

Kaiser Permanente Medicare Advantage Value DC (HMO)  
Kaiser Permanente Medicare Advantage Standard DC (HMO)  
Kaiser Permanente Medicare Advantage High DC (HMO)  
Effective January 1, 2021–December 31, 2021

## 2021 Kaiser Permanente Benefits at a Glance

### Medicare Health Plan Benefit Highlights Chart



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

Premiums and Benefits	Kaiser Permanente Medicare Advantage Value DC (HMO)	Kaiser Permanente Medicare Advantage Standard DC (HMO)	Kaiser Permanente Medicare Advantage High DC (HMO)
Description	You pay	You pay	You pay
Monthly Premium	\$0	\$30	\$142
Annual Deductible	None	None	None
Doctor Office Visit	\$10 Primary/\$50 Specialist	\$10 Primary/\$40 Specialist	\$5 Primary/\$30 Specialist
Emergency Room	\$90	\$90	\$90
Urgent Care	\$50	\$40	\$30
Preventive Services <sup>1</sup>	No charge	No charge	No charge
Inpatient Hospitalization	\$300 per day for days 1 through 5 No charge for the remainder of your stay	\$250 per day for days 1 through 5 No charge for the remainder of your stay	\$200 per day for days 1 through 5 No charge for the remainder of your stay
Outpatient Surgery	\$300	\$250	\$100
Skilled Nursing Facility Up to 100 days per benefit period	\$0 per day for days 1 through 20 \$167 per day for days 21 through 100	\$0 per day for days 1 through 20 \$160 per day for days 21 through 100	\$0 per day for days 1 through 20 \$110 per day for days 21 through 100
Lab and X-ray	\$0 lab, \$20 X-ray	\$0 lab, \$15 X-ray	\$0 lab, \$10 X-ray
MRI, CT, and PET	\$175	\$100	\$40
Durable Medical Equipment	20%	20%	20%
Ambulance Service Per one-way trip	\$275	\$275	\$200
Annual Maximum Out-of-Pocket	\$6,900	\$6,900	\$5,700

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## Premiums and Benefits

**Kaiser Permanente  
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High DC (HMO)**

### Part D Prescription Drug Coverage

Description	You pay	You pay	You pay
<b>Initial Coverage Stage</b> (for up to a 30-day supply from an in-network pharmacy with preferred cost sharing) When the annual total drug costs paid by you and any Part D plan reach <b>\$4,130</b> , you move into the Coverage Gap.	<b>\$5</b> preferred generic (Tier 1) <b>\$15</b> generic (Tier 2) <b>\$45</b> preferred brand-name (Tier 3) <b>\$100</b> nonpreferred brand-name (Tier 4) <b>33%</b> specialty (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)	<b>\$3</b> preferred generic (Tier 1) <b>\$15</b> generic (Tier 2) <b>\$45</b> preferred brand-name (Tier 3) <b>\$100</b> nonpreferred brand-name (Tier 4) <b>33%</b> specialty (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)	<b>\$5</b> preferred generic (Tier 1) <b>\$15</b> generic (Tier 2) <b>\$42</b> preferred brand-name (Tier 3) <b>\$80</b> nonpreferred brand-name (Tier 4) <b>33%</b> specialty (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)
<b>Coverage Gap Stage</b> (for up to a 30-day supply from an in-network pharmacy with preferred cost sharing) If your annual out-of-pocket costs reach <b>\$6,550</b> , you move into the Catastrophic Coverage Stage.	You pay <b>25%</b> of the plan's cost for generic drugs (Tiers 1 and 2) You pay <b>25%</b> for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)	You pay <b>25%</b> of the plan's cost for generic drugs (Tiers 1 and 2) You pay <b>25%</b> for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)	<b>\$5</b> preferred generic (Tier 1) <b>\$15</b> generic (Tier 2) You pay <b>25%</b> for brand-name (Tiers 3 and 4) & specialty drugs (Tier 5) <b>\$0</b> injectable Part D vaccines (Tier 6)
<b>Catastrophic Coverage Stage</b> When your annual out-of-pocket costs exceed <b>\$6,550</b> , you pay these amounts for the remainder of the calendar year.	<b>5%</b> of the cost for generic (Tiers 1 and 2) <b>5%</b> of the cost for brand-name (Tiers 3 and 4) <b>\$0</b> injectable Part D vaccines (Tier 6)	<b>5%</b> of the cost for generic (Tiers 1 and 2) <b>5%</b> of the cost for brand-name (Tiers 3 and 4) <b>\$0</b> injectable Part D vaccines (Tier 6)	<b>5%</b> of the cost for generic (Tiers 1 and 2) <b>5%</b> of the cost for brand-name (Tiers 3 and 4) <b>\$0</b> injectable Part D vaccines (Tier 6)
<b>Our Preferred Mail-Order Pharmacy<sup>2</sup></b> (Restrictions & limitations may apply.)	<b>\$0</b> copay for preferred generics (Tier 1) for a 31-90 day supply. Drugs in other tiers are 2 copays for up to a 90-day supply.	<b>\$0</b> copay for preferred generics (Tier 1) for a 31-90 day supply. Drugs in other tiers are 2 copays for up to a 90-day supply.	<b>\$0</b> copay for preferred generics (Tier 1) for a 31-90 day supply. Drugs in other tiers are 2 copays for up to a 90-day supply.

### Optional Supplemental Package (Advantage Plus)

Description	You pay	You pay	You pay
<b>Advantage Plus Monthly Premium:</b> Comprehensive Dental Services, <sup>3</sup> Hearing Services, Vision Services	<b>\$25</b> in addition to your monthly plan premium	<b>\$25</b> in addition to your monthly plan premium	<b>\$25</b> in addition to your monthly plan premium

(Benefits continued on back page)

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### Additional supplemental benefits included in your plan

Description	Benefit	Benefit	Benefit
<b>Over the Counter (OTC) Benefit</b> To purchase health and wellness products	No charge up to a <b>\$30</b> quarterly benefit	No charge up to a <b>\$50</b> quarterly benefit	No charge up to a <b>\$60</b> quarterly benefit
<b>Eyewear Benefit</b>	<b>\$100</b> per year towards glasses or contact lenses	<b>\$100</b> per year towards glasses or contact lenses	<b>\$50</b> per year towards glasses or contact lenses
<b>Silver&amp;Fit®<sup>4</sup></b> Fitness Program	Not included	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.
<b>Non-Emergency Transportation</b> Benefit for non-emergency medical appointments	<b>24</b> one way trips a year	<b>24</b> one way trips a year	<b>24</b> one way trips a year

**1.** \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. **2.** 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 **1-800-733-6345 (TTY 711)**. **3.** Dental benefits are underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and administered by Dominion National. **4.** Silver&Fit® is a federally registered trademark of American Specialty Health, Inc.

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](https://kp.org/medicare)