



Kaiser Permanente Dual Complete Pueblo (HMO D-SNP)	
<div>2026</div> <div>BENEFIT</div> <div>HIGHLIGHTS</div> <div>Effective Jan. 1-Dec. 31, 2026</div>	<div> KAISER PERMANENTE®</div> <div>Kaiser Permanente Dual Complete Pueblo (HMO D-SNP)</div> <div>\$0¹ per month</div>
Description	You Pay
Annual Deductible	\$0
Doctor Office Visits	\$0 Primary/\$0 Specialist
Telehealth ² Email, phone, and video visits with a Permanente Medical Group provider	\$0
Emergency Room ¹	\$0
Urgent Care	\$0
Preventive Services ³	No Charge
Physical Therapy	\$0
Inpatient Hospitalization ¹	\$0
Outpatient surgery in an ambulatory surgical center ¹	\$0
Skilled Nursing Facility ¹ Up to 100 days per benefit period	\$0
Lab, X-ray	\$0 Lab, \$0 X-ray
MRI, CT, and PET	\$0
Durable Medical Equipment	\$0
Ambulance Service ¹ Per one-way trip	\$0
Annual Maximum Out-of-Pocket	\$0
Additional benefits to help you thrive	
Dental	\$0 copay for preventive and comprehensive services \$3,500 allowance for preventive and select comprehensive dental services
In-Home Support In-home assistance for non-medical support	No cost for up to 60 hours per year, minimum 2 hours per visit, 8 hour maximum visit.
Over-the-Counter Benefits	\$0 copay, \$75 per quarter to order health-and-wellness products at participating retail locations
Nonemergency Transportation Benefit for medical appointments	No-cost, non-emergent transportation (unlimited one-way rides) to medical and dental appointments or to the pharmacy is included.
Vision Benefits	\$500 eyewear allowance every year
Hearing Aid Benefits	\$4,000 allowance per ear every two years
Fitness Program One Pass ^{®4}	No cost for membership to any of the participating facilities, exercise programs, and home fitness programs.

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	<div>\$0¹ per month</div>
Prescription Drug Coverage ^{5, 6, 7}	
For up to a 30-day supply	
Preferred Generic (Tier 1)	\$0
Generic (Tier 2)	\$0 or \$1.60 or \$5.10
Preferred Brand-name (Tier 3)	\$0 or \$4.90 or \$12.65
Nonpreferred Brand-name (Tier 4)	\$0 or \$4.90 or \$12.65
Specialty (Tier 5)	\$0 or \$4.90 or \$12.65
Injectable Part D Vaccines (Tier 6)	\$0

¹Your cost share and premium are based on enrollment in Medicaid as well as any assistance you may get through Extra Help. If your eligibility changes, your cost share and premium could be different than what is listed here.

²When appropriate and available.

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

⁴One Pass® is a registered trademark of One Pass Solutions, 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.

⁵Depending on drug filled.

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

⁷Our 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.