

2024 Benefits at a Glance

Medicare Health Plan Benefit Highlights Chart

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)
Description	You pay	You pay	You pay
Monthly Premium	\$0	\$22	\$30
Doctor Office Visit	\$5 Primary/ \$40 Specialist (\$0 for virtual visits ¹)	\$0 Primary/ \$35 Specialist (\$0 for virtual visits ¹)	\$5 Primary/ \$40 Specialist (\$0 for virtual visits ¹)
Preventive Services²	No charge	No charge	No charge
Urgent/Emergency Care	\$40 Urgent/ \$100 Emergency	\$35 Urgent/ \$120 Emergency	\$40 Urgent/ \$100 Emergency
Lab, X-ray	\$0 lab, \$20 X-ray	\$0 lab, \$10 X-ray	\$0 lab, \$15 X-ray
Inpatient Hospitalization	\$300 per day for days 1 through 5 No charge for the remainder of your stay	\$225 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 in an ambulatory surgical center	\$275	\$175	\$225

Part D Prescription Drug Coverage³

Description	You pay	You pay	You pay
Initial Coverage Stage (for up to a 30-day supply)	\$0 preferred generic (Tier 1)	\$0 preferred generic (Tier 1)	\$3 preferred generic (Tier 1)
When the annual total drug costs paid by you and any Part D plan reach \$5,030 , you move into the Coverage Gap.	\$12 generic (Tier 2)	\$10 generic (Tier 2)	\$12 generic (Tier 2)
	\$45 preferred brand name (Tier 3)	\$45 preferred brand name (Tier 3)	\$45 preferred brand name (Tier 3)
	\$100 non-preferred drug (Tier 4)	\$100 non-preferred drug (Tier 4)	\$100 non-preferred drug (Tier 4)
	33% specialty (Tier 5)	33% specialty (Tier 5)	33% specialty (Tier 5)
	\$0 injectable Part D vaccines (Tier 6)	\$0 injectable Part D vaccines (Tier 6)	\$0 injectable Part D vaccines (Tier 6)
Our Mail-Order Pharmacy⁴ (Restrictions & limitations may apply.)	\$0 copay for up to a 90- day supply for preferred generic and generic (Tiers 1 and 2) All other drugs: 2 copays for up to a 90-day supply	\$0 copay for up to a 90- day supply for preferred generic and generic (Tiers 1 and 2) All other drugs: 2 copays for up to a 90-day supply	\$0 copay for up to a 90- day supply for preferred generic and generic (Tiers 1 and 2) 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 and type in your zip code.

(Benefits continued on back page)

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)**

Description	Benefit	Benefit	Benefit
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Additional supplemental benefits included in your plan

Dental ⁵	\$0 for preventive care that includes: 2 oral exams with cleaning and X-rays per year and \$1,000 comprehensive dental annual allowance with 50% coinsurance		
Vision Benefits	\$200 every 24 months towards glasses or contact lenses	\$250 every 24 months towards glasses or contact lenses	
Hearing Aid Benefits	\$1,000 allowance per ear, every 36 months		
Out of network ⁶	Not available	Not available	\$1,500 annual allowance for limited out-of-network care
Medicare Explorer by Kaiser Permanente (Limited out-of-area benefits) ⁶	\$1,200 annual allowance for out-of-area routine care		Not available
Fitness Program Silver&Fit ^{®7}	No cost for membership to any of the participating facilities, exercise programs, and home fitness programs		

Optional Supplemental Package (Advantage Plus)

Description	You pay	You pay	You pay
Advantage Plus Option 1 Additional comprehensive dental, ⁵ \$500 annual allowance with 50% coinsurance, hearing, and eyewear benefits	\$18 in addition to your monthly plan premium		
Advantage Plus Option 2 Additional annual comprehensive dental ⁵ allowance of \$1,000 with 50% coinsurance	\$23 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 **1-800-733-6345 (TTY 711)**, 7 days a week, 24 hours. **5.** Dental benefits are underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and administered by LIBERTY Dental Plan. **6.** 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. Allowance can be used for out-of-area routine care such as office visits, labs, X-rays, physical therapy, and behavioral health care. Coverage limited to inside the United States and its territories. See your *Evidence of Coverage* for details. **7.** 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.