

Kaiser Permanente Medicare Advantage Value DC (HMO-POS)  
Kaiser Permanente Medicare Advantage Standard DC (HMO-POS)  
Kaiser Permanente Medicare Advantage High DC (HMO-POS)  
Effective January 1, 2023-December 31, 2023

## 2023 Kaiser Permanente Benefits at a Glance

### Medicare Health Plan Benefit Highlights Chart



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

<b>Premiums and Benefits</b>	<b>Kaiser Permanente Medicare Advantage Value DC (HMO-POS)</b>	<b>Kaiser Permanente Medicare Advantage Standard DC (HMO-POS)</b>	<b>Kaiser Permanente Medicare Advantage High DC (HMO-POS)</b>
	<b>You pay</b>	<b>You pay</b>	<b>You pay</b>
<b>Monthly Premium</b>	<b>\$0</b>	<b>\$23</b>	<b>\$108</b>
<b>Annual Deductible</b>	None	None	None
<b>Doctor Office Visit</b>	<b>\$5</b> Primary/ <b>\$40</b> Specialist	<b>\$5</b> Primary/ <b>\$40</b> Specialist	<b>\$5</b> Primary/ <b>\$25</b> Specialist
<b>Emergency Room</b>	<b>\$95</b>	<b>\$95</b>	<b>\$110</b>
<b>Urgent Care</b>	<b>\$40</b>	<b>\$40</b>	<b>\$25</b>
<b>Preventive Services</b> <sup>1</sup>	No charge	No charge	No charge
<b>Inpatient Hospitalization</b>	<b>\$300</b> per day for days 1 through 5 No charge for the remainder of your stay	<b>\$270</b> per day for days 1 through 5 No charge for the remainder of your stay	<b>\$190</b> per day for days 1 through 5 No charge for the remainder of your stay
<b>Outpatient Surgery</b>	<b>\$300</b>	<b>\$250</b>	<b>\$125</b>
<b>Lab and X-ray</b>	<b>\$0</b> lab, <b>\$20</b> X-ray	<b>\$0</b> lab, <b>\$15</b> X-ray	<b>\$0</b> lab, <b>\$10</b> X-ray
<b>MRI, CT, and PET</b>	<b>\$150</b>	<b>\$100</b>	<b>\$40</b>
<b>Ambulance Service</b> Per one-way trip	<b>\$275</b>	<b>\$275</b>	<b>\$225</b>
<b>Eyewear Benefit</b>	<b>\$200</b> allowance every two years towards glasses or contact lenses	<b>\$250</b> allowance every two years towards glasses or contact lenses	<b>\$250</b> allowance every two years towards glasses or contact lenses
<b>Non-Emergency Transportation</b> Benefit for non-emergency medical appointments	<b>24</b> one way trips a year	<b>24</b> one way trips a year	<b>24</b> one way trips a year
<b>Annual Maximum Out-of-Pocket</b>	<b>\$6,900</b>	<b>\$6,900</b>	<b>\$5,700</b>
<b>Physical Therapy</b>	<b>\$40</b>	<b>\$40</b>	<b>\$25</b>
<b>Dental</b>	<b>\$0</b> for most preventive care that includes 2 oral exams with cleaning and X-rays per year and a <b>\$1,000</b> annual allowance with <b>50%</b> coinsurance for comprehensive dental services		

