




Denver Boulder Kaiser Permanente Dual Complete and Dual Essential Plans (HMO D-SNP)			
<div>2025</div> <div>BENEFIT HIGHLIGHTS</div> <div>Effective Jan. 1-Dec. 31, 2025</div>	<div> KAISER PERMANENTE®</div> <div>Kaiser Permanente Dual Complete (HMO D-SNP)</div> <div><div>\$0<sup>1</sup> per month</div></div>	<div> KAISER PERMANENTE®</div> <div>Kaiser Permanente Dual Essential (HMO D-SNP) - Full Cost Sharing Assistance</div> <div><div>\$0<sup>1</sup> per month</div></div>	<div> KAISER PERMANENTE®</div> <div>Kaiser Permanente Dual Essential (HMO D-SNP) - Partial Cost Sharing Assistance</div> <div><div>\$0<sup>1</sup> per month</div></div>
Description	You Pay	You Pay	You Pay
Annual Deductible	\$0	\$0	\$0
Doctor Office Visits	\$0 Primary/\$0 Specialist	\$0 Primary/\$0 Specialist	\$0 Primary/\$5 Specialist
Telehealth <sup>2</sup> Email, phone, and video visits with a Permanente Medical Group provider	\$0	\$0	\$0
Emergency Room <sup>1</sup>	\$0	\$0	\$0 or \$125
Urgent Care	\$0	\$0	\$0
Preventive Services <sup>3</sup>	No Charge	No Charge	No Charge
Physical Therapy	\$0	\$0 per day	\$0
Inpatient Hospitalization <sup>1</sup>	\$0 per day	\$0 per day	\$0 or \$225 per day, days 1-6
Outpatient surgery in an ambulatory surgical center <sup>1</sup>	\$0	\$0	\$0
Skilled Nursing Facility <sup>1</sup> Up to 100 days per benefit period	\$0 per day for days 1 through 100	\$0 per day for days 1 through 100	\$0 per day for days 1 through 20 \$0 or \$203 copy per day for days 21-45 \$0 per day for days 46 through 100
Lab, X-ray	\$0 Lab, \$0 X-ray	\$0 Lab, \$0 X-ray	\$0 Lab, \$0 X-ray
MRI, CT, and PET	\$0	\$0	\$0 or \$125
Durable Medical Equipment <sup>1</sup>	\$0	\$0	0-20%
Ambulance Service <sup>1</sup> Per one-way trip	\$0	\$0	\$0 or 20%
Annual Maximum Out-of-Pocket	\$0	\$0	\$4,900
Additional benefits to help you thrive			
Dental	\$0 copay for preventive and comprehensive services \$3,500 allowance for preventive and select comprehensive dental services. If the comprehensive dental care you receive costs more than \$3,500, you pay the difference.	\$0 copay for preventive and comprehensive services \$3,000 allowance for preventive and select comprehensive dental services. If the comprehensive dental care you receive costs more than \$3,000, you pay the difference.	\$0 copay for preventive and comprehensive services \$3,000 allowance for preventive and select comprehensive dental services. If the comprehensive dental care you receive costs more than \$3,000, you pay the difference.
In-Home Support In-home assistance for non-medical support	No cost for up to 60 hours per year, minimum 3 hours per visit, 8 hour maximum visit.	No cost for up to 60 hours per year, minimum 3 hours per visit, 8 hour maximum visit.	No cost for up to 60 hours per year, minimum 3 hours per visit, 8 hour maximum visit

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	<div>\$0<sup>1</sup> per month</div>	<div>\$0<sup>1</sup> per month</div>	<div>\$0<sup>1</sup> per month</div>
Additional benefits to help you thrive			
Over-the-Counter Benefits	\$0 copay, \$150 per quarter to purchase health-and-wellness products.	\$0 copay, \$100 per quarter to purchase health-and-wellness products.	\$0 copay, \$100 per quarter to purchase health-and-wellness products
Nonemergency Transportation <i>Benefit for medical appointments</i>	No-cost, non-emergent transportation (unlimited one-way rides) to medical appointments is included.	No-cost, non-emergent transportation (unlimited one-way rides) to medical appointments is included.	No-cost, non-emergent transportation (unlimited one-way rides) to medical appointments is included.
Vision Benefits	\$650 eyewear allowance every year	\$650 eyewear allowance every year	\$650 eyewear allowance every year
Hearing Aid Benefits	\$4,000 allowance per ear every two years	\$3,000 allowance per ear every two years	\$3,000 allowance per ear every two years
Fitness Program <i>One Pass</i> <sup>®4</sup>	No cost for membership to any of the participating facilities, exercise programs, and home fitness programs.	No cost for membership to any of the participating facilities, exercise programs, and home fitness programs.	No cost for membership to any of the participating facilities, exercise programs, and home fitness programs.
Prescription Drug Coverage <sup>5,6,7</sup>			
For up to a 30-day supply			
Preferred Generic (Tier 1)	\$0	\$0 or \$1.60 or \$4.90	\$0 or \$1.60 or \$4.90
Generic (Tier 2)	\$0 or \$1.60 or \$4.90	\$0 or \$1.60 or \$4.90	\$0 or \$1.60 or \$4.90
Preferred Brand Name (Tier 3)	\$0 or \$4.80 or \$12.15	\$0 or \$4.80 or \$12.15	\$0 or \$4.80 or \$12.15
Nonpreferred Drug (Tier 4)	\$0 or \$4.80 or \$12.15	\$0 or \$4.80 or \$12.15	\$0 or \$4.80 or \$12.15
Specialty (Tier 5)	\$0 or \$4.80 or \$12.15	\$0 or \$4.80 or \$12.15	\$0 or \$4.80 or \$12.15
Injectable Part D Vaccines (Tier 6)	\$0	\$0	\$0

<sup>1</sup>Your cost share is based on enrollment in Medicaid, if you lose Medicaid, your copays may be higher. Refer to the Summary of Benefits for more information. If you are enrolled in the Kaiser Permanente Dual Essential (HMO D-SNP) and are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.

<sup>2</sup>When appropriate and available.

<sup>3</sup>\$0 copay for all preventive services covered under Original Medicare at zero cost-sharing.

<sup>4</sup>One Pass<sup>®</sup> is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions and is a voluntary program. The One Pass program and amenities vary by plan, area, and location. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. One Pass is not responsible for the services or information provided by third parties. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them.

<sup>5</sup>Depending on drug filled.

<sup>6</sup>\$0 copay applies only for full-benefit duals who are institutionalized or receiving home and community-based services.

<sup>7</sup>Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.

Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Kaiser Permanente depends on contract renewal.