

KAISER, SOUTHERN REGION—SENIOR ADVANTAGE HMO MEDICARE PLAN

Benefit Summary 2023-2024

Services	Benefits
Ambulance	<ul style="list-style-type: none"> \$50 per trip
Annual Physical Examination	<ul style="list-style-type: none"> No charge
Acupuncture/Chiropractic	<ul style="list-style-type: none"> \$10 co-pay, 30 combined visits
Dental Care (Delta Care)	<ul style="list-style-type: none"> Not covered
Durable Medical Equipment (DME) (Kaiser DME formulary guidelines apply)	<ul style="list-style-type: none"> 100%
Hearing Examination	<ul style="list-style-type: none"> \$10 co-pay per visit
Hospitalization <ul style="list-style-type: none"> Inpatient Emergency Room 	<ul style="list-style-type: none"> \$0/Admit \$50 co-pay/waived if admitted
Immunizations (includes flu injections and all Medicare-approved immunizations)	<ul style="list-style-type: none"> No charge Office visit co-pay may apply if administered as part of a physician office visit
Laboratory Services	<ul style="list-style-type: none"> No charge
Manual Manipulation of the Spine	<ul style="list-style-type: none"> \$10 co-pay per visit (subject to medical necessity)
Mental Health—Inpatient	<ul style="list-style-type: none"> No charge
Mental Health—Outpatient unlimited visits	<ul style="list-style-type: none"> \$10 co-pay per individual visit \$5 co-pay per group visit
Physician Services/Basic Health Services <ul style="list-style-type: none"> Office visits Consultation, diagnosis and treatment by a specialist 	<ul style="list-style-type: none"> \$10 co-pay per visit \$10 co-pay per visit
Prescription Drugs <ul style="list-style-type: none"> Using Kaiser pharmacies Not subject to doughnut hole 	<ul style="list-style-type: none"> Generic: \$10 co-pay for up to a 100 day supply Brand: \$20 co-pay for up to a 100 day supply
Skilled Nursing Facility	<ul style="list-style-type: none"> Covered in full for 100 days per benefit period
Hospice	<ul style="list-style-type: none"> Covered in full from a Medicare certified hospice
Vision Care <ul style="list-style-type: none"> Examination for eyeglasses Glaucoma testing Standard frame/lenses every 24 months 	<ul style="list-style-type: none"> \$10 per visit \$10 co-pay per visit \$150 frame and lens allowance every 24 months
X-Ray Services	<ul style="list-style-type: none"> No Charge
Rate Effective October 1, 2023	Total Cost Per Person
Retirees with Medicare Parts A and B	Southern Region: \$188.00

A school district’s geographic location will determine the applicable rate. Southern Region includes San Luis Obispo, Kern, San Bernardino and all other counties to the south.

Requires continuous enrollment in Medicare Parts A and B

Members *must* live in an approved zip code of the Kaiser California Service Area. www.kp.org