## Summary of Benefits Chart for
**Kaiser Permanente Senior Advantage (HMO) with Part D (10/1/24—9/30/25)**

### Plan Out-of-Pocket Maximum
For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the following amount:

For any one Member ................................................................. $1,000 per calendar year

### Plan Deductible
None

### Professional Services (Plan Provider office visits)
**You Pay**
- Most Primary Care Visits and most Non-Physician Specialist Visits ........................................ $25 per visit
- Most Physician Specialist Visits ............................................... $25 per visit
- Annual Wellness visit and the “Welcome to Medicare” preventive visit .......................................................... No charge
- Routine physical exams .......................................................... No charge
- Routine eye exams with a Plan Optometrist ............................... $25 per visit
- Urgent care consultations, evaluations, and treatment ........... $25 per visit
- Physical, occupational, and speech therapy ............................. $25 per visit

### Telehealth Visits
**You Pay**
- Primary Care Visits and Non-Physician Specialist Visits by interactive video ........................................ No charge
- Physician Specialist Visits by interactive video ................................ No charge
- Primary Care Visits and Non-Physician Specialist Visits by telephone ......................................................... No charge
- Physician Specialist Visits by telephone ................................ No charge

### Outpatient Services
**You Pay**
- Outpatient surgery and certain other outpatient procedures .......... $25 per procedure
- Most immunizations (including the vaccine) .............................. No charge
- Most X-rays and laboratory tests ............................................. No charge
- Manual manipulation of the spine .......................................... $20 per visit

### Hospital Inpatient Services
**You Pay**
- Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs ................................................................. $500 per admission

### Emergency Services
**You Pay**
- Emergency department visits ................................................ $50 per visit

Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see “Hospital Inpatient Services” for inpatient Cost Share)

### Ambulance and Transportation Services
**You Pay**
- Ambulance Services ................................................................ $150 per trip
- Other transportation Services when provided by our designated transportation provider as described in this EOC .......................................................... No charge for up to 24 one-way trips (50 miles per trip) per calendar year

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*Kaiser Foundation Health Plan, Inc., California Region*
### Prescription Drug Coverage

<table>
<thead>
<tr>
<th>Covered outpatient items in accord with our drug formulary guidelines:</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most generic items at a Plan Pharmacy ........................................</td>
<td>$10 for up to a 30-day supply, $20 for a 31- to 60-day supply, or $30 for a 61- to 100-day supply</td>
</tr>
<tr>
<td>Most generic refills through our mail-order service .................</td>
<td>$10 for up to a 30-day supply or $20 for a 31- to 100-day supply</td>
</tr>
<tr>
<td>Most brand-name items at a Plan Pharmacy ................................</td>
<td>$25 for up to a 30-day supply, $50 for a 31- to 60-day supply, or $75 for a 61- to 100-day supply</td>
</tr>
<tr>
<td>Most brand-name refills through our mail-order service .............</td>
<td>$25 for up to a 30-day supply or $50 for a 31- to 100-day supply</td>
</tr>
</tbody>
</table>

### Durable Medical Equipment (DME)

| Covered durable medical equipment for home use ....................... | 20 percent Coinsurance |

### Mental Health Services

| Inpatient psychiatric hospitalization ........................................ | $500 per admission |
| Individual outpatient mental health evaluation and treatment ........ | $25 per visit |
| Group outpatient mental health treatment .................................. | $12 per visit |

### Substance Use Disorder Treatment

| Inpatient detoxification .......................................................... | $500 per admission |
| Individual outpatient substance use disorder evaluation and treatment | $25 per visit |
| Group outpatient substance use disorder treatment ........................ | $5 per visit |

### Home Health Services

| Home health care (part-time, intermittent) ................................ | No charge |

### Other

| Eyeglasses or contact lenses every 24 months ............................... | Amount in excess of $150 Allowance |
| Hearing aid(s) every 36 months.................................................. | Amount in excess of $500 Allowance per aid |
| Skilled nursing facility care (up to 100 days per benefit period) ...... | No charge |
| External prosthetic and orthotic devices ..................................... | 20 percent Coinsurance |
| Meals delivered to your home immediately following discharge from a network hospital or Skilled Nursing Facility | No charge up to three meals per day in a consecutive four-week period, once per calendar year |

### Chiropractic and Acupuncture Coverage (through ASH Plans)

Up to a combined total of 30 Chiropractic and Acupuncture visits per year $10 copay per visit

Kaiser Permanente contracts with American Specialty Health Plans (ASH) to provide chiropractic and acupuncture care. Members must receive all their benefits from ASH Plans participating providers. ASH Plans contracts with Participating Providers and other licensed providers to provide covered Chiropractic Services (including laboratory tests, X-rays, and chiropractic appliances). ASH Plans contracts with Participating Providers to provide acupuncture care (including adjunctive therapies, such as acupressure, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture). You must receive covered Services from a Participating Provider or another licensed provider with which ASH contracts, except for Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, and Urgent Acupuncture Services, and Services that are not available from Participating Providers or other licensed providers with which ASH contracts to provide covered Services that are authorized in advance by ASH Plans. The list of Participating Providers is available on the ASH Plans website at [www.ashlink.com/ash/kp](http://www.ashlink.com/ash/kp) or from the ASH Plans Customer Service Department at 1-800-678-9133. The list of Participating Providers is subject to change at any time without notice.