

Kaiser Permanente Senior Advantage Core (HMO)
Kaiser Permanente Senior Advantage Silver (HMO)
Kaiser Permanente Senior Advantage Gold (HMO)
Effective January 1, 2022-December 31, 2022
Denver Metropolitan Area

2022 Kaiser Permanente Benefits at a Glance

Medicare Health Plan Benefit Highlights Chart



Premiums and Benefits	Kaiser Permanente Senior Advantage Core (HMO)	Kaiser Permanente Senior Advantage Silver (HMO)	Kaiser Permanente Senior Advantage Gold (HMO)
Description	You pay	You pay	You pay
Monthly Premium	\$0	\$38	\$186
Annual Deductible	None	None	None
Doctor Office Visit (no referral required)	\$0 Primary/ \$20 Specialist (\$0 for virtual visits ¹)	\$0 Primary/ \$15 Specialist (\$0 for virtual visits ¹)	\$0 Primary/ \$10 Specialist (\$0 for virtual visits ¹)
Emergency Room	\$90	\$90	\$80
Urgent Care	\$30	\$25	\$20
Preventive Services²	No charge	No charge	No charge
Inpatient Hospitalization	\$195 per day for days 1 through 5 No charge for the remainder of your stay	\$165 per day for days 1 through 5 No charge for the remainder of your stay	\$125 per day for days 1 through 5 No charge for the remainder of your stay
Outpatient Services/Outpatient Surgery in an ASC	\$200/\$125	\$175/\$100	\$100/\$75
Skilled Nursing Facility Up to 100 days per benefit period	\$0 per day for days 1 through 20 \$160 per day for days 21 through 47 \$0 per day for days 48 through 100	\$0 per day for days 1 through 20 \$160 per day for days 21 through 42 \$0 per day for days 43 through 100	\$0 per day for days 1 through 10 \$20 per day for days 11 through 100
Lab and X-ray	\$0 lab, \$0 X-ray	\$0 lab, \$0 X-ray	\$0 lab, \$0 X-ray
MRI, CT, and PET	\$100	\$75	\$50
Durable Medical Equipment	20%	20%	20%
Ambulance Service Per one-way trip	\$165	\$160	\$150
Annual Maximum Out-of-Pocket	\$4,200	\$3,400	\$3,000

Part D Prescription Drug Coverage

Description	You pay	You pay	You pay
Initial Coverage Stage (For up to a 30-day supply from a preferred pharmacy) When the annual total drug costs paid by you and any Part D plan reach \$4,430 , you move into the Coverage Gap.	\$0 preferred generic (Tier 1) \$0 generic (Tier 2) \$40 preferred brand-name (Tier 3) \$80 nonpreferred brand-name (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)	\$0 preferred generic (Tier 1) \$0 generic (Tier 2) \$40 preferred brand-name (Tier 3) \$80 nonpreferred brand-name (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)	\$0 preferred generic (Tier 1) \$0 generic (Tier 2) \$40 preferred brand-name (Tier 3) \$80 nonpreferred brand-name (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)
Coverage Gap Stage (for up to a 30-day supply) If your annual out-of-pocket costs reach \$7,050 , you move into the Catastrophic Coverage Stage.	25%	25%	25%
Catastrophic Coverage Stage When your annual out-of-pocket costs exceed \$7,050 , you pay these amounts for the remainder of the calendar year.	\$3.95-5% , whichever is greater, for generic \$9.85-5% , whichever is greater, for brand name and injectable Part D vaccines	\$3.95-5% , whichever is greater, for generic \$9.85-5% , whichever is greater, for brand name and injectable Part D vaccines	\$3.95-5% , whichever is greater, for generic \$9.85-5% , whichever is greater, for brand name and injectable Part D vaccines
Our Preferred Mail-Order Pharmacy³ (Restrictions & limitations may apply.)	\$0 copay for up to a 90-day supply for generic (Tiers 1 and 2)	\$0 copay for up to a 90-day supply for generic (Tiers 1 and 2)	\$0 copay for up to a 90-day supply for generic (Tiers 1 and 2)

Optional Supplemental Package (Advantage Plus)

Description	You pay
Advantage Plus Monthly Premium (Option 1): In-Home Support, Comprehensive Dental ⁴ , Hearing Services, Vision Services	\$39 in addition to your monthly plan premium
Advantage Plus Monthly Premium (Option 2): Hearing Services, Acupuncture Services ⁵ , Transportation, In-Home Support	\$14 in addition to your monthly plan premium

(Benefits continued on back page)

For more information about benefits, please see your **Summary of Benefits**.

Premiums and Benefits

Kaiser Permanente
Senior Advantage
Core (HMO)

Kaiser Permanente
Senior Advantage Silver
(HMO)

Kaiser Permanente
Senior Advantage
Gold (HMO)

Additional supplemental benefits included in your plan

Description	Benefit	Benefit	Benefit
Dental	Preventive and diagnostic dental plus \$250 allowance per year towards select comprehensive dental benefits	Preventive and diagnostic dental plus \$750 allowance per year towards select comprehensive dental benefits	Preventive and diagnostic dental plus \$750 allowance per year towards select comprehensive dental benefits
Eyewear Benefit	\$200 allowance every year towards glasses or contact lenses	\$200 allowance every year towards glasses or contact lenses	\$300 allowance every years towards glasses or contact lenses
Over-the-Counter (OTC) Coverage	\$50 coverage for OTC items per quarter	\$80 coverage for OTC items per quarter	\$90 coverage for OTC items per quarter
SilverSneakers®⁶ Fitness Program	No cost for membership to any of the participating facilities, exercise programs and home fitness programs	No cost for membership to any of the participating facilities, exercise programs and home fitness programs	No cost for membership to any of the participating facilities, exercise programs and home fitness programs

1. When appropriate and available. 2. \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. 3. 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 **1-866-523-6059** (TTY 711), Monday through Friday, 8 a.m. to 6 p.m. 4. Dental benefits provided by Delta Dental of Colorado. 5. Acupuncture services are available through all Kaiser Permanente network providers. 6. SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2019 Tivity Health, Inc. All rights reserved.

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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kp.org/medicare