



65 PERALTA COMMUNITY COLLEGE

**Principal Benefits for
Kaiser Permanente Senior Advantage (HMO) with Part D (7/1/18—6/30/19)**

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 \$1,500 per calendar year

Plan Deductible None

Professional Services (Plan Provider office visits) You Pay

Most Primary Care Visits and most Non-Physician Specialist Visits No charge
 No charge
 Most Physician Specialist Visits No charge
 Annual Wellness visit and the "Welcome to Medicare" preventive visit No charge
 Routine physical exams No charge
 Routine eye exams with a Plan Optometrist No charge
 Urgent care consultations, evaluations, and treatment No charge
 Physical, occupational, and speech therapy No charge

Outpatient Services You Pay

Outpatient surgery and certain other outpatient procedures No charge
 Allergy injections (including allergy serum) No charge
 Most immunizations (including the vaccine) No charge
 Most X-rays and laboratory tests No charge
 Manual manipulation of the spine No charge

Hospitalization Services You Pay

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

Emergency Health Coverage You Pay

Emergency Department visits No charge

Ambulance Services You Pay

Ambulance Services No charge

Prescription Drug Coverage You Pay

Most covered outpatient items in accord with our drug formulary guidelines \$5 for up to a 100-day supply

Durable Medical Equipment (DME) You Pay

Covered durable medical equipment for home use No charge

Mental Health Services You Pay

Inpatient psychiatric hospitalization No charge
 Individual outpatient mental health evaluation and treatment No charge
 Group outpatient mental health treatment No charge

Substance Use Disorder Treatment	You Pay
Inpatient detoxification	No charge
Individual outpatient substance use disorder evaluation and treatment.....	No charge
Group outpatient substance use disorder treatment.....	No charge
Home Health Services	You Pay
Home health care (part-time, intermittent)	No charge
Other	You Pay
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
Ostomy and urological supplies	No charge

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 more information, please refer to the *Summary of Benefits* booklet enclosed.

For answers on benefit questions, verification of coverage, new member assistance, ID card replacement and to request a copy of your Evidence of Coverage, please contact our Member Services Call Center during the following business hours:

Monday to Friday – 7:00AM to 7:00PM
Saturday & Sunday – 7:00AM to 3:00PM

English – 800.464.4000
Spanish – 800.788.0616
Chinese dialects – 800.757.7585

Senior Advantage and Medicare members – 800.443.0815
Deductible Products Service Team – 800.390.3507
You may also visit us at www.kp.org