

San Francisco Health Service System Health Service Board

Rates & Benefits

Review and Approve Recommendation to Discontinue
Kaiser Permanente Multi-Region Medical/Rx Fully Insured
Retiree HMO Plans After 2025

Presented by Mike Clarke, Lead Actuary

June 12, 2025

Staff Recommendation

Approve:

1. Discontinue offering Kaiser Multi-Region HMO plans currently available to retirees living in Washington, Oregon, and Hawaii after December 31, 2025; and
2. Transition impacted members to the corresponding Blue Shield of California Non-Medicare PPO and Medicare Advantage Prescription Drug (MAPD) PPO plans for the start of the 2026 plan year.

Agenda

- **Introduction**
- **Recommendation Summary and Rationale**
- **Appendix**
 - Comparison of 2026 member contributions for the Kaiser Multi-Region HMO plans and available retiree PPO plans (including “Choice Not Available” contribution basis for these non-Medicare retirees in the PPO plan); and
 - Comparison of key plan design features between the PPO plan offerings and Kaiser Multi-Region HMO plan offerings.

Introduction

The following pages outline the rationale for today's recommendation, as well as information on how SFHSS will support Kaiser Multi-Region HMO plan enrollees. Current membership enrolled in each current plan and the proposed Kaiser rate actions from 2025 to 2026 for the three regions are shown below for reference.

	Non-Medicare Retirees and Dependents	Medicare Retirees and Dependents
Total Covered Lives		
• Washington region	17	35
• Northwest region	33	59
• Hawaii region	30	58
2026 Rate Change Proposed Actions (if maintained into 2026)		
• Washington region	-4.8%	+16.0%
• Northwest region	+4.1%	+7.2%
• Hawaii region	+5.4%	-1.3%

Introduction

In 2018, the San Francisco Health Service System (SFHSS) introduced a new set of Kaiser Permanente (Kaiser) plans for retirees living in certain geographies outside of California where Kaiser has plans available. These “multi-region” Kaiser non-Medicare retiree and Medicare retiree HMO plans are currently offered within three non-California regions — Washington State, Northwest (parts of Oregon and Southwest Washington), and Hawaii.

At the time when staff introduced these plans, the following considerations were to be evaluated:

- Development of one blended rate for all three regions;
- Alignment of the benefits to match current SFHSS California Kaiser Permanente HMO and Senior Advantage HMO plan designs; and
- Impact of administrative burden on SFHSS team.

Results of Evaluation

Upon current evaluation, SFHSS recommends discontinuing the Kaiser multi-region plans after the current (2025) plan year for these reasons:

- Unable to develop one blended rate;
- Unable to negotiate the alignment of benefits with Kaiser California;
- High administrative burden; and
- Low enrollment in these plans.

Rationale for Staff Recommendation to Discontinue Kaiser Multi-Region Plans after 2025

- **Minimal disruption for members**
 - Members in these areas will have the same health plan options as all other out of state members. The Non-Medicare PPO plan and Medicare MAPD PPO plan are available for enrollment, consistent with other SFHSS retiree members living beyond California HMO plan offering service areas.
 - Non-Medicare members living in these areas have access to national PPO plan at Choice Not Available contribution rates (e.g., same as Access+ HMO for Retiree Only tier).
 - BSC has broader coverage areas – HSS members in Washington, Oregon, and Hawaii reside in an additional 76 zip codes covered by BSC and not within the KPMR service area.
 - 61% of HSS members and their dependents living in Kaiser Multi-Region service areas enroll in national PPO plans.

Rationale for Staff Recommendation to Discontinue Kaiser Multi-Region Plans after 2025

- **Reduce complexity and fragmentation**
 - Multi-region plan designs have been changed at times based on state filings that occur after HSB approval in June resulting in additional work by HSS Staff to correct plan documents and communicate changes to Members.
 - Final plan documents (EOCs) are not available for members until Q1 of plan year (3+ months after OE) in contrast to most other plans.
 - 92% of SFHSS medically enrolled retired population lives in California.
- **Prioritize core benefits with limited staff**
 - Since 2019, SFHSS staff levels are down 8.9%, all medical lives up 13.5%.
 - Administering KPMR costs \$4.50 PMPM.
 - Administering Kaiser California costs \$0.12 PMPM.

