

Kaiser Permanente Medicare Advantage Value VA (HMO-POS)
Kaiser Permanente Medicare Advantage Standard VA (HMO-POS)
Kaiser Permanente Medicare Advantage Care Plus VA (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**.

Premiums and Benefits	Kaiser Permanente Medicare Advantage Value VA (HMO-POS)	Kaiser Permanente Medicare Advantage Standard VA (HMO-POS)	Kaiser Permanente Medicare Advantage Care Plus VA (HMO-POS)
	You pay	You pay	You pay
Monthly Premium	\$0	\$17	\$30
Annual Deductible	None	None	None
Doctor Office Visit	\$5 Primary/ \$35 Specialist	\$0 Primary/ \$35 Specialist	\$10 Primary/ \$40 Specialist
Emergency Room	\$95	\$110	\$95
Urgent Care	\$35	\$35	\$40
Preventive Services ¹	No charge	No charge	No charge
Inpatient Hospitalization	\$300 per day for days 1 through 5 No charge for the remainder of your stay	\$200 per day for days 1 through 5 No charge for the remainder of your stay	\$250 per day for days 1 through 5 No charge for the remainder of your stay
Outpatient Surgery	\$275	\$175	\$225
Lab and X-ray	\$0 lab, \$20 X-ray	\$0 lab, \$10 X-ray	\$0 lab, \$15 X-ray
MRI, CT, and PET	\$140	\$65	\$100
Ambulance Service Per one-way trip	\$275	\$225	\$225
Eyewear Benefit	\$200 allowance every two years towards glasses or contact lenses	\$250 allowance every two years towards glasses or contact lenses	\$250 allowance every two years towards glasses or contact lenses
Non-Emergency Transportation Benefit for non-emergency medical appointments	24 one way trips a year	24 one way trips a year	24 one way trips a year
Annual Maximum Out-of-Pocket	\$6,500	\$5,900	\$6,500
Physical Therapy	\$35	\$35	\$40
Dental	\$0 for most preventive care that includes 2 oral exams with cleaning and X-rays per year and a \$1,000 annual allowance with 50% coinsurance for comprehensive dental services		
Out of network ²	Not available	Not available	\$1,500 annual allowance for out of network care, such as office visits, labs, X-rays, physical therapy, outpatient behavioral health care, and more – without a referral.

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Premiums and Benefits

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Part D Prescription Drug Coverage

Description	You pay	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.	\$0 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)	\$0 preferred generic (Tier 1) \$10 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.	You pay 25% of the plan's cost for generic drugs (Tiers 1 and 2) You pay 25% for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) \$0 injectable Part D vaccines (Tier 6)	You pay 25% of the plan's cost for generic drugs (Tiers 1 and 2) You pay 25% for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) \$0 injectable Part D vaccines (Tier 6)	You pay 25% of the plan's cost for generic drugs (Tiers 1 and 2) You pay 25% for brand-name (Tiers 3 and 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.	5% of the cost for generic (Tiers 1 and 2) 5% of the cost for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) \$0 injectable Part D vaccines (Tier 6)	5% of the cost for generic (Tiers 1 and 2) 5% of the cost for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) \$0 injectable Part D vaccines (Tier 6)	5% of the cost for generic (Tiers 1 and 2) 5% of the cost for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) \$0 injectable Part D vaccines (Tier 6)
Our Mail-Order Pharmacy³ (Restrictions & limitations may apply.)	\$0 copay for generics (Tier 1 and Tier 2) for a 31-90 day supply. Drugs in other tiers are 2 copays for up to a 90-day supply.	\$0 copay for generics (Tier 1 and Tier 2) for a 31-90 day supply. Drugs in other tiers are 2 copays for up to a 90-day supply.	\$0 copay for generics (Tier 1 and Tier 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
Advantage Plus Monthly Premium: Additional comprehensive dental ⁴ , hearing, and eyewear benefits	\$20 in addition to your monthly plan premium	\$20 in addition to your monthly plan premium	\$20 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
Over the Counter (OTC) Benefit⁵ To purchase health and wellness products	No charge up to a \$50 quarterly coverage	No charge up to a \$60 quarterly coverage	No charge up to a \$50 quarterly coverage
Silver&Fit^{®6} Fitness Program	No cost for membership to any of the participating facilities, exercise programs and home fitness programs.		
Hearing Aids	\$1,000 allowance per ear every 36 months through Kaiser Permanente audiology centers		
Medicare Explorer by Kaiser Permanente²	\$1,200 annual allowance for out of area routine care, such as office visits and labs	Not available	

1. \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. **2.** Members are responsible for any charged amounts for covered services that exceed the annual allowance maximum of \$1,500 for Out of network or \$1,200 for Medicare Explorer. Coverage limited to inside the United States and its territories. See your Evidence of Coverage for details. **3.** 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. **4.** Dental benefits are underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and administered by Dominion National. **5.** 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. **6.** Silver&Fit[®] is a federally registered trademark of American Specialty Health, Inc.

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