

# Medicare Advantage for Federal Members (HMO)

## Washington Core

2025 Benefits and Services	High Option				
	Without Medicare	Medicare Advantage 1	Medicare Advantage 2	Medicare Choice	
<b>Deductible</b>	None	None	None	None	
<b>Outpatient services</b>					
Preventive care	\$0	\$0	\$0	\$0	
Telehealth	\$0	\$0	\$0	\$0	
Primary care office visit	\$25	\$0	\$15	\$15	
Specialty care office visit	\$25	\$0	\$15	\$15	
Most lab tests/X-rays	\$0	\$0	\$0	\$0	
<b>Hospital services</b>					
Outpatient surgery	\$75	\$0	\$75	\$75	
Inpatient hospital	\$350	\$0	\$100	\$100	
<b>Emergency and urgent care</b>					
Urgent care	\$25	\$0	\$10	\$10	
Emergency care	\$100	\$50	\$65	\$65	
Ambulance	20%	\$0	10%	10%	
<b>Prescription drugs<sup>†,††</sup></b>					
Generic	Maintenance	\$20	\$20	\$20	\$20
	Preferred	\$20	\$20	\$20	\$20
	Nonpreferred	\$60	\$60	\$60	\$60
Brand	Preferred	\$40	\$40	\$40	\$40
	Nonpreferred	\$60	\$60	\$60	\$60
Specialty	Preferred	25% up to \$200	25% up to \$200	25% up to \$200	25% up to \$200
	Nonpreferred	50% up to \$500	50% up to \$500	50% up to \$500	50% up to \$500
<b>Hearing aid allowance (per ear, every 36 months)</b>	\$3,000	\$3,000	\$3,000	\$3,000	
<b>Additional Medicare Advantage benefits</b>					
Eyewear allowance (every 24 months)	Not covered	\$100	Not covered	Not covered	
Fitness membership	Not covered	One Pass	One Pass	Not covered	
Nonemergency transportation (12 one-way trips)	Not covered	Covered	Covered	Not covered	
Part B reimbursement	Not covered	Not covered	\$175/month	\$50/month	
<b>Out-of-Pocket Maximum</b>	\$3,000	\$1,000	\$2,000	\$2,000	

\*Deductible applies. \*\*You pay nothing for children through age 17 for urgent care visits to primary care Plan providers inside the service area. †Cost-sharing 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.

### Notes:

- Deductible and out-of-pocket maximum amounts are per person, but no more than 2 times per family.
- Procedures received during an office visit are subject to deductible.

## Enrolling in Medicare Advantage for Federal Members does not change your FEHB

Without Medicare	Standard Option		Prosper	
	Medicare Advantage 1	Medicare Advantage 2	Without Medicare	Medicare Advantage
None	None	None	\$250	None
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$25 (\$0 for children through age 17)	\$10 (\$0 for children through age 17)	\$20 (\$0 for children through age 17)	\$15	\$10
\$35	\$10	\$25	\$40	\$35
\$0	\$0	\$0	\$0/\$50	\$0/\$50
\$150	\$50	\$100	\$250*	\$200
\$750	\$100	\$250	\$350/day up to \$1,050*	\$350/day up to \$1,050
\$25 (\$0 for children through age 17)/\$35 specialty care**	\$10 (\$0 for children through age 17)**	\$20 (\$0 for children through age 17)/\$25 specialty care**	\$15 primary care/\$40 specialty care	\$10 primary care/\$35 specialty care
\$150	\$50	\$65	\$200*	\$125
\$100	\$0	10% up to \$100	20%	20%
\$5	\$3	\$5	\$5	\$5
\$20	\$3	\$20	\$20	\$20
\$60	\$40	\$60	\$100	\$100
\$40	\$30	\$40	\$60	\$60
\$60	\$40	\$60	\$100	\$100
25% up to \$200	25% up to \$200	25% up to \$200	35% up to \$300	35% up to \$300
50% up to \$500	50% up to \$500	50% up to \$500	50% up to \$500	50% up to \$500
\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Not covered	\$100	Not covered	Not covered	Not covered
Not covered	One Pass	One Pass	Not covered	One Pass
Not covered	Covered	Covered	Not covered	Covered
Not covered	Not covered	\$175/month	Not covered	Not covered
\$5,000	\$1,000	\$3,000	\$6,000	\$5,000

- Telehealth options include video, phone, email, and more.
- Beginning 2025, CMS guidelines have decreased the Part D prescription drug OOP maximum to \$2,000.
- Beginning 2025, One Pass® is replacing the previous Silver&Fit® fitness program.

This is a summary of the features of the Kaiser Foundation Health Plan of Washington benefits, including Kaiser Permanente Medicare Advantage for Federal Members. Before making a final decision, please read the Plan's Federal brochure RI 73-012. All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure and the Kaiser Permanente Medicare Advantage for Federal Members *Evidence of Coverage*.