

2023 Kaiser Permanente **Benefits at a Glance**

Medicare Health Plan Benefit Highlights Chart



For more information about benefits, please see your **Summary of Benefits**.
Please consult the last page of this document for **included plan supplemental benefits**

Premiums and Benefits	Kaiser Permanente Senior Advantage Basic (HMO)	Kaiser Permanente Senior Advantage Enhanced (HMO)
Description	You pay	You pay
Monthly Premium	\$33	\$139
Annual Deductible	None	None
Doctor Office Visit	\$20 Primary/ \$45 Specialist	\$10 Primary/ \$35 Specialist
Emergency Room	\$95	\$95
Urgent Care	\$55	\$45
Preventive Services¹	No charge	No charge
Inpatient Hospitalization	\$320 per day for days 1 through 6 \$70 per day for days 7 through 30 No charge for the remainder of your stay	\$275 per day for days 1 through 6 \$50 per day for days 7 through 30 No charge for the remainder of your stay
Outpatient Surgery	\$270	\$225
Skilled Nursing Facility Up to 100 days per benefit period	\$0 per day for days 1 through 20 \$160 per day for days 21 through 40 \$0 per day for days 41 through 100	\$0 per day for days 1 through 20 \$100 per day for days 21 through 40 \$0 per day for days 41 through 100
Lab and X-ray	\$27 lab, \$37 X-ray	\$15 lab, \$25 X-ray
MRI, CT, and PET	\$300	\$240
Durable Medical Equipment	20%	20%
Ambulance Service Per one-way trip	\$350	\$250
Annual Maximum Out-of-Pocket	\$7,550	\$5,100

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Premiums and Benefits

Kaiser Permanente Senior Advantage Basic (HMO)

Kaiser Permanente Senior Advantage Enhanced (HMO)

Part D Prescription Drug Coverage

Description	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 \$4,660 , you move into the Coverage Gap.	\$3 preferred generic (Tier 1) \$12 generic (Tier 2) \$45 preferred brand-name (Tier 3) \$100 nonpreferred brand-name (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)	\$3 preferred generic (Tier 1) \$12 generic (Tier 2) \$45 preferred brand-name (Tier 3) \$100 nonpreferred brand-name (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)
Coverage Gap Stage (for up to a 30-day supply) If your annual out-of-pocket costs reach \$7,400 , you move into the Catastrophic Coverage Stage.	\$3 preferred generic (Tier 1) \$12 generic (Tier 2) You pay 25% for brand-name (Tiers 3 & 4) & specialty drugs (Tier 5) \$0 injectable Part D vaccines (Tier 6)	\$3 preferred generic (Tier 1) \$12 generic (Tier 2) You pay 25% for brand-name (Tiers 3 & 4) & specialty drugs (Tier 5) \$0 injectable Part D vaccines (Tier 6)
Catastrophic Coverage Stage When your annual out-of-pocket costs exceed \$7,400 , you pay these amounts for the remainder of the calendar year.	\$4 preferred generic (Tier 1) \$4 generic (Tier 2) \$10 brand name (Tiers 3 & 4) and specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)	\$4 preferred generic (Tier 1) \$4 generic (Tier 2) \$10 brand name (Tiers 3 & 4) and specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)
Our Mail-Order Pharmacy² (Restrictions & limitations may apply.)	\$0 for preferred generic 2 copays for up to a 90-day supply for all other covered drugs	\$0 for preferred generic 2 copays for up to a 90-day supply for all other covered drugs

Optional Supplemental Package (Advantage Plus)

Description	You pay
Advantage Plus Monthly Premium Comprehensive Dental Services ³ , Hearing Aids, Eyewear	\$44 in addition to your monthly plan premium

(Benefits continued on back page)

For more information about benefits, please see your **Summary of Benefits**.

Premiums and Benefits

Kaiser Permanente
Senior Advantage Basic (HMO)

Kaiser Permanente
Senior Advantage Enhanced (HMO)

Additional supplemental benefits included in your plan

Description	Benefit	
Silver&Fit®⁴ Fitness Program	No cost membership to any of the participating facilities, exercise programs, and home fitness programs	
Dental Benefit³ Preventive and Diagnostic Dental	Preventive and diagnostic dental is included in all individual plans	
Routine Acupuncture/ Chiropractic 20 combined visits per year	\$20 copay per visit	
Routine Eye Care Exams	\$20 copay per visit	\$10 copay per visit
Routine Hearing Exams	\$20 copay per visit	\$10 copay per visit

1. \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. **2.** 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 **1-808-643-7979 (TTY 711)** Monday through Friday, 8 a.m. to 5 p.m. **3.** 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. **4.** Silver&Fit® is a federally registered trademark of American Specialty Health, Inc.

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.

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