

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

Kaiser Permanente Senior Advantage (HMO) Summary of Medical Benefits Part D

2025 Contract

Deductible	
For one Member per Year	None
Out-of-Pocket Maximum¹	
For one Member per Year	\$1,000
Office visits	
	You pay
Welcome to Medicare preventive visit	\$0
Primary Care	\$20
Specialty Care ^{2†}	\$20
Urgent Care	\$25
Tests (outpatient)	
	You pay
Preventive Tests	\$0
Laboratory ^{2†}	\$0
X-ray, imaging, and special diagnostic procedures ^{2†}	\$0
CT, MRI, PET scans ^{2†}	\$0
Medications (outpatient)	
	You pay
Prescription drugs [†]	\$20 generic/\$40 brand, for up to a 30-day supply, per prescription. When you get your drugs from our mail-order pharmacy, you may get up to a 31-90 day supply for two copayments. Insulin is subject to the applicable drug tier cost-sharing up to \$35 for each 30-day supply. After you have paid \$2,000 out-of-pocket for Part D covered drugs in a calendar year, you pay nothing for the remainder of the year.
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)		\$100
Emergency department visit		\$50
Inpatient Hospital Services ^{2†}		\$200 per admission
Outpatient Services (other)		You pay
Outpatient surgery visit ^{2†}		\$50
Chemotherapy/radiation therapy visit ^{2†}		\$20
Durable medical equipment [†]		20% Coinsurance
Physical, speech, and occupational therapies ^{2†}		\$20
Skilled Nursing Facility Services		You pay
Inpatient skilled nursing Services up to 100 days per Medicare Benefit Period ^{2†}		\$0
Mental Health and Substance Abuse Services[†]		You pay
Outpatient Services		\$20
Inpatient Services		\$200 per admission
Alternative Care (self-referred) \$1,000 Benefit Maximum per Year		You pay
Acupuncture Services		\$20 per visit
Chiropractic Services		\$20 per visit
Massage Therapy (up to 12 visits per Year)		\$25 per visit
Naturopathic Medicine		\$20
Vision Services		You pay
Routine eye exam		\$20
Vision hardware and optical Services		Balance after \$100 allowance to use toward the purchase price of eyewear once within a two-calendar-year period.
Outside Service Area Benefit		20% of the Medicare allowable or limiting charges, and any amount that exceeds \$1,000 in Plan Charges per calendar year. (In the U.S. only.)
One Pass[®]		\$0 for basic fitness center membership at participating centers.
Hearing Aids²		Not covered

¹ Refer to your Medical Benefits Chart for cost-sharing that does not apply to the out-of-pocket maximum.

² Your plan provider may need to provide a referral.

† Prior authorization may be required.

* Benefit Maximum applies to Acupuncture, Chiropractic, Massage and Naturopathic Services.

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?

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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.