## SISC SELF-INSURED SCHOOLS OF CALIFORNIA \$0 KPSA

## Summary of Benefits Chart for Kaiser Permanente Senior Advantage (HMO) with Part D (10/1/22—9/30/23)

Plan Out-of-Pocket Maximum

For Services subject to the maximum, you will not pay any more C	ost 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	
Plan Deductible	None
Professional Services (Plan Provider office visits)	You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits	
Most Physician Specialist Visits	
Annual Wellness visit and the "Welcome to Medicare" preventive	
visit	•
Routine physical exams	
Routine eye exams with a Plan Optometrist	
Urgent care consultations, evaluations, and treatment	
Physical, occupational, and speech therapy	
Outpatient Services	
Outpatient surgery and certain other outpatient procedures	
Allergy injections (including allergy serum)	
Most immunizations (including the vaccine)	
Most X-rays and laboratory tests	•
Manual manipulation of the spine	
Hospitalization Services	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests,	N. I
and drugs	
Emergency Health Coverage	You Pay
Emergency Department visits	•
Note: If you are admitted directly to the hospital as an inpatient for	
inpatient Cost Share instead of the Emergency Department Cost for inpatient Cost Share)	Share (see Hospitalization Services
	Vou Dov
Ambulance and Transportation Services	You Pay
Ambulance Services  Other transportation Services when provided by our designated	
transportation provider as described in this <i>EOC</i>	No charge for up to 24 one-way trips
<u> </u>	(50 miles per trip) per calendar year
Prescription Drug Coverage  Most covered outpatient items in accord with our drug formulary	You Pay
quidelines	\$5 for up to a 100-day supply
Durable Medical Equipment (DME)	You Pay
Covered durable medical equipment for home use	
Mental Health Services	You Pay
Inpatient psychiatric hospitalization	•
Individual outpatient mental health evaluation and treatment	No charge
O	
Group outpatient mental health treatment	

V P
You Pay
No charge
_
No charge
•
No charge
You Pay
No charge
You Pay
Amount in excess of \$150 Allowance
Amount in excess of \$500 Allowance
per aid
No charge
No charge
No charge
No charge up to three meals per day in a consecutive four-week period, once per calendar year

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*.

## **Chiropractic and Acupuncture Coverage (through ASH Plans)**

You Pay

Up to a combined total of 30 Chiropractic and Acupuncture visits per year ............ \$10 copay per visit

Kaiser Permanente contracts with American Specialty Health Plans (ASH) to provide chiropractic and acupuncture care. Members must receive all their benefits from ASH Plans participating providers. ASH Plans contracts with Participating Providers and other licensed providers to provide covered Chiropractic Services (including laboratory tests, X-rays, and chiropractic appliances). ASH Plans contracts with Participating Providers to provide acupuncture care (including adjunctive therapies, such as acupressure, moxibustion, or breathing techniques, when provided during the same course of treatment and in conjunction with acupuncture). You must receive covered Services from a Participating Provider or another licensed provider with which ASH contracts, except for Emergency Chiropractic Services, Emergency Acupuncture Services, Urgent Chiropractic Services, and Urgent Acupuncture Services, and Services that are not available from Participating Providers or other licensed providers with which ASH contracts to provide covered Services that are authorized in advance by ASH Plans.

The list of Participating Providers is available on the ASH Plans website at:

www.ashlink.com/ash/kaisercamedicare or from the ASH Plans Customer Service Department at 1-800-678-9133. The list of Participating Providers is subject to change at any time without notice.