

Group Plan MAPD-3

Kaiser Permanente 2026 Medicare Advantage (HMO) Group Plan with Part D Benefits Summary

Your employer joins with Kaiser Permanente to offer you the select benefits listed here. The accompanying Medicare Advantage group packet lists more benefits and contains many other important details, provisions, contact information, and disclosures.

INPATIENT CARE	YOU PAY	NOTES
Inpatient hospital care ^{^†} (includes substance abuse and rehabilitation services)	\$100	Per Admission
Inpatient mental health care ^{^†*}	\$100	Per Admission
Skilled Nursing Facility ^{^†}	No charge	Up to 100 days per benefit period
Home health care [†]	No charge	For necessary part-time or intermittent skilled nursing and home health aide services, rehabilitation services, etc.
Hospice	No charge	When you enroll in a Medicare-certified hospice program, your hospice services are paid for by Original Medicare, not our plan.

OUTPATIENT CARE		
Primary care office visit	\$10	Each visit
Specialty care office visit ^{^†}	\$20	Each visit; includes visits for epidural steroid injections for pain management
Podiatry services ^{^†}	\$20	Each visit; for medically necessary foot care
Outpatient mental health [†]	\$10	Each individual therapy visit
Outpatient surgery ^{^†}	\$100	For each visit for outpatient surgery performed in a hospital facility or ambulatory surgical center.
Ambulance services [†]	\$150	Per one-way trip
Emergency care	\$75	Each visit, waived if admitted as an inpatient
Urgently needed care	\$10	Each visit
Outpatient rehabilitation services ^{^†}	\$20	For each physical, occupational, and speech language therapy visit
Medicare Part B prescription drug [†]	No charge	For up to a 30-day supply from a network pharmacy

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

Durable medical equipment†	No charge	Authorization rules may apply. There is no charge for diabetic self-monitoring training, nutrition therapy, and supplies
Diagnostic tests^†, X-rays^, and lab services^	No charge	Authorization rules may apply
Radiation therapy†	No charge	For each therapeutic X-ray procedure
CT, MRI, PET and nuclear medicine procedures†	\$30	Each visit

PREVENTIVE SERVICES

Preventive services†	No charge	For services such as: Pneumonia, flu, and Hepatitis B immunizations, mammogram, colonoscopy, prostate cancer screening, and tobacco use cessation counseling
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END-STAGE RENAL DISEASE

End-Stage Renal Disease (ESRD) ^†	No Charge	For Medicare-approved renal dialysis
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OUTPATIENT PRESCRIPTION DRUGS**

Drug Tier	Retail Plan Pharmacy (up to a 30-day supply)	Mail-order Plan Pharmacy (up to a 90-day supply)
Tier 1 (Preferred generic)	\$5	No charge
Tier 2 (NonPreferred generic)	\$15	Two times the listed copay
Tier 3 (Preferred brand)	\$40	Two times the listed copay
Tier 4 (NonPreferred brand)	\$90	Two times the listed copay
Tier 5 (Specialty)	\$150	
Tier 6 (Injectable Vaccines)	No charge	

Your annual out-of-pocket costs for Medicare part-D prescription drugs is capped at **\$2,100**

ADDITIONAL BENEFITS

Hearing exams^†	\$10-\$20	Each visit for routine diagnostic hearing exams
Hearing aids	Total less credit	You receive a \$1,000 allowance every calendar year
Vision services	\$10-\$20	Each visit for routine eye exams
Optical hardware (lenses, frames)	Total less credit	You receive a \$250 allowance every calendar year

One annual routine physical exam	No charge	If you receive care during that visit beyond what your benefit covers, you may incur additional charges for that care provided
Health and wellness education	Class fees	See quarterly Healthy Living Schedule for classes, dates, times, locations, and fees
One Pass™ fitness	No charge	At participating Core and Premium network locations
Alternative Therapies	\$10	Up to 8 -visits for Acupuncture; 3 -visits for naturopathy; 10 -visits for chiropractic; 10 -visits medically necessary massage therapy†
Transportation	No Charge	Up to 6 round-way trips each year for non-emergent medical services
Advanced Care at Home	Covered in Full	When found medically appropriate by a physician based on your health status, covered at the applicable cost share
Travel Benefit	Applicable cost share	You have coverage in Maricopa and Pima counties in Arizona from Banner Health providers
Out-of-Pocket Maximum	\$2,500 Per Individual	After you reach the OPM, you are not charged further for certain covered services that year. Outpatient Part D prescription drugs do not apply to the OPM.

^Your plan provider may need to provide a referral.

†Prior authorization may be required.

* There is a 190-day lifetime limit in a psychiatric hospital.

**You will be enrolled in Medicare Part D through Kaiser Permanente and we will notify Medicare on your behalf.

You may only be enrolled in one Part D plan at a time, which means you will be disenrolled from any other Part D plan when your coverage under this plan becomes effective.

If you decide to enroll in Medicare Part D through another Prescription Drug Plan, you will be automatically disenrolled from Kaiser Permanente.

For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail order pharmacy. You should receive them within 10 business days. If not, please call **1-800-245-7979 (TTY: 711)**, Monday through Friday, 7:30 a.m. to 7:00 p.m., and Saturday and Sunday, 8:00 a.m. to 4:30 p.m.

You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

This information is not a complete description of benefits. Call Member Services toll-free at **1-888-901-4600 (TTY: 711)**, from 8:00 a.m. - 8:00 p.m., seven days a week, for more information.

This sheet, customized for your employer, is not a contract and does not replace nor take precedence over your Evidence of Coverage. For questions on your coverage, please contact Member Services toll-free at **1-888-901-4600 (TTY: 711)**, from 8:00 a.m. - 8:00 p.m., seven days a week.