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## Premiums and Benefits

**Kaiser Permanente  
Medicare Advantage  
Value DC (HMO-POS)**

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High DC (HMO-POS)**

### Part D Prescription Drug Coverage

Description	You pay	You pay	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>\$4,660</b> , you move into the Coverage Gap.	<b>\$0</b> preferred generic (Tier 1) <b>\$12</b> generic (Tier 2) <b>\$45</b> preferred brand-name (Tier 3) <b>\$100</b> nonpreferred brand-name (Tier 4) <b>33%</b> specialty (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)	<b>\$0</b> preferred generic (Tier 1) <b>\$12</b> generic (Tier 2) <b>\$45</b> preferred brand-name (Tier 3) <b>\$100</b> nonpreferred brand-name (Tier 4) <b>33%</b> specialty (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)	<b>\$0</b> preferred generic (Tier 1) <b>\$12</b> generic (Tier 2) <b>\$42</b> preferred brand-name (Tier 3) <b>\$80</b> nonpreferred brand-name (Tier 4) <b>33%</b> specialty (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)
<b>Coverage Gap Stage</b> (for up to a 30-day supply) If your annual out-of-pocket costs reach <b>\$7,400</b> , you move into the Catastrophic Coverage Stage.	You pay <b>25%</b> of the plan's cost for generic drugs (Tiers 1 and 2) You pay <b>25%</b> for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)	You pay <b>25%</b> of the plan's cost for generic drugs (Tiers 1 and 2) You pay <b>25%</b> for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)	<b>\$0</b> preferred generic (Tier 1) <b>\$12</b> generic (Tier 2) You pay <b>25%</b> for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)
<b>Catastrophic Coverage Stage</b> When your annual out-of-pocket costs exceed <b>\$7,400</b> , you pay these amounts for the remainder of the calendar year.	<b>5%</b> of the cost for generic (Tiers 1 and 2) <b>5%</b> of the cost for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)	<b>5%</b> of the cost for generic (Tiers 1 and 2) <b>5%</b> of the cost for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)	<b>5%</b> of the cost for generic (Tiers 1 and 2) <b>5%</b> of the cost for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)
<b>Our Mail-Order Pharmacy<sup>2</sup></b> (Restrictions & limitations may apply.)	<b>\$0</b> copay for generic drugs (Tier 1 and 2) for a 31-90 day supply. Drugs in other tiers are 2 copays for up to a 90-day supply.	<b>\$0</b> copay for generic drugs (Tier 1 and 2) for a 31-90 day supply. Drugs in other tiers are 2 copays for up to a 90-day supply.	<b>\$0</b> copay for generic drugs (Tier 1 and 2) for a 31-90 day supply. Drugs in other tiers are 2 copays for up to a 90-day supply.

### Optional Supplemental Package (Advantage Plus)

Description	You pay	You pay	You pay
<b>Advantage Plus Monthly Premium:</b> Additional comprehensive dental <sup>3</sup> , hearing, and eyewear benefits	<b>\$20</b> in addition to your monthly plan premium	<b>\$20</b> in addition to your monthly plan premium	<b>\$20</b> in addition to your monthly plan premium

(Benefits continued on back page)

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### Additional supplemental benefits included in your plan

Description	Benefit	Benefit	Benefit
<b>Over the Counter (OTC) Benefit<sup>4</sup></b> To purchase health and wellness products	No charge up to a <b>\$50</b> quarterly coverage	No charge up to a <b>\$60</b> quarterly coverage	No charge up to a <b>\$60</b> quarterly coverage
<b>Silver&amp;Fit<sup>®5</sup></b> Fitness Program	Not included	No cost for membership to any of the participating facilities, exercise programs and home fitness programs.	
<b>Hearing Aids</b>	<b>\$1,000</b> allowance per ear every 36 months through Kaiser Permanente audiology centers		
<b>Medicare Explorer by Kaiser Permanente<sup>6</sup></b>	<b>\$1,200</b> annual allowance for out of area routine care, such as office visits and labs		

**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 **1-800-733-6345 (TTY 711)**, seven days a week, 24 hours. **3.** Dental benefits are underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and administered by Dominion National. **4.** Please refer to your Evidence of Coverage for details. OTC benefits may change each year on January 1. Each order must be at least \$20. Any unused portion of the quarterly benefit limit will not carry forward to the next quarter. Your order may not exceed your quarterly benefit limit. Limitations and restrictions may apply. Cash, check, credits cards, or money orders are not accepted. **5.** Silver&Fit<sup>®</sup> 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. Coverage limited to inside the United States and its territories. See your Evidence of Coverage for details details.

Kaiser Permanente is an HMO and 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.

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[kp.org/medicare](https://kp.org/medicare)