

Kaiser Permanente Senior Advantage
Medicare Medicaid Plan 1 (HMO D-SNP)
Effective January 1, 2024 - December 31, 2024

2024 Kaiser Permanente

Benefits at a Glance

Medicare Health Plan Benefit Highlights Chart



H1170_023_52_M
PBP 008



KAISER PERMANENTE®

For more information about benefits, please see your **Summary of Benefits**.

Premiums and Benefits

Kaiser Permanente
Senior Advantage
Medicare Medicaid
(HMO D-SNP) -
Partial Dual

Kaiser Permanente
Senior Advantage
Medicare Medicaid
(HMO D-SNP) -
Full Dual

DESCRIPTION	YOU PAY	YOU PAY
Monthly Premium	\$0	\$0
Annual Deductible	None	None
Doctor Office Visit	\$0 Primary/ \$0 Specialist	\$0 Primary/ \$0 Specialist
Emergency Room	\$20	\$0
Urgent Care	\$0	\$0
Preventive Services ¹	No charge	No charge
Inpatient Hospitalization	\$12 per admission	\$0 per admission
Outpatient Surgery	\$0	\$0
Skilled Nursing Facility Up to 100 days per benefit period	\$0 per day for days 1-100	\$0 per day for days 1-100
Lab, X-ray, Imaging	\$0 in a medical office/ \$0 in an outpatient hospital	\$0 in a medical office/ \$0 in an outpatient hospital
Durable Medical Equipment	\$0	\$0
Ambulance Service Per one-way trip	\$25 copay	\$0 copay
Dental Benefit ² Preventive, diagnostic and comprehensive	\$0	\$0
Vision Benefit ³ Routine eye exams and hardware	Routine eye exam included and \$575 allowance every two years for glasses and contacts	
Over-the-Counter (OTC) Benefit To purchase health & wellness products	\$255 quarterly credit (\$1020 annually) for the purchase of items within our OTC catalog; unused credit will not carry forward to the next quarter	

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DESCRIPTION	YOU PAY	YOU PAY
Healthy Food Card⁴	\$245 quarterly allowance (\$980 annually) that can be used towards healthy groceries from participating grocery stores and farmers' markets. Unused credit will not carry forward to the next quarter	
Non-Emergency Transportation	No cost routine transportation (36 one-way rides) to medical appointments is included on all individual plans	
Fitness Program SilverSneakers® ⁵	No cost for membership to any of the participating facilities, exercise programs and home fitness programs	
Annual Maximum Out-of-Pocket	\$1,000	\$1,000

PART D PRESCRIPTION DRUG COVERAGE

DESCRIPTION	YOU PAY	YOU PAY
Initial Coverage Stage (for up to a 30-day supply)	\$0 preferred generic \$0 - \$4.50 generic \$0 - \$11.20 preferred brand name \$0 - \$11.20 nonpreferred brand name \$0 - \$11.20 specialty \$0 injectable Part D vaccines	\$0 preferred generic \$0 - \$4.50 generic \$0 - \$11.20 preferred brand name \$0 - \$11.20 nonpreferred brand name \$0 - \$11.20 specialty \$0 injectable Part D vaccines
Mail Order Discount⁶ \$0 for 90-day supply on Tier 1 (preferred generic) and Tier 2 (generic) drugs (Restrictions and limitations may apply)	2 copays for Tier 3 (preferred brand) and Tier 4 (non-preferred brand) only Tier 1 and Tier 2 mail order - \$0 Tier 5 (specialty) - 25%	2 copays for Tier 3 (preferred brand) and Tier 4 (non-preferred brand) only Tier 1 and Tier 2 mail order - \$0 Tier 5 (specialty) - 25%



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kp.org/medicare

OPTIONAL SUPPLEMENTAL PACKAGE (ADVANTAGE PLUS)

DESCRIPTION	YOU PAY
Advantage Plus Monthly Premium: Hearing aid and additional comprehensive dental services	\$9 in addition to your monthly plan premium

- 1. \$0 copay for all preventive services covered under Original Medicare at zero cost sharing.
- 2. Dental benefits provided by DeltaCare® USA Dental HMO Program.
- 3. Vision services available through Avesis or at certain core Kaiser Permanente facilities.
- 4. Allowance helping with overall health for members with at least one chronic condition. The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.
- 5. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc.
All rights reserved.
- 6. 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 **1-888-662-4579 (TTY 711)**, 7 days a week, 24 hours.

Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Kaiser Permanente depends on contract renewal.
You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

