Benefit Summary



Customer Name: San Francisco Health Service System

Customer ID: 888 Northern California & 231003 Southern California

Principal Benefits for

Kaiser Permanente Senior Advantage Plan (1/1/21—12/31/21)

DME items as described in the EOC.....

Accumulation Period

The Accumulation Period for this plan is January 1, 2021 through December 31, 2021 (Calendar Year).

Out-of-Pocket Maximum(s) and Deductible(s)

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Self-Only Coverage

Family Coverage

No charge

Family Coverage

Amounts Per Accumulation Period (a Family of one Member) (a Family of one Member) (a Family of one Member) (b Family of one Members) (a Family of one Members) (b Family of One Members (b Family of One Members) (b Family of One Members) (b Family of One Members (b Famil		Self-Only Coverage	ranniy coverage	ranning Coverage
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	Durable Medical Equipment (DME)		You Pay	

Benefit Summary	(continued)	
Mental Health Services	You Pay	
Inpatient psychiatric hospitalization	\$100 per admission	
Individual outpatient mental health evaluation and treatment	\$20 per visit	
Group outpatient mental health treatment	\$10 per visit	
Substance Use Disorder Treatment	You Pay	
Inpatient detoxification	\$100 per admission	
Individual outpatient substance use disorder evaluation and treatment	\$20 per visit	
Group outpatient substance use disorder treatment	\$5 per visit	
Home Health Services	You Pay	
Home health care (part-time, intermittent care)	No charge	
Other	You Pay	
Skilled nursing facility care (up to 100 days per benefit period)	No charge	
Prosthetic and orthotic devices as described in the EOC	No charge	
Hospice care	No charge	
Hearing aids	\$2,500 allowance for each ear every 36 months	
Chiropractic care and Acupuncture care	\$15 per visit (up to 30 combined visits per year)	

This is a summary of the most frequently asked-about benefits. 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 a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).