

## Kaiser Permanente – Medicare

### Southern California

Plan: Senior Advantage Group HMO

Web Site: <http://www.kaiserpermanente.org>

Benefit	2021
<b>Annual Out-of-pocket limit</b>	\$1,500 individual/\$3,000 family
<b>Inpatient hospital</b> Room and board Ancillary charges Special-duty nursing	\$200 copay per admission Covered in full, after inpatient hospital copay Covered in full, after inpatient hospital copay; if medically necessary and prescribed by a Plan physician
<b>Skilled nursing facility</b>	Covered in full up to 100 days/benefit period
<b>Surgery</b> Inpatient Outpatient Cosmetic	Covered in full, after inpatient hospital copay \$10 copay/procedure Not covered
<b>Outpatient</b> Primary and Specialty Care Visits, Exams and Treatment Preventive services X-rays and lab work Eye examinations  Eyeglasses Physical therapy  Chiropractor	\$10 copay/visit  Covered in full Covered in full \$10 copay/visit for treatment due to disease or injury (Eye Exams for Refraction covered in full) \$150 allowance, every 2 years \$10 copay/visit (benefits are limited to medically necessary therapy authorized by a Plan physician) Not covered
<b>Alcoholism and chemical dependency</b> Detoxification  Rehabilitation	Outpatient: \$10 copay/individual visit Inpatient: \$200 copay (for medical management of withdrawal symptoms) Outpatient: \$10 copay/individual visit Inpatient: \$200 copay for Transitional Residential Recovery Services
<b>Mental Health</b> Inpatient Outpatient	\$200 copay \$10 copay/visit
<b>Other Services</b> Ambulance Hospice care  Home health care  Durable medical equipment	\$50 copay (for emergencies) Covered in full, within the Service Area when selected as an alternative to traditional services (authorized by physician for terminal patient with life expectancy of under 12 months)  Covered in full up to 3 visits/day, up to 100 visits/year (Not covered if an unlicensed layperson could safely and effectively provide care with appropriate training) 20% coinsurance
<b>Emergency room</b> In-area/contract facility In-area/noncontract facility Out-of-area/noncontract facility	\$50 copay/visit (waived if admitted) \$50 copay/visit (waived if admitted) \$50 copay/visit (waived if admitted)
<b>Prescription Drug Coverage</b> (including dental prescriptions)  Retail (generic; up to 30-day supply) Retail (brand; up to 30-day supply)  Mail order (up to 100-day supply)	Rx applies to annual out-of-pocket limit  Mandatory formulary and generic requirement. Nonformulary drug will be supplied if physician prescribes \$10 copay \$35 copay brand  \$20 copay generic; \$70 copay brand