

KAISER PERMANENTE - NORTHERN REGION
SENIOR ADVANTAGE HMO MEDICARE PLAN
BENEFITS SUMMARY 2016-2017

SERVICES	BENEFITS
Ambulance	\$50/Trip
Annual Physical Examination	\$10 co-pay per visit
Acupuncture/Chiropractic	\$10 co-pay 30 combined visits
Dental Care (DeltaCare)	Not covered
DME - Durable Medical Equipment (Kaiser DME formulary guidelines apply)	100%
Hearing Examination	\$10 co-pay per visit
Hospitalization	\$0/Admit
• Inpatient	\$50 co-pay/waived if admitted
• Emergency Room	
Immunizations	No charge
• Includes flu injections and all Medicare approved immunizations	Office visit co-pay may apply if administered as part of a physician office visit
Laboratory Services	No charge
Manual Manipulation of the Spine	\$10 co-pay per visit (subject to medical necessity)
Mental Health - Outpatient unlimited visits	\$10 co-pay per individual visit; \$5 co-pay per group visit
Physician Services/Basic Health Services	
• Office visits	\$10 co-pay per visit
• Consultation, diagnosis & treatment by a specialist	\$10 co-pay per visit
Prescription Drugs	
Using Kaiser pharmacies	Generic: \$10 co-pay for up to a 100 day supply
Not subject to donut hole	Brand: \$20 co-pay for up to a 100 day supply
Skilled Nursing Facility	Covered in full for 100 days per benefit period
Vision Care	
• Examination for eyeglasses	\$10 per visit
• Glaucoma testing	\$10 co-pay per visit
• Standard frame/lenses every 24 months	\$150 frame and lens allowance every 24 months
X-Ray Services	No charge

Rate Effective October 1, 2016	Total Cost Per Person
Retiree with Medicare A & B	Northern Region: \$329.00

Members must live in an approved Zip Code of the Kaiser Permanente California Service Area.
www.kp.org

A school district's geographic location will determine the applicable rate.
 Northern Region includes Monterey, Kings, Tulare, Inyo and all other counties to the north.