

Disclosure Form Part One

35995/128742 ACWA JPIA

**Principal Benefits for  
Kaiser Permanente Senior Advantage (HMO) with Part D (1/1/24—12/31/24)**

**Plan Out-of-Pocket Maximum**

For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the following amount:

For any one Member ..... \$1,000 per calendar year

**Plan Deductible** ..... None

**Professional Services (Plan Provider office visits)** ..... **You Pay**

Most Primary Care Visits and most Non-Physician Specialist Visits ..... \$20 per visit

Most Physician Specialist Visits ..... \$20 per visit

Annual Wellness visit and the “Welcome to Medicare” preventive visit ..... No charge

Routine physical exams ..... No charge

Routine eye exams with a Plan Optometrist ..... \$20 per visit

Urgent care consultations, evaluations, and treatment ..... \$20 per visit

Physical, occupational, and speech therapy ..... \$20 per visit

**Telehealth Visits** ..... **You Pay**

Primary Care Visits and Non-Physician Specialist Visits by interactive video ..... No charge

Physician Specialist Visits by interactive video ..... No charge

Primary Care Visits and Non-Physician Specialist Visits by telephone ..... No charge

Physician Specialist Visits by telephone ..... No charge

**Outpatient Services** ..... **You Pay**

Outpatient surgery and certain other outpatient procedures ..... \$20 per procedure

Most immunizations (including the vaccine) ..... No charge

Most X-rays and laboratory tests ..... No charge

Manual manipulation of the spine ..... \$20 per visit

**Hospital Inpatient Services** ..... **You Pay**

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs ..... No charge

**Emergency Services** ..... **You Pay**

Emergency department visits ..... \$50 per visit

Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see “Hospital Inpatient Services” for inpatient Cost Share)

**Ambulance and Transportation Services** ..... **You Pay**

Ambulance Services ..... No charge

Other transportation Services when provided by our designated transportation provider as described in this EOC ..... No charge for up to 24 one-way trips (50 miles per trip) per calendar year

<b>Prescription Drug Coverage</b>		<b>You Pay</b>
Covered outpatient items in accord with our drug formulary guidelines:		
Most generic items at a Plan Pharmacy.....		\$10 for up to a 30-day supply, \$20 for a 31- to 60-day supply, or \$30 for a 61- to 100-day supply
Most generic refills through our mail-order service .....		\$10 for up to a 30-day supply or \$20 for a 31- to 100-day supply
Most brand-name items at a Plan Pharmacy .....		\$25 for up to a 30-day supply, \$50 for a 31- to 60-day supply, or \$75 for a 61- to 100-day supply
Most brand-name refills through our mail-order service .....		\$25 for up to a 30-day supply or \$50 for a 31- to 100-day supply
<b>Durable Medical Equipment (DME)</b>		<b>You Pay</b>
Covered durable medical equipment for home use .....		No charge
<b>Mental Health Services</b>		<b>You Pay</b>
Inpatient psychiatric hospitalization .....		No charge
Individual outpatient mental health evaluation and treatment.....		\$20 per visit
Group outpatient mental health treatment .....		\$10 per visit
<b>Substance Use Disorder Treatment</b>		<b>You Pay</b>
Inpatient detoxification.....		No charge
Individual outpatient substance use disorder evaluation and treatment .....		\$20 per visit
Group outpatient substance use disorder treatment.....		\$5 per visit
<b>Home Health Services</b>		<b>You Pay</b>
Home health care (part-time, intermittent) .....		No charge
<b>Other</b>		<b>You Pay</b>
Eyeglasses or contact lenses every 24 months.....		Amount in excess of \$150 Allowance
Skilled nursing facility care (up to 100 days per benefit period).....		No charge
External prosthetic and orthotic devices .....		No charge
Meals delivered to your home immediately following discharge from a network hospital or Skilled Nursing Facility .....		No charge up to three meals per day in a consecutive four-week period, once per calendar year
Over-the-Counter (OTC) Health and Wellness products obtained through our OTC catalog .....		No charge for a quarterly benefit limit of \$70

This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For additional information, please refer to the *Summary of Benefits* booklet enclosed; for a complete explanation, refer to the *EOC*.



# Silver&Fit<sup>®</sup> Healthy Aging and Exercise Program

Get more from your Kaiser Permanente Medicare health plan

**Available to select Kaiser Permanente Senior Advantage (HMO) plan members**

The Silver&Fit Healthy Aging and Exercise Program<sup>1</sup> can help you stay active and thrive, at no additional cost. Join a participating fitness center and try a Home Fitness Kit.



## Fitness center membership

Choose from Silver&Fit's broad network of standard participating fitness centers as well as locations in the Premium Fitness Center Network.<sup>2</sup> Where available, you can:

- Work out with cardio and strength-training equipment
- Access features such as saunas, pools, and whirlpools<sup>3</sup>
- Attend Silver&Fit classes, including yoga, swimming, strength and cardio training, and more



## Virtual and at-home options

We make it easy to fit fitness into your day – right where you're most comfortable. With virtual and at-home options, you can enjoy:

- One Home Fitness Kit per benefit year from a variety of fitness options
- Thousands of on-demand workout videos on the Silver&Fit website
- Personal workout plans to help you start or continue an exercise routine

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## How to get started with the Silver&Fit program

Once you're a Kaiser Permanente Senior Advantage member, follow these steps:

1. Go to **SilverandFit.com**.
2. Register to use the site.
3. Select a participating fitness center and choose a Home Fitness Kit.
4. Print out your Silver&Fit card, take it to the fitness center, and start exercising.

## Build healthy habits

An enhanced feature of the Silver&Fit website focuses on community with a personalized approach to fitness, well-being, and community connection. The Well-Being Club gives members the opportunity to view customized resources and attend live virtual classes and events.

## You'll also get these great benefits

- A rewards program for members who track their exercise and activities
- Social support and community involvement opportunities at participating fitness centers, where available
- The Silver Slate® quarterly newsletter (online or by email)
- Access to **SilverandFit.com**

Learn more at **SilverandFit.com** or call **1-877-750-2746 (TTY 711)**

<sup>1</sup>The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). The Silver&Fit program is available to current members of participating Kaiser Permanente Group Medicare health plans. All programs and services are not available in all areas. Silver&Fit and The Silver Slate are trademarks of ASH and used with permission herein. Kits rewards are subject to change. Fitness center participation may vary by location and is subject to change.

<sup>2</sup>Members who select a premium fitness center location will pay their nonrefundable membership via their Silver&Fit member account.

<sup>3</sup>Any additional fees not included.

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.