

# Senior Advantage for Federal Members (HMO)

Enrolling in Senior Advantage for Federal Members does not change your FEHB premium.

2024 Benefits and Services	High Option		
	Without Medicare	Senior Advantage 1	Senior 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	\$20 (\$0 for children through age 17)	\$0	\$15 (\$0 for children through age 17)
Specialty care office visit	\$30	\$0	\$15
Most lab tests/X-rays	\$10/\$15	\$0	\$0
Chiropractic, acupuncture, naturopathic, and massage services	\$20 (\$25 for massage)	\$20 (\$25 for massage)	\$20 (\$25 for massage)
<b>Hospital services</b>			
Outpatient surgery	\$100	\$0	\$50
Inpatient hospital	\$250/\$0 for maternity	\$0	\$200/\$0 for maternity
<b>Emergency and urgent care</b>			
Urgent care	\$35	\$0	\$30
Emergency care	\$150	\$60	\$75
Ambulance	\$100	\$75	\$100
<b>Prescription drugs**,<sup>†</sup></b>			
Generic	\$15	\$15	\$15
Preferred brand	\$40	\$30	\$40
Nonpreferred brand	\$60	\$50	\$60
Specialty	\$100	\$100	\$100
<b>Eyewear allowance (every 24 months)</b>	\$150	\$150	\$150
<b>Additional Senior Advantage benefits</b>			
Fitness membership	Not covered	Silver&Fit®	Silver&Fit®
Part B reimbursement	None	None	Up to \$200 per month
<b>Out-of-Pocket Maximum</b>	\$5,000	\$600	\$1,000

\*Deductible applies. \*\*Copayments are for a 30-day supply at Kaiser Permanente pharmacies. You pay only 2 copays for up to a 90-day supply for most drugs through Kaiser Permanente's mail-order program. <sup>†</sup>Plan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for noncovered drugs. Some drugs may not be eligible for mail-order delivery. 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 **1-800-548-9809** (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	Senior Advantage 1	Senior Advantage 2	Without Medicare	Senior Advantage
\$150	None	None	\$300	None
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$25 (\$0 for children through age 17)	\$5 (\$0 for children through age 17)	\$20 (\$0 for children through age 17)	\$10	\$10
\$35	\$5	\$20	\$20	\$20
\$25/\$30	\$0	\$15	\$20*	\$20
\$25	\$25	\$25	\$20 (\$25 for massage)	\$20 (\$25 for massage)
\$150*	\$50	\$100	\$250*	\$250
\$300*/\$0 for maternity	\$100/\$0 for maternity	\$225/\$0 for maternity	\$500*/\$250* for maternity	\$500/\$250 for maternity
\$40	\$10	\$35	\$30	\$30
\$125*	\$60	\$120	\$200*	\$120
\$125*	\$75	\$125	\$200*	\$200
\$15	\$15	\$15	\$10	\$10
\$50	\$40	\$40	\$50	\$50
\$70	\$60	\$60	40% up to \$350	40% up to \$350
\$150	\$150	\$150	40% up to \$500	40% up to \$500
\$150	\$150	\$150	Not covered	Not covered
Not covered	Silver&Fit®	Silver&Fit®	Not covered	Silver&Fit®
None	None	Up to \$200 per month	None	None
\$6,000	\$750	\$2,000	\$7,000	\$3,000

- High Option Senior Advantage 1 or 2 members pay a 10% coinsurance, Standard Option Senior Advantage 1 or 2 members pay a 15% coinsurance and Prosper Senior Advantage members pay a 20% coinsurance after the deductible for drugs administered in connection with your outpatient care.
  - You pay all charges over \$1,000 for chiropractic, acupuncture, naturopathic, and massage therapy per calendar year. Massage therapy is also limited to 12 visits.
  - 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 Senior Advantage for Federal Members. Before making a final decision, please read the Federal Employees Health Benefits (FEHB) brochure RI 73-004. 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 *Evidence of Coverage*.