

Kaiser Permanente Senior Advantage (HMO) Summary of Medical Benefits Part D

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Member Services: **1-877-221-8221 (TTY 711)**
8 a.m. to 8 p.m., 7 days a week

Or CCF5

1/1/2025 - 12/31/2025

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Nurse treatment room visits to receive injections	\$10
Hospital Services	You pay
Ambulance Services (per transport)	\$100
Emergency department visit	\$50
Inpatient Hospital Services ²	\$250 per admission
Outpatient Services	You pay
Outpatient surgery visit ²	\$150
Chemotherapy/radiation therapy visit ²	\$25
Durable medical equipment	20% Coinsurance
Physical, speech, and occupational therapies ²	\$25
Skilled Nursing Services	You pay
Inpatient skilled nursing Services up to 100 days per Medicare Benefit Period ²	\$0
Mental Health and Substance Abuse Services	You pay
Outpatient Services	\$20
Inpatient Services	\$250 per admission
Alternative Services (self-referred)	You pay
Acupuncture Services (up to 12 visits per Year)	\$25 per visit
Chiropractic Services (up to 20 visits per Year)	\$25 per visit
Massage Therapy (up to 12 visits per Year)	\$25 per visit
Naturopathic Medicine	Not covered
Vision Services	You pay
Routine eye exam	\$20
Vision hardware and optical Services	Balance after \$100 allowance to use toward the purchase price of eyewear once within a two-calendar-year period.
Other Services	20%. The annual benefit maximum is \$1,250. Kaiser Permanente pays 80%.

