

# Medicare Advantage (HMO) for Federal Members

2022 Benefits and services	High Option			
	Without Medicare	Medicare Advantage 1	Medicare Advantage 2	
<b>Deductible</b>	None	None	None	
<b>Outpatient services</b>				
Preventive care	\$0	\$0	\$0	
Telehealth	\$0	\$0	\$0	
Primary care office visit	\$10 (\$0 for children through age 4)	\$0	\$5 (\$0 for children through age 4)	
Specialty care office visit	\$20	\$0	\$15	
Most lab tests and X-rays	\$0	\$0	\$0	
<b>Hospital and facility</b>				
Outpatient surgery	\$75	\$25	\$50	
Inpatient hospital	\$100/\$0 for maternity	\$75/ \$0 for maternity	\$100/\$0 for maternity	
<b>Emergency and urgent care</b>				
Urgent care	\$20	\$0	\$15	
Emergency care	\$100	\$75	\$75	
Ambulance	\$0	\$0	\$0	
<b>Eyewear/contact lens allowance</b>	\$100/\$50	\$100/\$50	\$100/\$50	
<b>Dental</b>	Covered	Covered	Covered	
<b>Prescription drugs**</b>				
Generic	Preferred	\$7	\$3.50	\$7
	Non-preferred	\$45	\$3.50	\$7
Brand	Preferred	\$30	\$20	\$30
	Non-preferred	\$45	\$20	\$40
Specialty	\$100	\$75	\$100	
<b>Additional Medicare Advantage benefits</b>				
Fitness membership	Not Covered	Silver&Fit®	Silver&Fit®	
Part B reimbursement	Not Covered	Not Covered	Up to \$175/ month	
Non-emergency transportation (24 one-way rides per calendar year)	Not covered	Covered	Covered	
Hearing aids allowance (per ear every 36 months)	Not covered	\$750	Not covered	
<b>Out-of-pocket Maximum</b>	\$2,250	\$2,250	\$2,250	

\*Deductible applies.

\*\*Plan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for non-covered drugs. Some drugs may not be eligible for mail-order delivery or mail-order discounts. For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 3-5 days. If not, please call **1-800-733-6345 (TTY 711)**.

**Notes:**

- Deductible and out-of-pocket maximum amounts are per person, but no more than 2 times per family.
- Telehealth options include video, phone, email and more.

Standard Option		Prosper	
Without Medicare	Medicare Advantage	Without Medicare	Medicare Advantage
None	None	\$100	None
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
\$20 (\$0 for children through age 17)	\$10 (\$0 for children through age 17)	\$30 (\$0 for children through age 4)	\$20 (\$0 for children through age 4)
\$30	\$10	\$40	\$30
\$0	\$0	\$0/\$40	\$0/\$40
\$150	\$100	\$300*	\$150
\$500/\$0 for maternity	\$150/\$0 for maternity	\$750*	\$250
\$30	\$10	\$40	\$30
\$150	\$75	\$150*	\$90
\$100	\$50	\$100*	\$100
\$100/\$50	\$100/\$50	\$100/\$50	\$100/\$50
Covered	Covered	Not Covered	Not Covered
\$10	\$10	\$10	\$10
\$60	\$10	\$65	\$10
\$40	\$30	\$45	\$35
\$60	\$30	\$65	\$35
\$150	\$125	\$200	\$150
Not Covered	Silver&Fit®	Not Covered	Silver&Fit®
Not Covered	Not Covered	Not Covered	Not Covered
Not covered	Covered	Not covered	Covered
Not covered	\$500	Not covered	Not covered
\$3,500	\$3,400	\$4,000	\$4,000

- Inpatient hospital is per admission or per benefit period
- Prescription drug copayments are for a 30-day supply at Kaiser Permanente Plan medical center pharmacies. You pay only 2 copays for up to a 90-day supply for most drugs through Kaiser Permanente's mail-order program.
- Eyewear (lenses and frames) or contact lenses limited to once every 12 months.
- Silver&Fit® is a federally registered trademark of American Specialty Health, Inc.

This is a summary of the features of the Kaiser Permanente health plan, including Kaiser Permanente Medicare Advantage for Federal Members. Before making a final decision, please read the Federal Employees Health Benefits (FEHB) brochure RI 73-822. All benefits are subject to the definitions, limitations, and exclusions set forth in the FEHB brochure and the Kaiser Permanente Medicare Advantage for Federal Members Evidence of Coverage.