

CITY OF ROHNERT PARK CUSTOMER #9853 EARLY RETIREES- KP SENIOR ADVANTAGE

Principal Benefits for

29213.133.6.S000584929 - Sr Adv Grp HMO NCR

Kaiser Permanente Senior Advantage (HMO) with Part D (7/1/20—6/30/21)

Plan Out-of-Pocket Maximum	
For Services subject to the maximum, you will not pay any more C	
year if the Copayments and Coinsurance you pay for those Service	
For any one Member	\$1,500 per calendar year
Plan Deductible	None
Professional Services (Plan Provider office visits)	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits	
Most Physician Specialist Visits	
Annual Wellness visit and the "Welcome to Medicare" preventive	
visit	No charge
Routine physical exams	
Routine eye exams with a Plan Optometrist	
Urgent care consultations, evaluations, and treatment	
Physical, occupational, and speech therapy	\$20 per visit
Outpatient Services	You Pay
Outpatient surgery and certain other outpatient procedures	\$50 per procedure
Allergy injections (including allergy serum)	
Most immunizations (including the vaccine)	<u> </u>
Most X-rays and laboratory tests	
Manual manipulation of the spine	\$20 per visit
Hospitalization Services	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests,	
Room and board, surgery, anesthesia, X-rays, laboratory tests,	
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	\$500 per admission You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs Emergency Health Coverage	\$500 per admission You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs Emergency Health Coverage Emergency Department visits	\$500 per admission You Pay \$50 per visit You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs Emergency Health Coverage Emergency Department visits Ambulance Services Ambulance Services	\$500 per admission You Pay \$50 per visit You Pay \$100 per trip
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs Emergency Health Coverage Emergency Department visits	\$500 per admission You Pay \$50 per visit You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs Emergency Health Coverage Emergency Department visits Ambulance Services Ambulance Services Prescription Drug Coverage	\$500 per admission You Pay \$50 per visit You Pay \$100 per trip
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs Emergency Health Coverage Emergency Department visits Ambulance Services Ambulance Services Prescription Drug Coverage Covered outpatient items in accord with our drug formulary guidelines: Most generic items.	\$500 per admission You Pay \$50 per visit You Pay \$100 per trip You Pay \$10 for up to a 100-day supply
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs Emergency Health Coverage Emergency Department visits Ambulance Services Ambulance Services Prescription Drug Coverage Covered outpatient items in accord with our drug formulary guidelines:	\$500 per admission You Pay \$50 per visit You Pay \$100 per trip You Pay \$10 for up to a 100-day supply
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs Emergency Health Coverage Emergency Department visits Ambulance Services Ambulance Services Prescription Drug Coverage Covered outpatient items in accord with our drug formulary guidelines: Most generic items. Most brand-name items	\$500 per admission You Pay \$50 per visit You Pay \$100 per trip You Pay \$10 for up to a 100-day supply
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs Emergency Health Coverage Emergency Department visits Ambulance Services Ambulance Services Prescription Drug Coverage Covered outpatient items in accord with our drug formulary guidelines: Most generic items.	\$500 per admission You Pay \$50 per visit You Pay \$100 per trip You Pay \$10 for up to a 100-day supply \$35 for up to a 100-day supply You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs Emergency Health Coverage Emergency Department visits Ambulance Services Ambulance Services Prescription Drug Coverage Covered outpatient items in accord with our drug formulary guidelines: Most generic items Most brand-name items Durable Medical Equipment (DME) Covered durable medical equipment for home use	\$500 per admission You Pay \$50 per visit You Pay \$100 per trip You Pay \$10 for up to a 100-day supply \$35 for up to a 100-day supply You Pay 20 percent Coinsurance
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs Emergency Health Coverage Emergency Department visits Ambulance Services Ambulance Services Prescription Drug Coverage Covered outpatient items in accord with our drug formulary guidelines: Most generic items	\$500 per admission You Pay \$50 per visit You Pay \$100 per trip You Pay \$10 for up to a 100-day supply \$35 for up to a 100-day supply You Pay 20 percent Coinsurance You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs Emergency Health Coverage Emergency Department visits Ambulance Services Ambulance Services Prescription Drug Coverage Covered outpatient items in accord with our drug formulary guidelines: Most generic items Most brand-name items Durable Medical Equipment (DME) Covered durable medical equipment for home use Mental Health Services Inpatient psychiatric hospitalization	\$500 per admission You Pay \$50 per visit You Pay \$100 per trip You Pay \$10 for up to a 100-day supply \$35 for up to a 100-day supply You Pay 20 percent Coinsurance You Pay \$500 per admission
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs Emergency Health Coverage Emergency Department visits Ambulance Services Ambulance Services Prescription Drug Coverage Covered outpatient items in accord with our drug formulary guidelines: Most generic items	\$500 per admission You Pay \$50 per visit You Pay \$100 per trip You Pay \$10 for up to a 100-day supply \$35 for up to a 100-day supply You Pay 20 percent Coinsurance You Pay \$500 per admission \$20 per visit

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Final Benefit Summary (continued)

Substance Use Disorder Treatment	You Pay
Inpatient detoxification	\$500 per admission
Individual outpatient substance use disorder evaluation and	
treatment	\$20 per visit
Group outpatient substance use disorder treatment	\$5 per visit
Home Health Services	You Pay
Home health care (part-time, intermittent)	No charge
Other	You Pay
Eyeglasses or contact lenses every 24 months	Amount in excess of \$150 Allowance
Skilled nursing facility care (up to 100 days per benefit period)	No charge
External prosthetic and orthotic devices	20 percent Coinsurance
Ostomy and urological supplies	20 percent Coinsurance

Chiropractic Services (30 visits per calendar year) \$15 per visit

Kaiser Permanente contracts with American Specialty Health Plans of California, Inc. (ASH Plans) for chiropractic services. You can obtain services from any participating ASH Plan Chiropractor without a referral from your Kaiser Plan Physician. Your ASH Chiropractor coordinates authorization of all services and claims with ASH Plans directly; you simply pay your copayment at each visit. You can obtain a listing of Participating Chiropractors by calling the ASH Plans Member Services Department at 1-800-678-9133. You may also find a Participating Chiropractor by logging onto the ASH Plans Web site at www.ashlink.com/ash/kp

This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For more information, please refer to the *Summary of Benefits* booklet enclosed.

For answers on benefit questions, verification of coverage, new member assistance, ID card replacement and to request a copy of your Evidence of Coverage, please contact our Member Services Call Center during the following business hours:

Monday to Friday – 7:00AM to 7:00PM Saturday & Sunday – 7:00AM to 3:00PM

English – 800.464.4000 Spanish – 800.788.0616 Chinese dialects – 800.757.7585

Senior Advantage and Medicare members – 800.443.0815

You may also visit us at www.kp.org