Dedicated Support for Members Transitioning from Kaiser Multi-Region Plans to National PPO Plans

Communicate early and often

- Email
- Postcards
- Customized Open Enrollment letters
- Outbound calls
- Information resources

Provide front-of-the-line support via dedicated queue in phone tree

Automatically enroll transitioning members in Non-Medicare PPO and MAPD PPO plans

Further Information in Appendix

Background information is contained in the Appendix on the following:

- Comparison of 2026 member contributions for the Kaiser Multi-Region HMO plans and available retiree PPO plans (including “Choice Not Available” contribution basis for these non-Medicare retirees in the PPO plan); and
- Comparison of key plan design features between the national PPO plan offerings and Kaiser Multi-Region HMO plan offerings.

Staff Recommendation

Approve:

1. Discontinue offering Kaiser Multi-Region HMO plans currently available to retirees living in Washington, Oregon, and Hawaii after December 31, 2025; and
2. Transition impacted members to the corresponding Blue Shield of California PPO and MAPD PPO plans for the start of the 2026 plan year.

The Non-Medicare PPO plan (at Choice Not Available contribution levels) and MAPD PPO plan are available plans for these populations into the 2026 plan year.

Appendix

- Comparison of 2026 KPMR Plan Member Contributions to PPO Plans
- KPMR Plan Design Features Comparison to PPO Plans

2026 Member Contributions, Kaiser HMO vs PPO

Washington State Region

		2026 Monthly Member Contribution ¹		BSC PPO vs KP WA Difference	Member Count
Overall Coverage Tier	Non-Medicare and Medicare Statuses	KP WA	BSC PPO		
Retiree Only	Non-Medicare Retiree	\$0.00	\$161.61	\$161.61	5
	Medicare Retiree	\$0.00	\$0.00	\$0.00	23
Retiree + 1 Dependent	Non-Medicare Retiree/Non-Medicare Dependent	\$805.77	\$612.08	(\$193.69)	5
	Non-Medicare Retiree/Medicare Dependent	\$213.45	\$442.90	\$229.45	1
	Medicare Retiree/Non-Medicare Dependent	\$805.77	\$450.47	(\$355.30)	0
	Medicare Retiree/Medicare Dependent	\$213.45	\$281.29	\$67.84	6
Retiree + 2+ Dependents	Non-Medicare Retiree/Non-Medicare Dependents	\$2,143.33	\$1,331.36	(\$811.97)	0
	Non-Medicare Retiree/Medicare Dependent/ Non-Medicare 2nd+ Dependent(s)	\$1,551.01	\$1,162.18	(\$388.83)	0
	Medicare Retiree/Non-Medicare Dependents	\$2,143.33	\$1,169.75	(\$973.58)	0
	Medicare Retiree/Medicare Dependent/Non-Medicare 2nd+ Dependent(s)	\$1,551.01	\$1,000.57	(\$550.44)	0
	Medicare Retiree/Medicare Dependents	\$639.63	\$843.14	\$203.51	0

¹ For members receiving maximum City Charter employer contribution amounts.

2026 Member Contributions, Kaiser HMO vs PPO

Northwest Region

		2026 Monthly Member Contribution ¹			
Overall Coverage Tier	Non-Medicare and Medicare Statuses	KP NW	BSC PPO	BSC PPO vs KP NW Difference	Member Count
Retiree Only	Non-Medicare Retiree	\$0.00	\$161.61	\$161.61	18
	Medicare Retiree	\$0.00	\$0.00	\$0.00	28
Retiree + 1 Dependent	Non-Medicare Retiree/Non-Medicare Dependent	\$685.83	\$612.08	(\$73.75)	5
	Non-Medicare Retiree/Medicare Dependent	\$253.81	\$442.90	\$189.09	0
	Medicare Retiree/Non-Medicare Dependent	\$685.83	\$450.47	(\$235.36)	2
	Medicare Retiree/Medicare Dependent	\$253.81	\$281.29	\$27.48	17
Retiree + 2+ Dependents	Non-Medicare Retiree/Non-Medicare Dependents	\$1,824.31	\$1,331.36	(\$492.95)	0
	Non-Medicare Retiree/Medicare Dependent/ Non-Medicare 2nd+ Dependent(s)	\$1,392.29	\$1,162.18	(\$230.11)	0
	Medicare Retiree/Non-Medicare Dependents	\$1,824.31	\$1,169.75	(\$654.56)	0
	Medicare Retiree/Medicare Dependent/Non-Medicare 2nd+ Dependent(s)	\$1,392.29	\$1,000.57	(\$391.72)	0
	Medicare Retiree/Medicare Dependents	\$760.71	\$843.14	\$82.43	0

¹ For members receiving full City Charter employer contribution amounts.

