

# Colorado Senior Advantage for Federal Members (HMO)

		High Option		
2024 Benefits and Services		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	\$5	\$15
Specialty care office visit		\$30	\$15	\$25
Procedures during a specialty office visit		\$0	\$0	\$0
Most lab tests/X-rays		\$0	\$0	\$0
Chiropractic – 20 visits per year		\$30	\$15	\$15
<b>Hospital services</b>				
Outpatient surgery	Ambulatory surgical center	\$150	\$50	\$150
	Outpatient hospital	\$250	\$50	\$150
Inpatient hospital		\$500 per day up to \$1,000 per admit	\$100	\$300
<b>Emergency and urgent care</b>				
Urgent care		\$30	\$20	\$30
Emergency care		\$300	\$60	\$90
Ambulance		\$150	\$100	\$150
<b>Prescription drugs<sup>†,††</sup></b>				
Expanded preventive maintenance		Not applicable	Not applicable	Not applicable
Generic	Preferred	\$15	\$5	\$10
	Nonpreferred	\$60	\$5	\$10
Brand	Preferred	\$40	\$20	\$40
	Nonpreferred	\$60	\$20	\$40
Specialty		\$100	\$40	\$60
<b>Additional Senior Advantage benefits</b>				
Acupuncture – up to 20 visits per calendar year		Not covered	\$15	Not covered
Dental		Not covered	\$0 preventive; up to \$850 per year for fillings and periodontics	Not covered
Eyewear allowance (every 24 months)		Not covered	\$250	Not covered
Fitness membership		Not covered	SilverSneakers®	SilverSneakers®
Hearing aid allowance		Not covered	\$1,000	Not covered
In home support		Not covered	8 hours	8 hours
Nonemergency transportation		Not covered	Included	Included
Over-the-counter health and wellness items allowance		Not covered	Included	Included
Part B reimbursement		None	None	Up to \$200 per month
<b>Out-of-Pocket Maximum</b>		\$4,000	\$2,200	\$2,950

\*Deductible applies. \*\*Only applies to specialty care office visits. †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. ††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 **1-866-523-6059 (TTY 711)**.

**Notes:**

- Deductible and out-of-pocket maximum amounts are per person, but no more than 2 times per family.
- Coinsurance (%) is based on our allowance.

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

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
\$30 (\$0 for children through age 17)	\$20 (\$0 for children through age 17)	\$30 (\$0 for children through age 17)	\$10	\$10
\$40	\$35	\$40	\$35	\$35
10%*,**	10%	10%	20%*,**	20%
\$0	\$0	\$0	\$0/\$35*	\$0
\$40	\$20	\$20	\$40	\$20
\$200*	\$200	\$200	\$275*	\$275
\$300*	\$200	\$200	\$375*	\$275
\$750*	\$250 per day up to \$750 per admit	\$250 per day up to \$750 per admit	20%*	\$275 per day up to \$1,100 per admit
\$40	\$40	\$40	\$35	\$35
\$350*	\$80	\$90	\$375*	\$90
\$200	\$195	\$200	\$250*	\$235
\$5	\$5	\$5	\$5	\$5
\$15	\$10	\$10	\$15	\$15
\$70	\$10	\$10	\$80	\$15
\$50	\$40	\$40	\$60	\$50
\$70	\$40	\$60	\$80	\$50
\$200	\$60	\$100	\$300	\$75
Not covered	Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered	Not covered
Not covered	8 hours	8 hours	Not covered	8 hours
Not covered	Included	Included	Not covered	Included
Not covered	Included	Included	Not covered	Included
None	None	Up to \$200 per month	None	None
\$5,500	\$2,950	\$3,300	\$7,000	\$3,600

- Members without Senior Advantage pay \$100 for High Option for drugs administered in connection with outpatient care. Members with Standard Option pay \$200, or \$300 for members with Prosper, after the deductible for drugs administered in connection with outpatient care. Prosper members with Senior Advantage pay 20% of our allowance up to \$200 after the deductible for drugs administered in connection with your outpatient care.

- Telehealth options include video, phone, email, and more.

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 Employee Health Benefits (FEHB) brochure, RI 73-019. All benefits are subject to the definitions, limitations, and exclusions set forth in the FEHB brochure and the Kaiser Permanente Medicare health plan for Federal Members *Evidence of Coverage*.