

**Summary of Benefits Chart for
Kaiser Permanente Senior Advantage (HMO) with Part D when Medicare is
secondary coverage (10/1/20—9/30/21)**

Plan Deductible	None
Professional Services (Plan Provider office visits)	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits	No charge
.....	No charge
Most Physician Specialist Visits	No charge
Annual Wellness visit and the “Welcome to Medicare” preventive visit	No charge
Routine physical exams	No charge
Routine eye exams with a Plan Optometrist	No charge
Urgent care consultations, evaluations, and treatment	No charge
Physical, occupational, and speech therapy	No charge
Outpatient Services	You Pay
Outpatient surgery and certain other outpatient procedures	No charge
Allergy injections (including allergy serum)	No charge
Most immunizations (including the vaccine)	No charge
Most X-rays and laboratory tests	No charge
Manual manipulation of the spine	No charge
Hospitalization Services	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge
Emergency Health Coverage	You Pay
Emergency Department visits	No charge
Ambulance Services	You Pay
Ambulance Services.....	No charge
Prescription Drug Coverage	You Pay
Most covered outpatient items in accord with our drug formulary guidelines	No charge for up to a 100-day supply
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	No charge
Group outpatient mental health treatment.....	No charge
Substance Use Disorder Treatment	You Pay
Inpatient detoxification	No charge
Individual outpatient substance use disorder evaluation and treatment	No charge
Group outpatient substance use disorder treatment	No charge

continued

Home Health Services	You Pay
Home health care	No charge

Other	You Pay
Eyeglasses or contact lenses every 24 months	Amount in excess of \$350 Allowance
Hearing aid(s) every 36 months	Amount in excess of \$2,500 Allowance per aid
Skilled nursing facility care	No charge
External prosthetic and orthotic devices.....	No charge
Ostomy and urological supplies	No charge

This chart does not explain benefits, Cost Share, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For more information, please refer to the *Summary of Benefits* booklet enclosed.