

**Summary of Benefits Chart for  
Kaiser Permanente Senior Advantage (HMO) with Part D when Medicare is  
secondary coverage (1/1/21—12/31/21)**

<b>Plan Deductible</b>	None
<b>Professional Services (Plan Provider office visits)</b>	<b>You Pay</b>
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
.....	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
<b>Outpatient Services</b>	<b>You Pay</b>
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
<b>Hospitalization Services</b>	<b>You Pay</b>
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge
<b>Emergency Health Coverage</b>	<b>You Pay</b>
Emergency Department visits	No charge
Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see “Hospitalization Services” for inpatient Cost Share)	
<b>Transportation Services</b>	<b>You Pay</b>
Ambulance Services	No charge
<b>Prescription Drug Coverage</b>	<b>You Pay</b>
Most covered outpatient items in accord with our drug formulary guidelines	No charge for up to a 100-day supply
<b>Durable Medical Equipment (DME)</b>	<b>You Pay</b>
Covered durable medical equipment for home use	No charge
<b>Mental Health Services</b>	<b>You Pay</b>
Inpatient psychiatric hospitalization	No charge
Individual outpatient mental health evaluation and treatment	No charge
Group outpatient mental health treatment	No charge
<b>Substance Use Disorder Treatment</b>	<b>You Pay</b>
Inpatient detoxification	No charge

continued

Individual outpatient substance use disorder evaluation and treatment .....	No charge
Group outpatient substance use disorder treatment .....	No charge

<b>Home Health Services</b>	<b>You Pay</b>
Home health care .....	No charge

<b>Other</b>	<b>You Pay</b>
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
Meals delivered to your home following discharge from a hospital due to congestive heart failure .....	No charge up to two meals per day in a consecutive four-week period, once per calendar year

This chart does not explain benefits, Cost Share, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For additional information, please refer to the *Summary of Benefits* booklet enclosed; for a complete explanation, refer to the *EOC*.