
Benefit Summary

31342 NORTHERN CALIF PIPE TRADES H&WTF

Principal Benefits for

Kaiser Permanente Senior Advantage (HMO) with Part D (7/1/25—6/30/26)

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 \$750 per calendar year

Plan Deductible	None
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Professional Services (Plan Provider office visits)	You Pay
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Most Primary Care Visits and most Non-Physician Specialist Visits	\$15 per visit
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Most Physician Specialist Visits	\$15 per visit
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Annual Wellness visit and the “Welcome to Medicare” preventive visit	No charge
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Routine physical exams.....	No charge
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Routine eye exams with a Plan Optometrist.....	\$15 per visit
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Urgent care consultations, evaluations, and treatment.....	\$15 per visit
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Physical, occupational, and speech therapy.....	\$15 per visit
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Outpatient Services	You Pay
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Outpatient surgery and certain other outpatient procedures.....	\$15 per procedure
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Most immunizations (including the vaccine)	No charge
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Most X-rays and laboratory tests.....	No charge
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Manual manipulation of the spine	\$15 per visit
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Hospital Inpatient Services	You Pay
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Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge
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Emergency Services	You Pay
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Emergency department visits	\$50 per visit
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Ambulance Services	You Pay
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Ambulance Services.....	No charge
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Prescription Drug Coverage	You Pay
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This plan covers Medicare Part D prescription drugs in accord with our Part D formulary.

Initial coverage stage —until you have spent \$2,000 in 2025. (If you spend \$2,000, you move on to the catastrophic coverage stage)	Generic drugs: \$10 for up to a 100-day supply
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	Brand-name drugs: \$20 for up to a 100-day supply
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Catastrophic coverage stage	No charge
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Durable Medical Equipment (DME)	You Pay
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Covered durable medical equipment for home use	No charge
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Mental Health Services	You Pay
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Inpatient psychiatric hospitalization	No charge
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Individual outpatient mental health evaluation and treatment.....	\$15 per visit
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Group outpatient mental health treatment	\$7 per visit
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Benefit Summary

(continued)

Substance Use Disorder Treatment		You Pay
Inpatient detoxification.....		No charge
Individual outpatient substance use disorder evaluation and treatment		\$15 per visit
Group outpatient substance use disorder treatment.....		\$5 per visit
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
Hearing aid(s) every 36 months		Amount in excess of \$1,500 Allowance for each ear
Skilled nursing facility care (up to 100 days per benefit period).....		No charge
External prosthetic and orthotic devices		No charge
Fitness benefit – One Pass™ (includes access to in-network gyms and one home fitness kit per calendar year).....		No charge

Summary of Benefits booklet

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*.