

# 2024 Benefits at a Glance

## Medicare Health Plan Benefit Highlights Chart

Premiums and Benefits	Kaiser Permanente Medicare Advantage Value DC (HMO-POS)	Kaiser Permanente Medicare Advantage Standard DC (HMO-POS)	Kaiser Permanente Medicare Advantage High DC (HMO-POS)
Description	You pay	You pay	You pay
<b>Monthly Premium</b>	<b>\$0</b>	<b>\$30</b>	<b>\$125</b>
<b>Doctor Office Visit</b>	<b>\$5</b> Primary/ <b>\$40</b> Specialist (\$0 for virtual visits <sup>1</sup> )	<b>\$5</b> Primary/ <b>\$40</b> Specialist (\$0 for virtual visits <sup>1</sup> )	<b>\$5</b> Primary/ <b>\$30</b> Specialist (\$0 for virtual visits <sup>1</sup> )
<b>Preventive Services<sup>2</sup></b>	No charge	No charge	No charge
<b>Urgent/Emergency Care</b>	<b>\$40</b> Urgent/ <b>\$100</b> Emergency	<b>\$40</b> Urgent/ <b>\$100</b> Emergency	<b>\$30</b> Urgent/ <b>\$120</b> Emergency
<b>Lab, X-ray</b>	<b>\$0</b> lab, <b>\$20</b> X-ray	<b>\$0</b> lab, <b>\$15</b> X-ray	<b>\$0</b> lab, <b>\$10</b> X-ray
<b>Inpatient Hospitalization</b>	<b>\$300</b> per day for days 1 through 5 No charge for the remainder of your stay	<b>\$295</b> per day for days 1 through 5 No charge for the remainder of your stay	<b>\$190</b> per day for days 1 through 5 No charge for the remainder of your stay
<b>Outpatient Surgery in an ambulatory surgical center</b>	<b>\$300</b>	<b>\$250</b>	<b>\$125</b>

### Part D Prescription Drug Coverage<sup>3</sup>

Description	You pay	You pay	You pay
<b>Initial Coverage Stage</b> (for up to a 30-day supply)	<b>\$0</b> preferred generic (Tier 1)	<b>\$0</b> preferred generic (Tier 1)	<b>\$0</b> preferred generic (Tier 1)
	<b>\$12</b> generic (Tier 2)	<b>\$12</b> generic (Tier 2)	<b>\$12</b> generic (Tier 2)
When the annual total drug costs paid by you and any Part D plan reach <b>\$5,030</b> , you move into the Coverage Gap.	<b>\$45</b> preferred brand name (Tier 3)	<b>\$45</b> preferred brand name (Tier 3)	<b>\$42</b> preferred brand name (Tier 3)
	<b>\$100</b> non-preferred drug (Tier 4)	<b>\$100</b> non-preferred drug (Tier 4)	<b>\$80</b> non-preferred drug (Tier 4)
	<b>33%</b> specialty (Tier 5)	<b>33%</b> specialty (Tier 5)	<b>33%</b> specialty (Tier 5)
	<b>\$0</b> injectable Part D vaccines (Tier 6)	<b>\$0</b> injectable Part D vaccines (Tier 6)	<b>\$0</b> injectable Part D vaccines (Tier 6)
<b>Our Mail-Order Pharmacy<sup>4</sup></b> (Restrictions & limitations may apply.)	<b>\$0</b> copay for up to a 90-day supply for preferred generic and generic (Tiers 1 and 2)	<b>\$0</b> copay for up to a 90-day supply for preferred generic and generic (Tiers 1 and 2)	<b>\$0</b> copay for up to a 90-day supply for preferred generic and generic (Tiers 1 and 2)
	All other drugs: 2 copays for up to a 90-day supply	All other drugs: 2 copays for up to a 90-day supply	All other drugs: 2 copays for up to a 90-day supply

For more information about **Part D Prescription Drug Coverage**, please see your **Summary of Benefits**. To see more benefits, visit [kp.org/medichart](https://kp.org/medichart) and type in your zip code.

*(Benefits continued on back page)*

**Premiums and Benefits**
**Kaiser Permanente  
Medicare Advantage  
Value DC (HMO-POS)**
**Kaiser Permanente  
Medicare Advantage  
Standard DC (HMO-POS)**
**Kaiser Permanente  
Medicare Advantage  
High DC (HMO-POS)**

Description	Benefit	Benefit	Benefit
<b>Additional supplemental benefits included in your plan</b>			
<b>Dental<sup>5</sup></b>	<b>\$0</b> preventive care that includes 2 oral exams and cleanings with X-rays per year and <b>\$1,000</b> comprehensive dental annual allowance with <b>50%</b> coinsurance	<b>\$0</b> preventive care that includes 2 oral exams and cleanings with X-rays per year and <b>\$1,000</b> comprehensive dental annual allowance with <b>50%</b> coinsurance	<b>\$0</b> preventive care that includes 2 oral exams and cleanings with X-rays per year and <b>\$500</b> comprehensive dental annual allowance with <b>50%</b> coinsurance
<b>Vision Benefits</b>	<b>\$200</b> every 24 months towards glasses or contact lenses	<b>\$250</b> every 24 months towards glasses or contact lenses	<b>\$250</b> every 24 months towards glasses or contact lenses
<b>Hearing Aid Benefits</b>	<b>\$1,000</b> allowance per ear, every 36 months		
<b>Medicare Explorer by Kaiser Permanente</b> (Limited out-of-area benefits) <sup>6</sup>	<b>\$1,200</b> annual allowance for out-of-area routine care		
<b>Fitness Program Silver&amp;Fit<sup>®7</sup></b>	Not included	No cost for membership to any of the participating facilities, exercise programs, and home fitness programs	

**Optional Supplemental Package (Advantage Plus)**

Description	You pay	You pay	You pay
<b>Advantage Plus Option 1</b> Additional comprehensive dental, <sup>5</sup> <b>\$500</b> annual allowance with 50% coinsurance, hearing, and eyewear benefits	<b>\$18</b> in addition to your monthly plan premium		
<b>Advantage Plus Option 2</b> Additional annual comprehensive dental <sup>5</sup> allowance of <b>\$1,000</b> with <b>50%</b> coinsurance	<b>\$23</b> in addition to your monthly plan premium		

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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 **1-800-733-6345 (TTY 711)**, 7 days a week, 24 hours. **5.** Dental benefits are underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and administered by LIBERTY Dental Plan. **6.** Members are responsible for any charged amounts for covered services that exceed the annual allowance maximum of \$1,200. Allowance can be used for out-of-area routine care such as office visits, labs, X-rays, physical therapy, and behavioral health care. Coverage limited to inside the United States and its territories. See your *Evidence of Coverage* for details. **7.** Silver&Fit<sup>®</sup> is a federally registered trademark of American Specialty Health, Inc.

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