

Senior Advantage for Federal Members (HMO)

2024 Benefits and Services	High Option		
	Without Medicare	Senior Advantage 1	Senior Advantage 2
Deductible	None	None	None
Outpatient services			
Preventive care	\$0	\$0	\$0
Telehealth	\$0	\$0	\$0
Primary care office visit	\$15	\$5	\$10
Specialty care office visit	\$25	\$5	\$10
Most lab tests and X-rays	\$0	\$0	\$0
Chiropractic – 20 visits per year	\$15	\$15	\$15
Hospital services			
Outpatient surgery	\$50	\$5	\$50
Inpatient hospital	\$250	\$100	\$250
Emergency and urgent care			
Urgent care	\$15	\$5	\$10
Emergency care	\$100	\$75	\$75
Ambulance	\$50	\$50	\$50
Prescription drugs**,[†]			
Generic	\$10	\$10	\$10
Brand	\$40	\$30	\$40
Specialty	\$100	\$100	\$100
Additional Senior Advantage benefits			
Dental	Not covered	Included	Not covered
Eyewear allowance (every 24 months)	Not covered	\$200	Not covered
Fitness membership	Not covered	Silver&Fit®	Silver&Fit®
Hearing aid allowance for adults (per ear, every 36 months)	Not covered	Not covered	\$500
Nonemergency transportation and meal-delivery	Not covered	Included	Not covered
Over-the-counter health and wellness items allowance (every quarter)	Not covered	\$70	\$70
Part B reimbursement	None	None	Up to \$250 per month
Out-of-Pocket Maximum	\$2,000	\$2,000	\$2,000

*Deductible applies. **Copayments are for a 30-day supply, or 100-day supply for High Option Senior Advantage 1, at Kaiser Permanente pharmacies. You pay only 2 copays for up to a 100-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 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 **1-888-218-6245** (TTY 711).

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

2024 Benefits and Services	Standard Option			Prosper	
	Without Medicare	Senior Advantage 1	Senior Advantage 2	Without Medicare	Senior Advantage
Deductible	\$100	None	None	\$500	None
Outpatient services					
Preventive care	\$0	\$0	\$0	\$0	\$0
Telehealth	\$0	\$0	\$0	\$0	\$0
Primary care office visit	\$30	\$15	\$25	\$25	\$25
Specialty care office visit	\$40	\$15	\$25	\$35	\$25
Most lab tests and X-rays	\$10*	\$10	\$10	20%*	\$0
Chiropractic – 20 visits per year	\$15	\$15	\$15	\$15	\$15
Hospital services					
Outpatient surgery	\$200*	\$15	\$25	20%*	\$25
Inpatient hospital	\$500*	\$250	\$500	20%*	\$250 per day up to \$1,000
Emergency and urgent care					
Urgent care	\$30	\$15	\$25	\$25	\$25
Emergency care	\$150*	\$75	\$75	20%*	\$75
Ambulance	\$150*	\$125	\$150	20%*	\$150
Prescription drugs**,[†]					
Generic	\$15	\$10	\$10	\$15	\$10
Brand	\$50	\$40	\$47	\$60	\$47
Specialty	\$150	\$150	\$150	\$200	\$200
Additional Senior Advantage benefits					
Dental	Not covered	Included	Not covered	Not covered	Not covered
Eyewear allowance (every 24 months)	Not covered	\$150	Not covered	Not covered	\$150
Fitness membership	Not covered	Silver&Fit®	Silver&Fit®	Not covered	Silver&Fit®
Hearing aid allowance for adults (per ear, every 36 months)	Not covered	Not covered	\$500	Not covered	Not covered
Nonemergency transportation and meal-delivery	Not covered	Not covered	Not covered	Not covered	Not covered
Over-the-counter health and wellness items allowance (every quarter)	Not covered	Not covered	Not covered	Not covered	Not covered
Part B reimbursement	None	None	Up to \$250 per month	None	None
Out-of-Pocket Maximum	\$3,000	\$2,000	\$2,000	\$5,500	\$2,000

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.
- Telehealth options include video, phone, email, and more.
- 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 73-003. 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*.