

2024 Benefits at a Glance Medicare Health Plan Benefit Highlights Chart

Premiums and Benefits	Kaiser Permanente Senior Advantage Core DM (HMO)	Kaiser Permanente Senior Advantage Choice DM (PPO)	Kaiser Permanente Senior Advantage Bronze DM (HMO-POS)	Kaiser Permanente Senior Advantage Silver DM (HMO-POS)
Description	You pay	You pay	You pay	You Pay
Monthly Premium	\$0	\$0	\$0	\$35.30
Doctor Office Visit (no referral required)	\$0 Primary/ \$15 Specialist (\$0 for virtual visits ¹)	\$0 Primary/ \$30 Specialist (\$0 for virtual visits ¹) Out of Network Cost: \$30 Primary/ \$50 Specialist	\$0 Primary/ \$35 Specialist (\$0 for virtual visits ¹)	\$0 Primary/ \$10 Specialist (\$0 for virtual visits ¹)
Preventive Services²	No charge	No charge	No charge	No charge
Urgent/Emergency Care	\$35 Urgent/ \$120 Emergency	\$45 Urgent/ \$120 Emergency	\$40 Urgent/ \$120 Emergency	\$35 Urgent/ \$120 Emergency
Lab, X-ray	\$0 lab, \$0 X-ray	\$0 lab, \$15 X-ray Out of Network Cost: 40% lab/ 40% X-ray	\$0 lab, \$0 X-ray	\$0 lab, \$0 X-ray
Inpatient Hospitalization	\$195 per day for days 1 through 5 No charge for the remainder of your stay	\$295 per day for days 1 through 5 Out of Network Cost: \$500 per day for days 1-18 No charge for the remainder of your stay	\$250 per day for days 1 through 5 No charge for the remainder of your stay	\$165 per day for days 1 through 5 No charge for the remainder of your stay
Outpatient Surgery in an ambulatory surgical center	\$115	\$200 Out of Network Cost: 40%	\$150	\$100

To see more benefits, visit kp.org/medichart and type in your zip code.

Premiums and Benefits

Kaiser Permanente
Senior Advantage Core
DM (HMO)

Kaiser Permanente
Senior Advantage Choice
DM (PPO)

Kaiser Permanente Senior
Advantage Bronze DM
(HMO-POS)

Kaiser Permanente Senior
Advantage Silver DM
(HMO-POS)

Description	Benefit	Benefit	Benefit	Benefit
Part D Prescription Drug Coverage³				
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 \$5,030 , you move into the Coverage Gap.	\$0 preferred generic (Tier 1) \$0 generic (Tier 2) \$40 preferred brand name (Tier 3) \$80 non-preferred drug (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)	\$0 preferred generic (Tier 1) \$5 generic (Tier 2) \$45 preferred brand name (Tier 3) \$100 non-preferred drug (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)	\$0 preferred generic (Tier 1) \$5 generic (Tier 2) \$40 preferred brand name (Tier 3) \$80 non-preferred drug (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)	\$0 preferred generic (Tier 1) \$0 generic (Tier 2) \$40 preferred brand name (Tier 3) \$80 non-preferred drug (Tier 4) 33% specialty (Tier 5) \$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)	\$0 copay for up to a 90-day supply for preferred generic and generic (Tiers 1 and 2)	\$0 copay for up to a 90-day supply for preferred generic and generic (Tiers 1 and 2)	\$0 copay for up to a 90-day supply for preferred generic and generic (Tiers 1 and 2)

For more information about **Part D Prescription Drug Coverage**, please see your **Summary of Benefits**.
Additional supplemental benefits included in your plan

Dental⁵	\$0 copay for preventive dental and \$1,450 combined annual limit for preventive and comprehensive dental services	\$0 copay for preventive dental and \$1,350 combined annual limit for preventive and comprehensive dental services	\$0 copay for preventive dental and \$2,350 combined annual limit for preventive and comprehensive dental services	\$0 copay for preventive dental and \$1,650 combined annual limit for preventive and comprehensive dental services
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(Benefits continued on next page)

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Description	Benefit	Benefit	Benefit	Benefit
Additional supplemental benefits included in your plan				
Vision Benefits	\$0 copays for routine eye exam and \$350 allowance for eyewear and contact lenses every year	\$0 copays for routine eye exam Out of Network: 40% for routine eye exam \$400 allowance for in network/out of network eyewear and contact lenses every year	\$0 copays for routine eye exam and \$350 allowance for eyewear and contact lenses every year	\$0 copays for routine eye exam and \$250 allowance for eyewear and contact lenses every year
Hearing Aid Benefits	\$500 allowance for hearing aids, per ear, every 2 years	\$300 allowance for hearing aids, both ears combined, every year	\$500 allowance for hearing aids, per ear, every 2 years	
In-Home Support <i>In-home assistance for non-medical support</i>	Not included		Not included	8 hours of non-medical, in-home support every month
Fitness Program SilverSneakers®⁶	No cost for membership to any of the participating facilities, exercise programs, and home fitness programs			

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(Benefits continued on back page)

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Description	You Pay	You Pay	You Pay	You Pay
Optional Supplemental Package (Advantage Plus)				
Advantage Plus Monthly Premium Option 1 In-home support, comprehensive dental, ⁵ hearing aids, eyewear	\$39 in addition to your monthly plan premium	Not Included	\$39 in addition to your monthly plan premium	
Advantage Plus Monthly Premium Option 2 Hearing aids, acupuncture services, ⁷ transportation, in-home support	\$14 in addition to your monthly plan premium	Not Included	\$14 in addition to your monthly plan premium	
Advantage Plus PPO Transportation, in-home support services, comprehensive dental ⁵	Not Included	\$36 in addition to your monthly plan premium	Not Included	

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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 **1-866-523-6059** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m. **5.** Dental benefits provided by Delta Dental of Colorado. **6.** SilverSneakers and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved. **7.** Acupuncture services available through the Kaiser Permanente network of providers found on kp.org.

The Kaiser Permanente Senior Advantage Choice PPO plan is underwritten by Kaiser Permanente Insurance Company (KPIC). KPIC is a subsidiary of the Kaiser Foundation Health Plan, Inc. Kaiser Permanente is an HMO, HMO-POS and PPO plan with Medicare contracts. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.