SISC Health Benefits Manual rev. 6/1/2023

KAISER, SOUTHERN REGION—SENIOR ADVANTAGE HMO MEDICARE PLAN

Benefit Summary 2023-2024

Ambulance	Services	Benefits
Acupuncture/Chiropractic Dental Care (Delta Care) Durable Medical Equipment (DME) (Kaiser DME formulary guidelines apply) Hearing Examination Inpatient Inpatient Emergency Room Inmunizations (includes flu injections and all Medicare-approved immunizations) Laboratory Services Manual Manipulation of the Spine Mental Health—Inpatient Mental Health—Outpatient unlimited visits Consultation, diagnosis and treatment by a specialist Prescription Drugs Using Kaiser pharmacies Not subject to doughnut hole Stamination for eyeglasses Glaucoma testing Standard frame/lenses every 24 months Not coapay per visit Sto co-pay per visit Sto co-pay per individual visit Sto co-pay per visit Covered in full from a Medicare certified hospice Sto pay per visit Sto per visit Coverage for up to a 100 day supply Stillo ocre Sto per visit Coverage in full from a Medicare certified hospice Sto pay per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Sto per visit Storper visit	Ambulance	\$50 per trip
Dental Care (Delta Care) Durable Medical Equipment (DME) (Kaiser DME formulary guidelines apply) Hearing Examination Inpatient Immunization Inmunizations (includes flu injections and all Medicare-approved immunizations) Laboratory Services Manual Manipulation of the Spine Mental Health—Inpatient Inpatient In	Annual Physical Examination	No charge
Durable Medical Equipment (DME) (Kaiser DME formulary guidelines apply) Hearing Examination • \$10 co-pay per visit Hospitalization • Inpatient • Emergency Room Immunizations (includes flu injections and all Medicare-approved immunizations) Laboratory Services Manual Manipulation of the Spine Mental Health—Inpatient Mental Health—Outpatient unlimited visits • \$10 co-pay per visit (subject to medical necessity) Mental Health—Outpatient unlimited visits • \$10 co-pay per visit (subject to medical necessity) Mental Health—Outpatient unlimited visits • \$10 co-pay per visit • \$10 co-pay per visit • \$10 co-pay per visit	Acupuncture/Chiropractic	\$10 co-pay, 30 combined visits
(Kaiser DME formulary guidelines apply) Hearing Examination Inpatient Immunizations (includes flu injections and all Medicare-approved immunizations) Laboratory Services Manual Manipulation of the Spine Mental Health—Inpatient Physician Services/Basic Health Services Office visit Consultation, diagnosis and treatment by a specialist Prescription Drugs Using Kaiser pharmacies Not subject to doughnut hole Skilled Nursing Facility Examination for eyeglasses Glaucoma testing Standard frame/lenses every 24 months Physical rame in fame in the spine in the spin	Dental Care (Delta Care)	Not covered
Hospitalization Inpatient Emergency Room So Co-pay/waived if admitted Immunizations (includes flu injections and all Medicare-approved inmunizations) Laboratory Services Manual Manipulation of the Spine Mental Health—Inpatient Mental Health—Outpatient unlimited visits No charge No charge Mental Health—Outpatient unlimited visits So Co-pay per visit (subject to medical necessity) Mental Health—Outpatient unlimited visits So Co-pay per individual visit So Co-pay per group visit Physician Services/Basic Health Services Office visit Consultation, diagnosis and treatment by a specialist Prescription Drugs Using Kaiser pharmacies Skilled Nursing Facility Skilled Nursing Facility Covered in full for 100 days upply Skilled Nursing Facility Covered in full from a Medicare certified hospice Vision Care Examination for eyeglasses Glaucoma testing Standard frame/lenses every 24 months No charge No charge No charge Standard frame/lenses every 24 months		• 100%
 Inpatient Emergency Room \$0/Admit \$50 co-pay/waived if admitted No charge Office visit co-pay may apply if administered as part of a physician office visit No charge Office visit co-pay may apply if administered as part of a physician office visit No charge No charge *10 co-pay per visit (subject to medical necessity) Mental Health—Inpatient No charge \$10 co-pay per individual visit \$5 co-pay per group visit Physician Services/Basic Health Services Office visits \$10 co-pay per visit \$5 co-pay per visit \$10 co-pay per visit Prescription Drugs Using Kaiser pharmacies Generic: \$10 co-pay for up to a 100 day supply Not subject to doughnut hole Brand: \$20 co-pay for up to a 100 day supply Skilled Nursing Facility Covered in full for 100 days per benefit period Hospice Covered in full from a Medicare certified hospice Vision Care Examination for eyeglasses \$10 co-pay per visit \$10 co-pay per visit 	Hearing Examination	\$10 co-pay per visit
(includes flu injections and all Medicare-approved immunizations) Laboratory Services Manual Manipulation of the Spine Mental Health—Inpatient Mental Health—Outpatient unlimited visits Physician Services/Basic Health Services Office visit Consultation, diagnosis and treatment by a specialist Prescription Drugs Using Kaiser pharmacies Not subject to doughnut hole Skilled Nursing Facility Covered in full for 100 days per benefit period Hospice Examination for eyeglasses Glaucoma testing Standard frame/lenses every 24 months Office visit co-pay may apply if administered as part of a physician office visit No charge \$10 co-pay per visit (subject to medical necessity) No charge \$10 co-pay per individual visit \$10 co-pay per visit \$10 co-pay per visit \$10 co-pay per visit \$10 co-pay per visit Covered in full for 100 day supply \$10 per visit \$10 per visit \$10 per visit \$10 per visit \$10 co-pay per visit \$10 per visit	InpatientEmergency Room	\$50 co-pay/waived if admitted
