

2021 Service Area Expansion: Kaiser Permanente Medicare Advantage added additional service areas, effective January 1, 2021.
 Go to <https://my.kp.org/fcps/plans> for listing of newly added counties, cities, and zip codes.

Benefits	2020	2021
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum (Individual)	\$3,400	\$3,400
Primary Care Physician Visit	\$20 copay	\$20 copay
Specialist Visit	\$20 copay	\$20 copay
Medicare Covered Preventive Care	\$0 copay	\$0 copay
Diagnostic Imaging	\$0 for lab and x-ray	\$0 for lab and x-ray
Therapeutic Radiology	\$20 copay	\$20 copay
Inpatient Hospitalization	\$100 per benefit period	\$100 per benefit period
Outpatient Surgery at Surgery Center	\$25 copay	\$25 copay
Emergency Visit	\$50 copay	\$50 copay
Ambulance	\$50 copay	\$50 copay
Inpatient Mental Health	\$100 per benefit period	\$100 per benefit period
Outpatient Mental Health (Individual / Group)	\$20 / \$10 copay	\$20 / \$10 copay
Inpatient Chemical Dependency	\$100 per benefit period	\$100 per benefit period
Outpatient Chemical Dependency (Individual / Group)	\$20 / \$10 copay	\$20 / \$10 copay
Medicare Covered Chiropractic	\$20 copay per visit	\$20 copay per visit
Medicare Covered Acupuncture	\$15 copay per visit	\$15 copay per visit
Physical and Speech Therapy	\$20 copay per visit	\$20 copay per visit
Home Health, Hospice	\$0 copay	\$0 copay
Durable Medical Equipment	\$0 copay	\$0 copay
Dental Discount Plan – <ul style="list-style-type: none"> o preventive care services include; up to 2 cleanings, oral exams, and bitewing x-rays per year o benefits available when using participating dentists 	\$30 copay for preventive care; other covered dental services are provided at a reduced fee.	\$30 copay for preventive care; other covered dental services are provided at a reduced fee.
Vision Allowance – used towards the purchase of prescription eyeglasses and contact lenses	\$150 allowance per year	\$250 allowance per year
Vision Discount – used towards the purchase of prescription glasses and contact lenses	25% discount on lenses and frames, 15% discount on contact lenses	n/a, Discount no longer applies; replaced with increased Allowance
Hearing Aids	One hearing aid for each ear every 36 months as medically necessary.	One hearing aid for each ear every 36 months as medically necessary.
Silver&Fit Program – <ul style="list-style-type: none"> o includes fitness center membership and home fitness kits, plus website access for online fitness workout classes 	\$0 copay; includes 2 home fitness kits	\$0 copay; includes 3 home fitness kits
Transportation Services – <ul style="list-style-type: none"> o transportation available for nonemergency medical appointments at Kaiser Medical Centers & contracted facilities o Call 571-386-3769 to schedule a ride 	No charge for 24 one-way trips per calendar year	No charge for 24 one-way trips per calendar year
Prescription Coverage	2020	2021
Filled through Mail Order from Kaiser Permanente – up to a 90-day supply	\$10 Generic or Brand	\$10 Generic or Brand
Filled at a Kaiser Permanente Medical Center – up to a 60-day supply	\$15 Generic or Brand	\$15 Generic or Brand
Filled at a Participating Community Network Pharmacy – up to a 60-day supply	\$25 Generic or Brand	\$25 Generic or Brand