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

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

Oregon 5L23 **1/1/2023 - 12/31/2023**

Anywhereworks, Inc. **Group Number: 4040-003**

Deductible	
For one Member per Year	None
Out-of-Pocket Maximum[1]	
For one Member per Year	$1,500
Office visits	**You pay**
"Welcome to Medicare" preventive visit	$0
Primary Care	$20
Specialty Care[2†]	$25
Urgent Care	$25
Tests (outpatient)	**You pay**
Preventive Tests	$0
Laboratory[2†]	$0 per department visit
X-ray, imaging, and special diagnostic procedures[2†]	$0
CT, MRI, PET scans[2†]	$50
Medications (outpatient)	**You pay**

Prescription drugs†	$15 generic/$30 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. After you have paid $7,400 in true out-of-pocket costs for Part D covered drugs in a calendar year, you will pay the lesser of your copayment or $3 for generic drugs and $7 for brand drugs, per prescription. Insulin is subject to the applicable drug tier cost-sharing up to $35 for each 30-day supply.
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†]	$250 per admission
Outpatient Services (other)	**You pay**
Outpatient surgery visit[2†]	$150
Chemotherapy/radiation therapy visit[2†]	$25
Durable medical equipment†	20% Coinsurance
Physical, speech, and occupational therapies[2†]	$25
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	$250 per admission
Alternative Care (self-referred)	**You pay**
Acupuncture Services	Not covered
Chiropractic Services	Not covered
Massage Therapy	Not covered
Naturopathic Medicine	Not covered
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%. The annual benefit maximum is $1,250. Kaiser Permanente pays 80% up to $1,000 per year. You pay 100% thereafter. (In the U.S. only.)
Silver&Fit®	$0 for basic fitness center membership at participating centers.
Hearing Aids[2]	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.

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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- 7 days a week, 8 a.m. to 8 p.m.

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.