Senior Advantage for Federal Members (HMO)

		High Option		
2024 Benefits and Services		Without Medicare	Senior Advantage 1	Senior Advantage 2
Deductible		None	None	None
Outpatient ser	vices			
Preventive care		\$0	\$0	\$0
Telehealth		\$0	\$0	\$0
Primary care office visit		\$15	\$5	\$10
Specialty care office visit		\$15	\$10	\$10
Basic lab tests and X-rays		\$10	\$0	\$10
Specialty lab tests and X-rays		20%	\$0	20%
Hospital service	es			
Outpatient surgery		20%	\$5	\$50
Inpatient hospital		\$100	\$0	\$50
Emergency and				
Urgent care	Within the service area	\$15	\$10	\$15
	Outside the service area	\$20		
Emergency care		\$100	\$75	\$75
Ambulance		20%	20%	20%
Prescription di	ʻugs ^{*,**}			
Generic	Maintenance	\$5	\$5, \$0 mail-order	\$5, \$0 mail-order
	Other generics	\$10	\$10	\$10
Brand		\$45	\$45	\$45
Specialty		\$200	\$60	\$200
Hearing aids (every 36 months)		60%	40%	60%
Dental				
Examination		\$0	\$0	\$0
Cleaning		20%	20%	20%
Additional Sen	ior Advantage benefits			
Chiropractic and acupuncture		Not covered	\$20	Not covered
20 combined visits per year				
Eyewear allowance (every 12 months)		Not covered	\$100	Not covered
Fitness program		Fit Rewards	Silver&Fit® \$50 membership fee \$10 fitness kit	Silver&Fit® \$50 membership fee \$10 fitness kit
Part B reimbursement		Not applicable	None	Up to \$175/month
Out-of-Pocket Maximum		\$3,000	\$2,500	\$3,000

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

Standard Option				
Without Medicare	Senior Advantage			
None	None			
\$0	\$0			
\$0	\$0			
\$25 (\$0 for children through age 17)	\$15 (\$0 for children through age 17)			
\$25	\$20			
\$10	\$10			
30%	20%			
20%	\$75			
\$300	\$200			
\$25 (\$0 for children through age 17)	\$20 (\$0 for children through age 17)			
\$200	\$75			
20%	20%			
\$5	\$5, \$0 mail-order			
\$15	\$15			
\$50	\$50			
\$200	\$75			
60%	40%			
\$0	\$0			
20%	20%			
Not covered	\$20			
Not covered	\$100			
Fit Rewards	Silver&Fit® \$50 membership fee \$10 fitness kit			
Not applicable	None			
\$3,000	\$2,500			
ΨΟ,000	Ψ2,300			

*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 808-643-7979 (TTY 711).

Notes

- Telehealth options include video, phone, email, and more.
- Coinsurance (%) is based on our allowance.
- Out-of-pocket maximum amounts are per person, but no more than 3 times per family.
- 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 plan's Federal brochure RI 73-005. All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure and the Kaiser Permanente Senior Advantage for Federal Members Evidence of Coverage.