






Denver/Boulder Kaiser Permanente Senior Advantage (HMO)/(HMO-POS)/(PPO) Individual Plans					
<div>2026</div> <div>BENEFIT HIGHLIGHTS</div> <div>Effective Jan. 1–Dec. 31, 2026</div>	<div> KAISER PERMANENTE®</div> <div>Kaiser Permanente Senior Advantage Core DM (HMO)</div> <div>\$0 per month</div>	<div> KAISER PERMANENTE®</div> <div>Kaiser Permanente Senior Advantage Bronze DM (HMO-POS)</div> <div>\$0 per month</div>	<div> KAISER PERMANENTE®</div> <div>Kaiser Permanente Senior Advantage Choice DM (PPO)</div> <div>\$0 per month</div>	<div> KAISER PERMANENTE®</div> <div>Kaiser Permanente Senior Advantage Silver DM (HMO-POS)</div> <div>\$45 per month</div>	<div> KAISER PERMANENTE®</div> <div>Kaiser Permanente Senior Advantage Gold (HMO-POS)</div> <div>\$189 per month</div>
	Add dental, hearing aid, and vision benefits for as little as \$45¹ a month. See below.				
Description	You Pay	You Pay	You Pay	You Pay	You Pay
Annual Deductible	None	None	None	None	None
Doctor Office Visits	\$0 Primary/ \$20 Specialist	\$0 Primary/ \$35 Specialist	\$0 Primary/ \$35 Specialist/ Out-of-network cost \$40 Primary/ \$75 Specialist	\$0 Primary/ \$15 Specialist	\$0 Primary/ \$15 Specialist
Telehealth² <i>Email, phone, and video visits with a Permanente Medical Group provider</i>	\$0	\$0	\$0	\$0	\$0
Emergency Room	\$130	\$130	\$130/ Out-of-network cost \$130	\$150	\$150
Urgent Care	\$30	\$40	\$40	\$30	\$35
Preventive Services³	No charge	No charge	No charge	No charge	No charge
Physical Therapy	\$10	\$25	\$30/ Out-of-network cost 40%	\$10	\$10
DME	0%-20%	0%-20%	0%-20%/ Out-of-network 40%	0%-20%	0%-20%
Inpatient Hospitalization	\$245 per day for days 1 through 6 No charge for the remainder of your stay	\$350 per day for days 1 through 6 No charge for the remainder of your stay	\$295 per day for days 1 through 6/ Out-of-network cost \$500 per day for days 1 through 18 No charge for the remainder of your stay	\$225 per day for days 1 through 6 No charge for the remainder of your stay	\$215 per day for days 1 through 6 No charge for the remainder of your stay
Outpatient surgery in an ambulatory surgical center	\$135	\$185	\$190/ Out-of-network cost 40%	\$100	\$125
Skilled Nursing Facility <i>Up to 100 days per benefit period</i>	\$0 per day for days 1 through 20 \$203 per day for days 21 through 39 \$0 per day for days 40 through 100	\$0 per day for days 1 through 20 \$203 per day for days 21 through 50 \$0 per day for days 51 through 100	\$0 per day for days 1 through 20 \$203 per day for days 21 through 51 \$0 per day for days 52 through 100/ Out-of-network cost \$225 per day for days 1 through 45 \$0 per day for days 46 through 100	\$0 per day for days 1 through 20 \$203 per day for days 21 through 35 \$0 per day for days 36 through 100	\$0 per day for days 1 through 10 \$20 per day for days 11 through 100
Lab, X-ray	\$0 Lab, \$0 X-ray	\$0 Lab, \$0 X-ray	\$0 Lab, \$10 X-ray/ Out-of-network cost 40% Lab, 40% X-ray	\$0 Lab, \$0 X-ray	\$0 Lab, \$0 X-ray
MRI, CT, and PET	\$40-\$280	\$80-\$350	\$50-\$350/Out-of-network cost 40%	\$35-\$275	\$45-\$230
Annual Maximum Out-of-Pocket	\$3,800	\$5,900	\$6,100/ Combined In and Out-of-network cost \$10,000	\$3,000	\$2,900
Additional benefits to help you thrive					
Dental	\$0 copays for preventive dental and \$1,000 allowance for preventive and comprehensive dental services	\$0 copays for preventive dental and \$2,000 allowance for preventive and comprehensive dental services	\$0 copays, \$500 for cleanings, exams, fluoride and x-rays.	\$0 copays for preventive dental and \$1,500 allowance for preventive and comprehensive dental services	\$0 copays for preventive dental and \$1,500 allowance for preventive and comprehensive dental services
Over-the-Counter Benefits	\$0 copay, \$25 per quarter to purchase health-and-wellness products at participating retail locations	\$0 copay, \$40 per quarter to purchase health-and-wellness products at participating retail locations	Not included	\$0 copay, \$30 per quarter to purchase health-and-wellness products at participating retail locations	\$0 copay, \$35 per quarter to purchase health-and-wellness products at participating retail locations

