

# 2024 Benefits at a Glance

## Medicare Health Plan Benefit Highlights Chart

<div>Premiums and Benefits</div> <div>Kaiser Permanente Senior Advantage Maui (HMO)</div>	
Description	You pay
Monthly Premium	\$166
Doctor Office Visits	\$10 Primary/\$35 Specialist (\$0 for virtual visits <sup>1</sup> )
Preventive Services <sup>2</sup>	No charge
Urgent/Emergency Care	\$50 Urgent/\$120 Emergency
Lab, X-ray	\$10 lab, \$20 X-ray
Inpatient Hospitalization	\$340 per day for days 1 through 6 \$70 per day for days 7 through 30 No charge for the remainder of your stay
Outpatient Surgery in an ambulatory surgical center	\$225
Part D Prescription Drug Coverage <sup>3</sup>	
Description	You pay
<b>Initial Coverage Stage</b> (for up to a 30-day supply) When the annual total drug costs paid by you and any Part D plan reach <b>\$5,030</b> , you move into the Coverage Gap.	\$6 preferred generic (Tier 1) \$14 generic (Tier 2) \$47 preferred brand name (Tier 3) \$100 non-preferred drug (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)
<b>Our Mail-Order Pharmacy<sup>4</sup></b> (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

For more information about **Part D Prescription Drug Coverage**, please see your **Summary of Benefits**.

To see more benefits, visit [kp.org/medichart](https://kp.org/medichart) and type in your zip code.

(Benefits continued on back page)

## Premiums and Benefits

## Kaiser Permanente Senior Advantage Maui (HMO)

Description	Benefit
<b>Additional supplemental benefits included in your plan</b>	
<b>Fitness Program Silver&amp;Fit®<sup>5</sup></b>	<b>\$50</b> annual member fee for a standard fitness center membership <b>\$10</b> per calendar year for a home fitness kit to exercise at home
<b>Dental<sup>6</sup></b>	Preventive and diagnostic dental included in certain KPSA plans; a coinsurance may apply
<b>Acupuncture/Chiropractic</b>	<b>\$20</b> per visit (20 combined visits per calendar year)
<b>Vision Benefits<sup>7</sup></b>	<b>\$10</b> per visit
<b>Routine Hearing Exams<sup>8</sup></b>	<b>\$10</b> per visit

### Optional Supplemental Package (Advantage Plus)

Description	You pay
<b>Advantage Plus Monthly Premium</b> Comprehensive dental services, <sup>6</sup> hearing aids, eyewear	<b>\$44</b> 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 **808-643-7979** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m. **5.** Silver&Fit® is a federally registered trademark of American Specialty Health, Inc. **6.** For dental care to be covered, services must be provided by Hawaii Dental Service (HDS) Medicare Advantage Network dentists, except in an emergency. While your dentist may be an HDS provider, it's possible they may not be part of the HDS Medicare Advantage Network, and therefore you will need to consider switching to an HDS Medicare Advantage Network dentist for your dental care to be covered. **7.** Your plan provider may need to provide a referral. **8.** Prior authorization may be required.

Kaiser Permanente is an HMO 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.