

# **2026**BENEFIT HIGHLIGHTS

Effective Jan. 1-Dec. 31, 2026

## KAISER PERMANENTE

Kaiser Permanente Senior Advantage Value (HMO-POS)

# \$0 per month

# KAISER PERMANENTE

Kaiser Permanente Senior Advantage (HMO-POS) Individual Plans

Kaiser Permanente Senior Advantage Standard (HMO-POS)

# \$37 per month

# KAISER PERMANENTE

Kaiser Permanente Senior Advantage Enhanced (HMO-POS)

**\$119** per month

Add den	tal, hearing aid, and vision benefi	ts for as little as \$49¹ a month. See	e below.
Description	You Pay	You Pay	You Pay
Annual Deductible	None	None	None
Doctor Office Visits	\$0 Primary/\$45 Specialist	\$0 Primary/\$30 Specialist	\$0 Primary/\$20 Specialist
Telehealth <sup>2</sup> Email, phone, and video visits with a Permanente Medical Group provider	\$0	\$0	\$0
Emergency Room	\$130	\$125	\$150
Urgent Care	\$50	\$50	\$45
Preventive Services <sup>3</sup>	No charge	No charge	No charge
Physical Therapy	\$35	\$30	\$20
DME	0%-20%	0%-20%	0%-20%
Inpatient Hospitalization	\$320 per day for days 1 through 6 No charge for the remainder of your stay	\$250 per day for days 1 through 6 No charge for the remainder of your stay	\$200 per day for days 1 through 6 No charge for the remainder of your stay
Outpatient surgery in an ambulatory surgical center	\$250	\$160	\$150
Skilled Nursing Facility Up to 100 days per benefit period	\$0 per day for days 1 through 20 \$196 per day for days 21 through 100	\$0 per day for days 1 through 20 \$196 per day for days 21 through 100	\$0 per day for days 1 through 20 \$196 per day for days 21 through 100
Lab, X-ray	\$0 Lab, \$0 X-ray	\$0 Lab, \$0 X-ray	\$0 Lab, \$0 X-ray
MRI, CT, and PET	\$0-\$185	\$0-\$175	\$0-\$150
Annual Maximum Out-of-Pocket	\$5,500	\$4,500	\$3,500
	Additional benefits	s to help you thrive	
Alternative Care Acupuncture, chiropractic, naturopathy	\$20 per visit, 18 combined visits every year	\$15 per visit, 18 combined visits every year	\$10 per visit, 18 combined visits every year
Fitness Program  One Pass®4	Included	Included	Included
Medicare Explorer by Kaiser Permanente Limited out-of-area benefits <sup>5</sup>	\$1,200 annual allowance for out-of-area routine care	\$1,200 annual allowance for out-of-area routine care	\$1,200 annual allowance for out-of-area routine care

## Kaiser Permanente Senior Advantage (HMO-POS) Individual Plans

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#### **Prescription Drugs**

#### **INITIAL COVERAGE STAGE**

For up to a 30-day supply from an in-network pharmacy with preferred cost-sharing. When the 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
Generic (Tier 2)	\$5	\$10	\$10
Preferred Brand Name (Tier 3)	\$45	\$45	\$45
Non preferred Drug (Tier 4)	\$90	\$90	\$90
Specialty (Tier 5)	33%	33%	33%
Injectable Part D Vaccines (Tier 6)	\$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 (Tier 1)	\$0	\$0	\$0
Generic (Tier 2)	\$0	\$0	\$0
Preferred Brand Name (Tier 3)	\$0	\$0	\$0
Non preferred Drug (Tier 4)	\$0	\$0	\$0
Specialty (Tier 5)	\$0	\$0	\$0
Injectable Part D Vaccines (Tier 6)	\$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

Two copays for up to a 90-day supply. Restrictions and limitations may apply.

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## 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.

• You can add dental, hearing aid, and vision benefits for only \$49 a month<sup>1</sup>

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.

<sup>1</sup>You must be a Kaiser Permanente Senior Advantage (HMO-POS) individual plan member to apply.

<sup>2</sup>When appropriate and available.

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

<sup>4</sup>One Pass<sup>®</sup> 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.

<sup>5</sup>Members are responsible for any charged amounts for covered services that exceed the annual allowance maximum of \$1,200.

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.

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