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Additional benefits to help you thrive					
Medicare Explorer by Kaiser Permanente <i>Limited out-of-area benefits</i> ⁴	Not included	Included	Not included	Included	Included
Fitness Program <i>One Pass</i> ⁵	Included	Included	Included	Included	Included
Nonemergency Transportation <i>Benefit for transportation to plan providers</i>	12 one-way rides per year	18 one-way rides per year	18 one-way rides per year	26 one-way rides per year	40 one-way rides per year
Vision Benefits	\$0 copays for routine eye exam and \$400 allowance for eyewear every year	\$0 copays for routine eye exam and \$500 allowance for eyewear every year	\$300 allowance for eyewear every year/ Routine exams \$0 copays/Out-of-network 40%	\$0 copays for routine eye exam and \$450 allowance for eyewear every year	\$0 copays for routine eye exam and \$350 allowance for eyewear every year
Hearing Aid Benefits	\$550 allowance per ear for hearing aids every two years	\$550 allowance per ear for hearing aids every two years	\$400 allowance for hearing aids every year	\$600 allowance per ear for hearing aids every two years	\$500 allowance per ear for hearing aids every two years
Prescription Drugs					
INITIAL COVERAGE STAGE					
For up to a 30-day supply from a preferred pharmacy. When the annual total drug costs paid by you and any Part D plan reach \$2,100, you move into the next stage					
Preferred Generic (Tier 1)	\$0	\$0	\$0	\$0	\$0
Generic (Tier 2)	\$3	\$7	\$5	\$0	\$0
Preferred Brand Name (Tier 3)	\$45	\$45	\$45	\$45	\$45
Nonpreferred Drug (Tier 4)	\$90	\$90	\$100	\$90	\$90
Specialty (Tier 5)	33%	33%	33%	33%	33%
Injectable Part D Vaccines (Tier 6)	\$0	\$0	\$0	\$0	\$0
CATASTROPHIC COVERAGE STAGE					
When your annual out-of-pocket costs exceed \$2,100, you pay these amounts for the remainder of the calendar year.					
Preferred Generic	\$0	\$0	\$0	\$0	\$0
Preferred Brand Name and Injectable Part D Vaccines	\$0	\$0	\$0	\$0	\$0
Save time and money with prescriptions mailed right to your home.					
With our mail-order pharmacy services, you can skip the trip to the pharmacy. Simply order your prescription refills online, by phone, or with our mobile app, and have them sent to your front door for free.					
Our Mail-Order Pharmacy	\$0 copay for up to a 90-day supply for preferred generic (Tiers 1 and 2).	\$0 copay for up to a 90-day supply for preferred generic (Tiers 1 and 2).	\$0 copay for up to a 90-day supply for preferred generic (Tiers 1 and 2).	\$0 copay for up to a 90-day supply for preferred generic (Tiers 1 and 2).	\$0 copay for up to a 90-day supply for preferred generic (Tiers 1 and 2).
Add Advantage Plus to your coverage for a healthier, more vibrant you					



Enhance your overall health and well-being by adding Advantage Plus benefits to your Kaiser Permanente Medicare health plan. It's the easy way to get more of your needs covered, all in one convenient plan.

- Advantage Plus Option 1:** You can add dental, hearing aids, and vision benefits for only \$45 a month¹
- Advantage Plus Option 2:** You can add acupuncture, hearing aids, transportation and in-home support benefits for only \$20 a month, or get both Advantage Plus options for \$65 a month¹
- Advantage Plus PPO Option:** You can add dental, transportation and in-home support for only \$46 a month⁶

You can enroll in Advantage Plus at the same time as Kaiser Permanente Senior Advantage. You can also add it within **30 days** of your enrollment start date, or anytime during the annual and open enrollment periods.

¹You must be a Kaiser Permanente Senior Advantage (HMO), (HMO-POS), or (PPO) individual plan member to apply.

²When appropriate and available. If you travel out of state, virtual care could be limited due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

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

⁴Members are responsible for any charged amounts for covered services that exceed the annual allowance maximum of \$1,000. Allowance can be used for out-of-area routine care such as office visits, labs, X-rays, physical therapy, and behavioral health care. Coverage limited to inside the United States and its territories. See your Evidence of Coverage for details.

⁵One 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.

⁶You must be a Kaiser Permanente Senior Advantage Choice (PPO) individual plan member to apply.

The Kaiser Permanente Senior Advantage Choice (PPO) plan is underwritten by Kaiser Permanente Insurance Company (KPIC). KPIC is a subsidiary of Kaiser Foundation Health Plan, Inc.

Kaiser Permanente is an HMO, HMO-POS and PPO plan with Medicare contracts. Enrollment in Kaiser Permanente depends on contract renewal.