

Compare your options

This 2019 benefit summary allows you to make a side-by-side comparison of your Kaiser Permanente Medicare health plan choices.

| 2019 Benefits and Services | Without Medicare | | | With Medicare | | | |
|--|------------------------|-------------------------------|-------------------------|---|-------------------------------|--|---|
| | High Option You pay | Standard Option You pay | Basic Option You pay | High Option | | Senior Advantage Standard Option You pay | Senior Advantage Basic Option You pay |
| | | | | Senior Advantage 1 You pay | Senior Advantage 2 You pay | | |
| Deductible (2x per family maximum) | None | \$100 per person | \$500 per person | None | None | None | None |
| Outpatient services (per visit or procedure) | | | | | | | |
| Preventative care | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Primary care/specialty care | \$15/\$25 | \$30/\$40 | \$25/\$35 | \$5 | \$10 | \$15 | \$25 |
| Most lab tests and X-rays | \$0 | \$10 [†] | 20% [†] | \$0 | \$0 | \$10 | \$0 |
| Hospital and facility | | | | | | | |
| Outpatient surgery | \$50 | \$200 [†] | 20% [†] | \$5 | \$50 | \$15 | \$25 |
| Inpatient hospital care (per admission) | \$250 | \$500 [†] | 20% [†] | \$100 | \$250 | \$250 | \$250 per day up to \$1,000 |
| Emergency & urgent care (per visit or trip) | | | | | | | |
| Emergency care | \$100 | \$150 [†] | 20% [†] | \$75 | \$75 | \$75 | \$75 |
| Urgent care | \$15 | \$30 | \$25 | \$5 | \$10 | \$15 | \$25 |
| Ambulance | \$50 | \$150 [†] | 20% [†] | \$50 | \$50 | \$125 | \$150 |
| Prescription drugs (up to a 30-day supply at Plan pharmacies except as indicated, or up to a 100-day supply for 2 copays through mail order) [‡] | | | | Up to a 100-day supply at Plan pharmacies | | | |
| Generic | \$10 | \$15 | \$15 | \$10 | \$10 | \$10 | \$10 |
| Preferred brand/nonpreferred brand | \$40 | \$50 | \$60 | \$30 | \$40 | \$40 | \$47 |
| Specialty | \$100 | \$150 | \$200 | \$100 | \$100 | \$150 | \$200 |
| Additional Senior Advantage benefits | | | | | | | |
| Eyeglasses and contact lenses (every 24 months) | Not covered | Not covered | Not covered | \$200 allowance | Not covered | \$150 allowance | \$150 allowance |
| Dental (Delta Dental HMO) | Not covered | Not covered | Not covered | Included | Not covered | Included | Not covered |
| Hearing aids | Not covered | Not covered | Not covered | Not covered | \$500 allowance per ear | Not covered | Not covered |
| Silver&Fit [®] fitness program | Not covered | Not covered | Not covered | Not covered | Included | Not covered | Not covered |
| Part B reimbursement [*] | | | | \$0 | Up to \$125 | \$0 | \$0 |
| Out-of-pocket maximum (2x per family maximum) | \$2,000 per person | \$3,000 per person | \$5,500 per person | \$2,000 per person | \$2,000 per person | \$2,000 per person | \$2,000 per person |

[†]You pay the deductible, then cost sharing. [‡]Plan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for non-covered drugs.

^{*}We will not reimburse you for any extra charges added to your standard Part B premium, such as the Part B Late Enrollment Penalty or Income Related Monthly Adjustment Amount.

This is a summary of the features of the Kaiser Permanente health plan, including Kaiser Permanente Senior Advantage for Federal Members. Before making a final decision, please read the Federal Employees Health Benefits (FEHB) brochure, RI 73-003. All benefits are subject to the definitions, limitations, and exclusions set forth in the FEHB brochure and the Kaiser Permanente Senior Advantage for Federal Members EOC.