

**Plan effective date 09/01/2016 - 8/31/2017 Kaiser Permanente Senior Advantage HMO
Group Plan with Part D Benefits Summary**

Your employer joins with Kaiser Permanente to offer you the select benefits listed here. The accompanying Senior Advantage group packet lists more benefits and contains many other important details, provisions, contact information, and disclosures.

GENERAL	YOU PAY	NOTES
Annual Out-of-Pocket Max	\$2000	\$6000 per family
Annual Deductible	\$250	\$750 per family
Coinsurance	N/A	
PREVENTIVE SERVICES		
Preventive services	No charge	For services such as: Pneumonia, flu, and Hepatitis B immunizations, pap smear and pelvic exam, mammogram, and prostate cancer screening
One annual routine physical exam	No charge	If you receive care during that visit beyond what your benefit covers, you may incur additional charges for that care provided
Colonoscopy	No charge	Each colorectal screening
OUTPATIENT CARE		
	YOU PAY	
Primary care office visit	\$10	Each visit
Specialty care office visit	\$30	Each visit; includes visits for epidural steroid injections for pain management
Chiropractic services	\$20	For manual manipulation of the spine to correct subluxation
Podiatry services	\$30	For medically necessary foot care
Outpatient mental health	\$10	Each individual therapy visit
Outpatient substance abuse care	\$10	Each individual visit
Outpatient surgery	100% Aft Ded	For each Medicare-covered ambulatory surgical center visit. This includes surgical procedures performed in the medical offices.
Ambulance services	\$100	Per Trip
Emergency care	\$50	Each visit, waived if admitted as an inpatient
Urgently needed care	\$20	Each after-hours visit
Outpatient rehabilitation services	\$30	For each physical, occupational, and speech language therapy visit
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
Durable medical equipment	100% Aft Ded	Authorization rules may apply. There is no charge for diabetic self-monitoring training, nutrition therapy, and supplies

Oxygen	No charge	
Diagnostic tests, X-rays, and lab services	No charge	In office, \$250 in a hospital setting. Authorization rules may apply
Radiation therapy	\$30	For each therapeutic X-ray procedure
CT, MRI, PET and nuclear medicine procedures	100% Aft Ded	In office and hospital setting. For each procedure performed per body part
END-STAGE RENAL DISEASE		
End-Stage Renal Disease (ESRD)	No charge	For Medicare-approved renal dialysis
INPATIENT CARE		
YOU PAY		
Inpatient hospital care (includes substance abuse and rehabilitation services)	100% Aft Ded	Per admission
Inpatient mental health care	100% Aft Ded	Unlimited days/Calendar year
Skilled Nursing Facility	100% Aft Ded	Up to 100 days per benefit period
Home health care	No Charge	For necessary part-time or intermittent skilled nursing and home health aide services, rehabilitation services, etc.
Hospice	No Charge	When you enroll in a Medicare-certified hospice program, your hospice services are paid for by Original Medicare, not our plan.
OUTPATIENT PRESCRIPTION DRUGS*		
Kaiser Permanente pharmacies	\$10	For up to a 30 day supply of generic drugs
Kaiser Permanente pharmacies	\$30	For up to a 30 day supply of brand name drugs
Kaiser Permanente pharmacies	\$40	For up to a 30 day supply of brand none preferred drugs
Mail Order	\$20	For up to a 90 day supply of generic drugs
Mail Order	\$60	For up to a 90 day supply of brand name drugs
Mail Order	\$80	For up to a 90 day supply of brand none preferred drugs
ADDITIONAL BENEFITS		
YOU PAY		
Hearing exams	\$30	Each visit for routine diagnostic hearing exams
Hearing aids	N/A	No coverage applies under this plan.
Vision services	\$30	Each visit for eye exams
Optical hardware (lenses, frames)	\$100	You can use this benefit once every 2 years; you cannot carry over unused benefit
Health and wellness education	Class fees may apply	See quarterly Healthy Living Schedule for classes, dates, times, locations, and fees
SilverSneakers® fitness	No charge	At participating fitness centers

*You will be enrolled in Medicare Part D through Kaiser Permanente and we will notify Medicare on your behalf. If you decide to enroll in Medicare Part D through another Prescription Drug Plan, you will be automatically disenrolled from Kaiser Permanente.

You must reside in the Kaiser Permanente Senior Advantage service area in which you enroll. You must continue to pay your Medicare Part B premium and any other applicable Medicare premium(s), if not otherwise paid by Medicaid or another third party.

Kaiser Permanente is a health plan with an HMO Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

Benefits, formulary, pharmacy network, premiums, and copayments/coinsurance may change on January 1 of each year and at other times in accord with your group's contract with us.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply.

This plan includes Medicare Part D prescription drug coverage and is only available to Kaiser Permanente Senior Advantage members. You may only be enrolled in one Part D plan at a time, which means you will be disenrolled from any other Part D plan when your coverage under this plan becomes effective.

This sheet, customized for your employer, is not a contract and does not replace nor take precedence over your Evidence of Coverage. For questions on your coverage, please call us at **1-800-232-4404 (TTY 711)**. Hours are 8 a.m. to 8 p.m., seven days a week.

This information is available for free in other languages. Please contact our Member Services number at **1-800-232-4404** for additional information. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., seven days a week. Member Services also has free language interpreter services available for non-English speakers.

*Se puede obtener esta información gratis en otros idiomas. Si desea información adicional, por favor llame al número de nuestros Servicios a los Miembros al **1-800-232-4404**. (Los usuarios de TTY deben llamar al 711.) El horario es de 8 a.m. a 8 p.m., los siete días de la semana. Servicios a los Miembros también cuenta con servicios gratuitos de interpretación para las personas que no hablan inglés.*