## Medicare Advantage for Federal Members (HMO)

		High Option			
2024 Benefits and Services		Without Medicare	Medicare Advantage 1	Medicare Advantage 2	
Deductible		None	None	None	
Outpatient s	ervices				
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	
Hospital serv	vices				
Outpatient surgery		\$75	\$25	\$50	
Inpatient hospital		\$100/\$0 for maternity	\$75/\$0 for maternity	\$100/\$0 for maternity	
Emergency a	nd urgent care				
Urgent care		\$20	\$0	\$15	
Emergency care		\$100	\$75	\$75	
Ambulance		\$0	\$0	\$0	
Eyewear/contact lens allowance		\$100/\$50	\$100/\$50	\$100/\$50	
Dental		Covered	Covered	Covered	
Prescription	drugs**, <sup>†</sup>				
Generic	Preferred	\$7	\$3.50	\$7	
	Nonpreferred	\$45	\$3.50	\$7	
Brand	Preferred	\$30	\$20	\$30	
	Nonpreferred	\$45	\$20	\$40	
Specialty		\$100	\$75	\$100	
Additional M	ledicare Advantage benefits				
Fitness membership		Not Covered	Silver&Fit®	Silver&Fit®	
Hearing aid allowance (per ear every 36 months)		Not covered	\$750	Not covered	
Nonemergency transportation (24 one-way rides per calendar year)		Not covered	Covered	Covered	
Part B reimbursement		Not Covered	Not Covered	Up to \$200/month	
Out-of-Pocket Maximum		\$2,250	\$2,250	\$2,250	

<sup>\*</sup>Deductible applies. \*\*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. †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 1-800-733-6345 (TTY 711).

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

	Standard Option	Prosper		
Without Medicare	Medicare Advantage 1	Medicare Advantage 2	Without Medicare	Medicare Advantage
None	None	None	\$100	None
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$20 (\$0 for children through age 17)	\$10 (\$0 for children through age 17)	\$15	\$30 (\$0 for children through age 4)	\$20 (\$0 for children through age 4)
\$30	\$10	\$20	\$40	\$30
\$0	\$0	\$0	\$0/\$40	\$0/\$40
\$150	\$100	\$125	\$300*	\$150
\$500/\$0 for maternity	\$150/\$0 for maternity	\$250/\$0 for maternity	\$750*	\$250
4.5.5				
\$30	\$10	\$20	\$40	\$30
\$150	\$75	\$90	\$150*	\$90
\$100	\$50	\$100	\$100*	\$100
\$100/\$50	\$100/\$50	\$100/\$50	\$100/\$50	\$100/\$50
Covered	Covered	Covered	Not Covered	Covered
\$10	\$10	\$10	\$10	\$10
\$60	\$10	\$10	\$65	\$10
\$40	\$30	\$35	\$45	\$35
\$60	\$30	\$45	\$65	\$35
\$150	\$125	\$150	\$200	\$150
Not Covered	Silver&Fit®	Silver&Fit®	Not Covered	Silver&Fit®
Not covered	\$500	Not covered	Not covered	Not covered
Not covered	Covered	Covered	Not covered	Covered
Not Covered	Not Covered	Up to \$200/month	Not Covered	Not Covered
\$3,500	\$3,400	\$3,400	\$4,000	\$4,000

## 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.
- Inpatient hospital is per admission "Without Medicare" or per benefit period with a Medicare Advantage plan.
- 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 73-047. All benefits are subject to the definitions, limitations and the exclusions set forth in the Federal brochure, and the Kaiser Permanente Medicare Advantage for Federal Members *Evidence of Coverage*.