

2024 Benefits at a Glance

Medicare Health Plan Benefit Highlights Chart

| Premiums and Benefits | Kaiser Permanente Senior Advantage Core North (HMO) | Kaiser Permanente Senior Advantage Bronze North (HMO-POS) | Kaiser Permanente Senior Advantage Silver North (HMO-POS) |
|--|---|---|---|
| Description | You pay | You pay | You pay |
| Monthly Premium | \$0 | \$0 | \$33 |
| Doctor Office Visit (no referral required) | \$0 Primary/ \$20 Specialist (\$0 for virtual visits ¹) | \$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 |
| Urgent/Emergency Care | \$30 Urgent/ \$120 Emergency | \$40 Urgent/ \$120 Emergency | \$25 Urgent/ \$120 Emergency |
| Lab, X-ray | \$0 lab, \$0 X-ray | \$0 lab, \$0 X-ray | \$0 lab, \$0 X-ray |
| Inpatient Hospitalization | \$205 per day for days 1 through 5 No charge for the remainder of your stay | \$250 per day for days 1 through 5 No charge for the remainder of your stay | \$140 per day for days 1 through 5 No charge for the remainder of your stay |
| Outpatient Surgery in an ambulatory surgical center | \$125 | \$150 | \$90 |

Part D Prescription Drug Coverage³

| Description | You pay | You pay | You pay |
|---|---|---|---|
| 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) \$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) |

For more information about **Part D Prescription Drug Coverage**, please see your **Summary of Benefits**.

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

Premiums and Benefits
Kaiser Permanente Senior Advantage Core North (HMO)
Kaiser Permanente Senior Advantage Bronze North (HMO-POS)
Kaiser Permanente Senior Advantage Silver North (HMO-POS)

| Description | Benefit | Benefit | Benefit |
|---|--|--|--|
| 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 \$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 |
| Vision Benefits | \$0 copays for routine eye exam and \$300 allowance for eyewear and contact lenses every year | \$0 copays for routine eye exam and \$250 allowance for eyewear and contact lenses every year | \$0 copays for routine eye exam and \$350 allowance for eyewear and contact lenses every year |
| Hearing Aid Benefits | \$750 allowance for hearing aids, per ear, every 2 years | \$500 allowance for hearing aids, per ear, every 2 years | \$750 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 | | |

Optional Supplemental Package (Advantage Plus)

| Description | You pay |
|--|--|
| Advantage Plus Monthly Premium Option 1: In-home support, comprehensive dental, ⁵ hearing aids, eyewear | \$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 |

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

- 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.
- \$0 copay for all preventive services covered under Original Medicare at zero cost sharing.
- 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.
- 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.
- Dental benefits provided by Delta Dental of Colorado.
- SilverSneakers and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.
- Acupuncture services available through the Kaiser Permanente network of providers found on kp.org.

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.