

Kaiser Permanente Senior Advantage Enhanced (HMO-POS)
Kaiser Permanente Senior Advantage Standard (HMO-POS)
Kaiser Permanente Senior Advantage Value (HMO-POS)
Effective January 1, 2023-December 31, 2023

2023 Kaiser Permanente **Benefits at a Glance**

Medicare Health Plan Benefit Highlights Chart



For more information about benefits, please see your **Summary of Benefits**.

| Premiums and Benefits | Kaiser Permanente Senior Advantage Enhanced (HMO-POS) | Kaiser Permanente Senior Advantage Standard (HMO-POS) | Kaiser Permanente Senior Advantage Value (HMO-POS) |
|---|--|---|---|
| Description | You pay | You pay | You pay |
| Monthly Premium | \$127 | \$42 | \$0 |
| Annual Deductible | None | None | None |
| Doctor Office Visit | \$0 Primary/ \$20 Specialist | \$0 Primary/ \$35 Specialist | \$0 Primary/ \$40 Specialist |
| Emergency Room | \$120 | \$90 | \$90 |
| Urgent Care | \$25 | \$35 | \$45 |
| Preventive Services ¹ | No charge | No charge | No charge |
| Inpatient Hospitalization | \$200 per day for days 1 through 6 No charge for the remainder of your stay | \$265 per day for days 1 through 6 No charge for the remainder of your stay | \$325 per day for days 1 through 6 No charge for the remainder of your stay |
| Outpatient Surgery | \$125 | \$210 | \$300 |
| Skilled Nursing Facility Up to 100 days per benefit period | \$0 per day for days 1 through 100 | \$0 per day for days 1 through 20 \$50 per day for days 21 through 100 | \$0 per day for days 1 through 20 \$150 per day for days 21 through 100 |
| Lab and X-ray | \$0 lab, \$10 X-ray | \$0 lab, \$10 X-ray | \$0 lab, \$10 X-ray |
| MRI, CT, and PET | \$100 | \$150 | \$200 |
| Durable Medical Equipment | 20% | 20% | 20% |
| Ambulance Service Per one-way trip | \$150 | \$200 | \$250 |
| Fitness Program Silver&Fit ² | No cost for membership to any of the participating facilities, exercise programs & home fitness programs | | |
| Telehealth ³ | \$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) | \$10 Per visit, 18 combined visits every year | \$15 Per visit, 18 combined visits every year | \$20 Per visit, 18 combined visits every year |
| Annual Maximum Out-of-Pocket | \$3,000 | \$4,900 | \$5,300 |
| Medicare Explorer \$1,200 annual allowance for out-of-area routine and continuing care. | \$0 Preventive Care \$20 Primary Care \$10 Lab \$25 X-rays | \$0 Preventive Care \$20 Primary Care \$10 Lab \$25 X-rays | \$0 Preventive Care \$20 Primary Care \$10 Lab \$25 X-rays |

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Premiums and Benefits

**Kaiser Permanente
Senior Advantage
Enhanced (HMO-POS)**

**Kaiser Permanente
Senior Advantage
Standard (HMO-POS)**

**Kaiser Permanente
Senior Advantage
Value (HMO-POS)**

Part D Prescription Drug Coverage

| Description | You pay | You pay | You pay |
|--|--|--|--|
| <p>Initial Coverage Stage (for up to a 30-day supply)</p> <p>When the annual total drug costs paid by you and any Part D plan reach \$4,660, you move into the Coverage Gap.</p> | <p>\$0 preferred generic (Tier 1) \$10 generic (Tier 2) \$45 preferred brand-name (Tier 3) \$90 nonpreferred brand-name (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)</p> | <p>\$0 preferred generic (Tier 1) \$10 generic (Tier 2) \$45 preferred brand-name (Tier 3) \$90 nonpreferred brand-name (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)</p> | <p>\$0 preferred generic (Tier 1) \$10 generic (Tier 2) \$45 preferred brand-name (Tier 3) \$90 nonpreferred brand-name (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)</p> |
| <p>Coverage Gap Stage (for up to a 30-day supply)</p> <p>If your annual out-of-pocket costs reach \$7,400, you move into the Catastrophic Coverage Stage.</p> | <p>\$0 preferred generic (Tier 1) \$10 generic (Tier 2) You pay 25% for brand-name (Tiers 3 & 4) & specialty drugs (Tier 5) \$0 injectable Part D vaccines (Tier 6)</p> | <p>\$0 preferred generic (Tier 1) \$10 generic (Tier 2) You pay 25% for brand-name (Tiers 3 & 4) & specialty drugs (Tier 5) \$0 injectable Part D vaccines (Tier 6)</p> | <p>\$0 preferred generic (Tier 1) \$10 generic (Tier 2) You pay 25% for brand-name (Tiers 3 & 4) & specialty drugs (Tier 5) \$0 injectable Part D vaccines (Tier 6)</p> |
| <p>Catastrophic Coverage Stage</p> <p>When your annual out-of-pocket costs exceed \$7,400, you pay these amounts for the remainder of the calendar year.</p> | <p>\$0 preferred generic (Tier 1) \$0 generic (Tier 2) \$15 preferred brand name (Tier 3) \$15 nonpreferred brand name (Tier 4) \$15 specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)</p> | <p>\$0 preferred generic (Tier 1) \$0 generic (Tier 2) \$15 preferred brand name (Tier 3) \$15 nonpreferred brand name (Tier 4) \$15 specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)</p> | <p>\$0 preferred generic (Tier 1) \$0 generic (Tier 2) \$15 preferred brand name (Tier 3) \$15 nonpreferred brand name (Tier 4) \$15 specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)</p> |
| <p>Our Mail-Order Pharmacy⁴ (Restrictions & limitations may apply.)</p> | 2 copays for up to a 90-day supply | 2 copays for up to a 90-day supply | 2 copays for up to a 90-day supply |

Optional Supplemental Package (Advantage Plus)

| Description | You pay | You pay | You pay |
|---|--|--|--|
| <p>Advantage Plus Monthly Premium: Dental, Hearing Aid and extra Eyewear⁵</p> | \$44 in addition to your monthly plan premium | \$44 in addition to your monthly plan premium | \$44 in addition to your monthly plan premium |

1. \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. **2.** Silver&Fit® is a federally registered trademark of American Specialty Health, Inc. **3.** When appropriate and available. **4.** For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 3-5 days. If not, please call **1-800-548-9809** (TTY **711**), Monday through Friday, 8 a.m. to 5:30 p.m. **5.** Vision services administered and underwritten by Vision Essentials or other participating network providers.

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.

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