Summary of Benefits Chart for Kaiser Permanente Senior Advantage (HMO) with Part D (1/1/25—12/31/25)

Plan Out-of-Pocket Maximum		
For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar		
year if the Copayments and Coinsurance you pay for those Services add up to the following amount:		
For any one Member	\$1,000 per calendar year	
Plan Deductible	None	
Professional Services (Plan Provider office visits)	You Pay	
Most Primary Care Visits and most Non-Physician Specialist Visits	\$5 per visit	
Most Physician Specialist Visits	\$5 per visit	
Annual Wellness visit and the "Welcome to Medicare" preventive		
visit		
Routine physical exams		
Routine eye exams with a Plan Optometrist	•	
Urgent care consultations, evaluations, and treatment		
Physical, occupational, and speech therapy	\$5 per visit	
	You Pay	
Outpatient surgery and certain other outpatient procedures		
Most immunizations (including the vaccine)		
Most X-rays and laboratory tests		
Manual manipulation of the spine	\$5 per visit	
Hospital Inpatient Services	You Pay	
Room and board, surgery, anesthesia, X-rays, laboratory tests,		
and drugs	No charge	
Emergency Services	You Pay	
Emergency department visits	\$5 per visit	
Ambulance Services	You Pay	
Ambulance Services	No charge	
Prescription Drug Coverage	You Pay	
This plan covers Medicare Part D prescription drugs in accord with	, , , , , , , , , , , , , , , , , , ,	
our Part D formulary.		
Initial coverage stage—until you have spent \$2,000 in 2025. (If		
you spend \$2,000, you move on to the catastrophic coverage		
stage)		
Catastrophic coverage stage	No charge	
Durable Medical Equipment (DME)	You Pay	
Covered durable medical equipment for home use	No charge	
Mental Health Services	You Pay	
Inpatient psychiatric hospitalization	No charge	
Individual outpatient mental health evaluation and treatment	\$5 per visit	
Group outpatient mental health treatment	\$2 per visit	

Substance Use Disorder Treatment	You Pay
Inpatient detoxification	No charge
Individual outpatient substance use disorder evaluation and	
	\$5 per visit
Group outpatient substance use disorder treatment	\$2 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 \$175 Allowance
Hearing aid(s) every 36 months	Amount in excess of \$2,500 Allowance for each ear
Skilled nursing facility care (up to 100 days per benefit period)	
External prosthetic and orthotic devices	•
Fitness benefit – One Pass™ (includes access to in-network gyms	
and one home fitness kit per calendar year)	No charge

Summary of Benefits booklet

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 additional information, please refer to the *Summary of Benefits* booklet enclosed; for a complete explanation, refer to the *EOC*.