

Summary of Benefits Chart for Kaiser Permanente Senior Advantage (HMO) with Part D (1/1/25—12/31/25)

Plan Out-of-Pocket Maximum

For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the following amount:

For any one Member\$1,000 per calendar year

Plan Deductible	None
Professional Services (Plan Provider office visits)	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits	\$10 per visit
Most Physician Specialist Visits.....	\$10 per visit
Annual Wellness visit and the “Welcome to Medicare” preventive visit.....	No charge
Routine physical exams.....	No charge
Routine eye exams with a Plan Optometrist.....	\$10 per visit
Urgent care consultations, evaluations, and treatment.....	\$10 per visit
Physical, occupational, and speech therapy.....	\$10 per visit
Outpatient Services	You Pay
Outpatient surgery and certain other outpatient procedures.....	\$10 per procedure
Most immunizations (including the vaccine).....	No charge
Most X-rays and laboratory tests.....	No charge
Manual manipulation of the spine.....	\$10 per visit
Hospital Inpatient Services	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.....	No charge
Emergency Services	You Pay
Emergency department visits.....	\$20 per visit
Ambulance Services	You Pay
Ambulance Services.....	No charge
Prescription Drug Coverage	You Pay
This plan covers Medicare Part D prescription drugs in accord with our Part D formulary.	
Initial coverage stage —until you have spent \$2,000 in 2025. (If you spend \$2,000, you move on to the catastrophic coverage stage).....	Generic drugs: \$10 for up to a 100-day supply Brand-name drugs: \$20 for up to a 100-day supply
Catastrophic coverage stage	No charge
Durable Medical Equipment (DME)	You Pay
Covered durable medical equipment for home use.....	No charge
Mental Health Services	You Pay
Inpatient psychiatric hospitalization.....	No charge
Individual outpatient mental health evaluation and treatment.....	\$10 per visit

continued

Mental Health Services		You Pay
Group outpatient mental health treatment		\$5 per visit
Substance Use Disorder Treatment		You Pay
Inpatient detoxification		No charge
Individual outpatient substance use disorder evaluation and treatment.....		\$10 per visit
Group outpatient substance use disorder treatment.....		\$5 per visit
Home Health Services		You Pay
Home health care (part-time, intermittent)		No charge
Other		You Pay
Eyeglasses or contact lenses every 24 months		Amount in excess of \$150 Allowance
Skilled nursing facility care (up to 100 days per benefit period).....		No charge
External prosthetic and orthotic devices		No charge
Fitness benefit – One Pass™ (includes access to in-network gyms and one home fitness kit per calendar year).....		No charge

***Summary of Benefits* booklet**

This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For additional information, please refer to the *Summary of Benefits* booklet enclosed; for a complete explanation, refer to the *EOC*.