

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

Prescription drugs

\$15 per prescription, for up to a 30-day supply. When you get your drugs from our mail-



Outside Service Area Benefit	20%. The annual benefit maximum is \$1,250. Kaiser Permanente pays 80% up to \$1,000 per year. You pay 100% thereafter. (In the U.S. only.)
Silver&Fit [®]	\$0 for basic fitness center membership at participating centers.
Hearing Aids ²	Balance after \$500 allowance is applied for each hearing aid per ear every three years

¹ Refer to your Medical Benefits Chart for cost-sharing that does not apply to the out-of-pocket maximum.

² Your plan provider may need to provide a referral.

, 3 Utilization may be required.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request.

Have questions?

Please call Member Services at 1-877-221-8221 (TTY 711).

7 days a week, 8 a.m. to 8 p.m.

The benefit information provided is a brief summary, not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. If you receive Extra Help to pay for Medicare Part D prescription drug coverage, premiums and cost sharing will vary based on the level of Extra Help you receive. Please contact the plan for further details.