KAISER PERMANENTE®

Fulton County

Fulton County #10126-658

Effective: 01/01/2022 – 12/31/2022

Kaiser Permanente Senior Advantage (HMO) Group Plan with Part D Benefits Summary

The benefit summary is customized for your employer group. The benefit summary is not a contract and does not replace nor take precedence over your Evidence of Coverage (EOC). For questions on your coverage, please contact Member Services at 1-800-232-4404 (TTY 711), 8 a.m. to 8 p.m., seven days a week.

PREMIUMS AND BENEFITS		
Annual Out-of-Pocket Max	**$1,000**	Per individual/ $2,000 per family
Annual Deductible	**$0**	Per individual/ $0 per family
Coinsurance	**$0**	
PREVENTIVE SERVICES		
Preventive services [1]	**$0**	For preventive services that are covered at no cost under Original Medicare, we also cover at no cost to you. Please refer to the EOC for a complete list of services.
Annual routine physical exam	**$0**	Routine physical exams are covered if the exam is medically appropriate preventive care.
Colonoscopy	**$0**	For people 50 or older or who have a high risk of colon cancer; we cover screening and colonoscopy every 48 months
OUTPATIENT SERVICES & SUPPLIES		
Primary care office visits	**$15**	Per primary care visit
Specialty care office visits	**$15**	Per specialty care visit
Chiropractic services	**$15**	For manual manipulation of the spine to correct subluxation; additional chiropractic services may be available under your plan
Foot care	**$15**	For medically necessary foot care
Outpatient mental health care	**$15**	Per each individual therapy visit
Outpatient substance abuse services	**$15**	Per each individual visit
Outpatient surgery	**$50**	Per each Medicare-covered ambulatory surgical center visit; this includes surgical procedures performed in the medical offices.
Ambulance services	**$0**	Per one-way trip
Emergency care	**$65**	Per emergency department visit, waived if admitted as an inpatient
Urgent care	**$30**	Per visit
Rehabilitation services	**$0**	Physical therapy, occupational therapy, and speech therapy

OUTPATIENT SERVICES & SUPPLIES		
Durable medical equipment	**$0**	Authorization rules may apply; covered items include but are not limited to wheelchairs, crutches, walker, oxygen equipment and nebulizer.
Oxygen	**$0**	Included with durable medical equipment
Diagnostic tests, X-rays, and lab services	**$0**	For in- office visit; **$0** after deductible in a hospital setting; for each encounter
Radiation therapy	**$15**	For each therapeutic X-ray procedure
CT, MRI, PET and nuclear medicine procedures	**$0**	For in- office visit; **$0** after deductible in an outpatient hospital setting; for each encounter
END-STAGE RENAL DISEASE		
End-Stage Renal Disease (ESRD)	**$15**	Please refer to the Evidence of Coverage (EOC) for Medicare coverage.
INPATIENT SERVICES		
Inpatient hospital care (includes substance abuse and rehabilitation services)	**$100**	Per admission
Inpatient mental health care	**$100**	Per admission; different limitations may apply for care provided in a psychiatric hospital
Skilled Nursing Facility	**$0**	Up to 100 days per benefit period of skilled inpatient services in a skilled nursing facility in accord with Medicare guidelines.
Home health care	**$0**	Part-time or intermittent skilled nursing and home health aide services to be covered under the home health care benefit, your skilled nursing, and home health aide services.
Hospice		When you enroll in a Medicare-certified hospice program, your hospice services are paid for by Original Medicare, not our plan.
PART D PRESCRIPTION DRUG COVERAGE		
Tier 1: Preferred generic drugs	**$10**	For up to a 30-day supply
Tier 2: Generic drugs	**$10**	For up to a 30-day supply
Tier 3: Preferred brand-name drugs	**$25**	For up to a 30-day supply
Tier 4: Nonpreferred brand-name drugs	**$45**	For up to a 30-day supply
Tier 5: Specialty-tier drugs	**$60**	For up to a 30-day supply
Tier 6: Injectable Part D vaccines	**$0**	For up to a 30-day supply
Pharmacy Mail Order [2]	**2 copays**	For up to a 90-day supply

ADDITIONAL BENEFITS		
Hearing exam	**$15**	Per exam
Hearing aids		No coverage applies under this plan
Vision care	**$15**	Per each visit for eye exam
Optical hardware (lenses, frames)	**$100**	Allowance up to **$100** every 24 months.
Wellness programs		Refer to kp.org for information on class schedules, locations, and fees.
SilverSneakers® Fitness		No cost for membership to any of the participating facilities, exercise programs and home fitness programs
Over the Counter (OTC) Benefit		We cover OTC items listed in our OTC catalog. You may purchase **$50** of OTC items each quarter of the year.
Non-Emergency Transportation (NEMT) Benefit		We cover up to 18 one-way trips per calendar year to take you to and from a network provider when provided by our designated transportation provider.

[1]$0 copay for all preventive services covered under Original Medicare at zero cost sharing. [2]Restrictions and limitations may apply. 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).

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

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This plan includes Medicare Part D prescription drug coverage and is only available to Kaiser Permanente Senior Advantage members. You may only be enrolled in one Part D plan at a time, which means you will be disenrolled from any other Part D plan when your coverage under this plan becomes effective.

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