

2024 Benefits at a Glance

Medicare Health Plan Benefit Highlights Chart

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	\$131	\$46	\$0
Doctor Office Visits	\$0 Primary/ \$20 Specialist (\$0 for virtual visits ¹)	\$0 Primary/ \$35 Specialist (\$0 for virtual visits ¹)	\$0 Primary/ \$35 Specialist (\$0 for virtual visits ¹)
Preventive Services²	No charge	No charge	No charge
Urgent/Emergency Care	\$35 Urgent/ \$110 Emergency	\$40 Urgent/ \$110 Emergency	\$40 Urgent/ \$110 Emergency
Lab, X-ray	\$0 lab, \$10 X-ray	\$0 lab, \$10 X-ray	\$0 lab, \$10 X-ray
Inpatient Hospitalization	\$270 per day for days 1 through 6 No charge for the remainder of your stay	\$320 per day for days 1 through 6 No charge for the remainder of your stay	\$320 per day for days 1 through 6 No charge for the remainder of your stay
Outpatient Surgery in an ambulatory surgical center	\$125	\$210	\$210

Part D Prescription Drug Coverage³

Description	You pay	You pay	You pay
Initial Coverage Stage (for up to a 30-day supply) When the annual total drug costs paid by you and any Part D plan reach \$5,030 , you move into the Coverage Gap.	\$0 preferred generic (Tier 1) \$10 generic (Tier 2) \$45 preferred brand name (Tier 3) \$90 non-preferred drug (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)	\$0 preferred generic (Tier 1) \$10 generic (Tier 2) \$45 preferred brand name (Tier 3) \$90 non-preferred drug (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)	\$0 preferred generic (Tier 1) \$10 generic (Tier 2) \$45 preferred brand name (Tier 3) \$90 non-preferred drug (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)
Our Mail-Order Pharmacy⁴ (Restrictions & limitations may apply.)	\$0 copay for up to a 90-day supply for preferred generic (Tier 1) All other drugs: 2 copays for up to a 90-day supply	\$0 copay for up to a 90-day supply for preferred generic (Tier 1) All other drugs: 2 copays for up to a 90-day supply	\$0 copay for up to a 90-day supply for preferred generic (Tier 1) All other drugs: 2 copays for up to a 90-day supply

For more information about **Part D Prescription Drug Coverage**, please see your **Summary of Benefits**.
To see more benefits, visit kp.org/medichart and type in your zip code.

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	Benefit	Benefit	Benefit
Additional supplemental benefits included in your plan			
Alternative Care Acupuncture, chiropractic, naturopathy	\$10 per visit, 18 combined visits per year	\$15 per visit, 18 combined visits per year	\$20 per visit, 18 combined visits per year
Fitness Program Silver&Fit®⁵	No cost for membership to any of the participating facilities, exercise programs, and home fitness programs		
Medicare Explorer by Kaiser Permanente (Limited out-of-area benefits) ⁶	\$1,200 annual allowance for out-of-area routine care		

Optional Supplemental Package (Advantage Plus)

Description	You pay
Advantage Plus Monthly Premium Dental, hearing aid, extra eyewear ⁷	\$44 in addition to your monthly plan premium

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1. When 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. **2.** \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. **3.** For insulin – you won't pay more than \$35 for a one-month supply for each insulin product covered by our plan. For vaccines – our plan covers most Part D vaccines at no cost to you. **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 **800-548-9809** (TTY **711**), Monday through Friday, 8 a.m. to 5:30 p.m. **5.** Silver&Fit® is a federally registered trademark of American Specialty Health, Inc. **6.** 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. **7.** Vision services administered and underwritten by Vision Essentials or other participating network providers.

Kaiser Permanente is an 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.