Manual Manipulation of the Spine • \$10 co-pay per visit (subject to medical necessity) Mental Health—Inpatient • No charge Mental Health—Outpatient unlimited visits • \$10 co-pay per individual visit • \$5 co-pay per group visit Physician Services/Basic Health Services • Office visits • Consultation, diagnosis and treatment by a specialist Prescription Drugs • Using Kaiser pharmacies • Generic: \$10 co-pay for up to a 100 day supply • Not subject to doughnut hole Skilled Nursing Facility Hospice • Covered in full for 100 days per benefit period Hospice • Covered in full from a Medicare certified hospice Vision Care • Examination for eyeglasses • \$10 per visit • \$10 co-pay per visit • Covered in full from a Medicare certified hospice Vision Care • Examination for eyeglasses • \$10 per visit • \$10 co-pay per visit • \$10 per visit	(includes flu injections and all Medicare-approved	Office visit co-pay may apply if administered as part of a
Mental Health—Inpatient Mental Health—Outpatient unlimited visits Stoo-pay per individual visit Stoo-pay per group visit Physician Services/Basic Health Services Office visits Consultation, diagnosis and treatment by a specialist Prescription Drugs Using Kaiser pharmacies Not subject to doughnut hole Skilled Nursing Facility Hospice Covered in full for 100 days per benefit period Hospice Examination for eyeglasses Glaucoma testing Standard frame/lenses every 24 months No charge \$10 co-pay per individual visit \$10 co-pay per visit Standard frame and lens allowance every 24 months	Laboratory Services	No charge
Mental Health—Outpatient unlimited visits • \$10 co-pay per individual visit • \$5 co-pay per group visit Physician Services/Basic Health Services • Office visits • Consultation, diagnosis and treatment by a specialist Prescription Drugs • Using Kaiser pharmacies • Mot subject to doughnut hole • Not subject to doughnut hole Skilled Nursing Facility Hospice Vision Care • Examination for eyeglasses • Glaucoma testing • Standard frame/lenses every 24 months • \$10 co-pay per visit • \$10 co-pay per visit • \$10 co-pay for up to a 100 day supply • Covered in full for 100 days per benefit period • Covered in full from a Medicare certified hospice • \$10 per visit	Manual Manipulation of the Spine	\$10 co-pay per visit (subject to medical necessity)
 \$5 co-pay per group visit Physician Services/Basic Health Services Office visits Consultation, diagnosis and treatment by a specialist \$10 co-pay per visit \$10 co-pay per visit \$10 co-pay per visit \$10 co-pay per visit Generic: \$10 co-pay for up to a 100 day supply Brand: \$20 co-pay for up to a 100 day supply Brand: \$20 co-pay for up to a 100 day supply Covered in full for 100 days per benefit period Covered in full from a Medicare certified hospice Vision Care Examination for eyeglasses Glaucoma testing \$10 co-pay per visit 	Mental Health—Inpatient	No charge
 Office visits Consultation, diagnosis and treatment by a specialist \$10 co-pay per visit \$10 per visit \$10 co-pay per visit \$10 co-p	Mental Health—Outpatient unlimited visits	
 Using Kaiser pharmacies Not subject to doughnut hole Brand: \$20 co-pay for up to a 100 day supply Covered in full for 100 days per benefit period Hospice Covered in full from a Medicare certified hospice Vision Care Examination for eyeglasses Glaucoma testing Standard frame/lenses every 24 months Generic: \$10 co-pay for up to a 100 day supply Covered in full for 100 days per benefit period Covered in full from a Medicare certified hospice \$10 per visit \$10 co-pay per visit \$150 frame and lens allowance every 24 months 	Office visits	
Hospice Covered in full from a Medicare certified hospice Vision Care Examination for eyeglasses Glaucoma testing Standard frame/lenses every 24 months Covered in full from a Medicare certified hospice \$10 per visit \$10 co-pay per visit \$150 frame and lens allowance every 24 months	Using Kaiser pharmacies	
 Vision Care Examination for eyeglasses Glaucoma testing Standard frame/lenses every 24 months \$10 per visit \$10 co-pay per visit \$150 frame and lens allowance every 24 months 	Skilled Nursing Facility	Covered in full for 100 days per benefit period
 Examination for eyeglasses Glaucoma testing Standard frame/lenses every 24 months \$10 per visit \$10 co-pay per visit \$150 frame and lens allowance every 24 months 	Hospice	Covered in full from a Medicare certified hospice
X-Ray Services • No Charge	Examination for eyeglassesGlaucoma testing	\$10 co-pay per visit
	X-Ray Services	No Charge

Rate Effective October 1, 2023	Total Cost Per Person
Retirees with Medicare Parts A and B	Southern Region: \$188.00

A school district's geographic location will determine the applicable rate. Southern Region includes San Luis Obispo, Kern, San Bernardino and all other counties to the south.

Requires continuous enrollment in Medicare Parts A and B

Members must live in an approved zip code of the Kaiser California Service Area. www.kp.org