

LANE COUNTY

Kaiser Permanente Medicare Health Plan

Premiums and Benefits	Senior Advantage Value Lane (HMO-POS)
Description	You pay
Monthly Premium	\$0 Plus a Part B premium reduction of up to \$10 per month.
Annual Deductible	None
Doctor's Office Visit	\$5 primary/\$30 specialty
Emergency Room	\$140
Urgent Care	\$65
Preventive Services¹	No charge
Inpatient Hospitalization	\$450 per day for days 1 through 4 No charge for the remainder of your stay
Outpatient Surgery	\$300
Skilled Nursing Facility Up to 100 days per benefit period	\$0 per day for days 1 through 20 \$196 for days 21 through 100
Lab and X-ray	\$0 lab, \$10 X-ray
MRI, CT, and PET	\$350
Ambulance Service Per one-way trip	\$350
Physical Therapy	\$35
Durable Medical	20%
Fitness Program One Pass™	No cost for membership to any of the participating facilities, brain fitness coverage with cogniFit, and home fitness programs
Telehealth²	\$0 copay to access care at your convenience in the privacy of your own home through video visits, phone, e-mail, and e-visits
Alternative Care Acupuncture, chiropractic & naturopathy (self-referred)	\$20 per visit, 18 combined visits every year
Annual Maximum Out-of-Pocket	\$3,800

¹\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.

²When appropriate and available.

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.

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500 NE Multnomah St., Suite 100, Portland, OR 97232.

Part D Prescription Drug Coverage

Premiums and Benefits	Senior Advantage Value Lane (HMO-POS)	
Description	You pay (retail preferred pharmacy)	You pay (retail standard pharmacy)
<p>Initial Coverage Stage (for up to a 30-day supply)</p> <p>You must pay the deductible of \$175 for drugs in tiers 3–5 before you enter the Initial Coverage Stage for these drugs.</p> <p>When the annual total drug costs paid by you reach \$2,000, you move into the Catastrophic Stage.</p>	<p>\$0 preferred generic (Tier 1) \$10 generic (Tier 2) \$40 preferred brand (Tier 3) \$93 non-preferred drug (Tier 4) 29% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)</p>	<p>\$19 preferred generic (Tier 1) \$20 generic (Tier 2) \$47 preferred brand (Tier 3) \$100 non-preferred drug (Tier 4) 29% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)</p>
<p>Catastrophic Coverage Stage</p> <p>When your annual out-of-pocket costs exceed \$2,000, you pay these amounts for the remainder of the calendar year.</p>	<p>\$0 preferred generic (Tier 1) \$0 generic (Tier 2) \$0 preferred brand (Tier 3) \$0 non-preferred drug (Tier 4) \$0 specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)</p>	<p>\$0 preferred generic (Tier 1) \$0 generic (Tier 2) \$0 preferred brand (Tier 3) \$0 non-preferred drug (Tier 4) \$0 specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)</p>
<p>Our Mail-Order Pharmacy (Restrictions & limitations may apply.)</p>	<p>2 copays for up to a 90-day supply</p>	<p>2 copays for up to a 90-day supply</p>

Kaiser Permanente is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

