

Kaiser Permanente and Kaiser Permanente Senior Advantage

Please check the website for a copy of the Evidence of Coverage: www.benefitroll.com.

	Kaiser ¹	Kaiser Senior Advantage ¹
Calendar-Year Deductible	None	None
Coinsurance	N/A	Must pledge Medicare
Annual Out-of-Pocket Maximum ¹	\$1,500/person; \$3,000/family	\$1,500/person; \$3,000/family
Lifetime Maximum	Unlimited	Unlimited
Inpatient Hospital	No charge	No charge
Surgeon	No charge	No charge
Outpatient Surgery	\$5 copay	No charge
Ambulatory Surgery Center and Outpatient Services	\$5 copay	No charge
Emergency Room	\$100 copay (waived if admitted)	No charge
Physician Visits	\$5 copay	No charge
Prenatal and Postnatal	No charge	No charge
X-ray and Laboratory	No charge	No charge
Chiropractic	\$5 copay (up to 30 visits/year)	\$5 copay (up to 30 visits/year)
Ambulance	No charge	No charge
Dental	None	DeltaCare PMI HMO
Vision	Eye exam only	Eyewear purchased from Plan optical sales offices every 24 months \$150 allowance
Routine Physicals	No charge	No charge
Mental Health ² Inpatient	No charge	First 190 days per lifetime as covered by Medicare. Thereafter up to 45 days per calendar year no charge
Outpatient	\$5 copay	No charge
Prescription Drugs	\$5 copay (up to 100-day supply)	\$5 copay (up to 100-day supply)

This booklet is intended to provide highlights of your benefits only; it is not an Evidence of Coverage (EOC) plan document. Official plan and insurance documents actively govern your rights and benefits under each plan. For more details about your benefits, including a complete list of exclusions and limitations, please refer to each carrier's EOC.

¹ If you are enrolled in an HMO plan, you can obtain services only within the plan's geographic service area, except emergency services may be obtained outside the plan's geographic service area as needed.

² Severe mental illnesses of adults and children and emotional disturbances of children are treated like any other illness.