 30-day supply. 50% coinsurance up to \$50 maximum per prescription for up to a 31-90 day supply when you get your drugs from our mail-order pharmacy. After you have paid \$5,100 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
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	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
Residential Services	\$50 per day up to \$250 per admission
Mental Health Services	You pay
Outpatient Services	\$10 per visit
Residential Services	\$50 per day up to \$250 per admission
Alternative Care	You pay
Alternative care (self-referred)	Not Covered
Vision Services	You pay
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.
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	Not covered

* 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.

Have questions?

- Please call Member Services at **1-877-221-8221 (TTY 711)**.
- 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.