2026 Member Contributions, Kaiser HMO vs PPO

Hawaii Region

Overall Coverage Tier	Non-Medicare and Medicare Statuses	2026 Monthly Member Contribution ¹		BSC PPO vs KP HI Difference	Member Count
		KP HI	BSC PPO		
Retiree Only	Non-Medicare Retiree	\$0.00	\$161.61	\$161.61	10
	Medicare Retiree	\$0.00	\$0.00	\$0.00	32
Retiree + 1 Dependent	Non-Medicare Retiree/Non-Medicare Dependent	\$535.21	\$612.08	\$76.87	2
	Non-Medicare Retiree/Medicare Dependent	\$166.32	\$442.90	\$276.58	2
	Medicare Retiree/Non-Medicare Dependent	\$535.21	\$450.47	(\$84.74)	2
	Medicare Retiree/Medicare Dependent	\$166.32	\$281.29	\$114.97	13
Retiree + 2+ Dependents	Non-Medicare Retiree/Non-Medicare Dependents	\$1,423.65	\$1,331.36	(\$92.29)	1
	Non-Medicare Retiree/Medicare Dependent/Non-Medicare 2nd+ Dependent(s)	\$1,054.76	\$1,162.18	\$107.42	0
	Medicare Retiree/Non-Medicare Dependents	\$1,423.65	\$1,169.75	(\$253.90)	0
	Medicare Retiree/Medicare Dependent/Non-Medicare 2nd+ Dependent(s)	\$1,054.76	\$1,000.57	(\$54.19)	0
	Medicare Retiree/Medicare Dependents	\$498.23	\$843.14	\$344.91	0

¹ For members receiving full City Charter employer contribution amounts.

Plan Design Features—Non-Medicare Retirees (1 of 3)

Plan Features	BSC Non-Medicare PPO		Kaiser Permanente Non-Medicare Multi-Region Plans		
	In- Network	Out of Network	KPWA	KPNW	KPHI
Deductible and Out-of-Pocket Maximum	\$250 Deductible Retiree only \$500 Deductible + 1 \$750 Deductible + 2 or more Annual out-of-pocket max \$3,750/individual; \$7,500/family	\$500 Deductible Retiree only \$1,000 Deductible + 1 \$1,500 Deductible + 2 or more Annual out-of-pocket max \$7,500/individual	No Deductible Annual out-of-pocket maximum \$1,500/individual \$3,000/family	No Deductible Annual out-of-pocket maximum \$1,500/individual \$3,000/family	No Deductible Annual out-of-pocket maximum \$2,500/individual \$7,500/family
Routine Physical	100% covered after deductible	50% covered after deductible	No Charge	No Charge	No Charge
Most Preventive Immunizations and Inoculations	100% covered after deductible	100% covered after deductible	No Charge	No Charge	No Charge
Routine Pre/Post-Partum Care	85% covered after deductible	50% covered after deductible	No Charge	No Charge	No Charge
Office and Home Visits	85% covered after deductible	50% covered after deductible	\$20 co-pay	First 3 Office Visits: \$5 co-pay; Subsequent Office Visits: \$20 co-pay	\$15 co-pay
Inpatient Hospital Visits	85% covered after deductible	50% covered after deductible	\$100 co-pay per admission	\$100 co-pay per admit with no charge for physician/surgeon fees	10% coinsurance
Pharmacy: Generic Drugs	\$10 co-pay (30-day supply)	\$10 co-pay plus 50% coinsurance (30-day supply)	\$10 co-pay (30-day supply)	\$5 co-pay (30-day supply)	\$3 co-pay generic maintenance (30-day supply); \$15 co-pay other generic (30-day supply)
Pharmacy: Brand-Name Drugs	\$25 co-pay (30-day supply)	\$25 co-pay plus 50% coinsurance (30-day supply)	\$20 co-pay (30-day supply)	\$15 co-pay (30-day supply)	\$50 co-pay (30-day supply)
Pharmacy: Non-Formulary Drugs	\$50 co-pay (30-day supply)	\$50 co-pay plus 50% coinsurance (30-day supply)	Applicable preferred generic or preferred brand cost shares apply	\$15 co-pay (30-day supply)	\$50 co-pay (30-day supply)
Mail Order: Generic Drugs	\$20 co-pay (90-day supply)	Not covered	\$20 co-pay (90-day supply)	\$10 co-pay (up to 90-day supply)	\$30 co-pay (up to 90-day supply)
Mail Order: Brand-Name Drugs	\$50 co-pay (90-day supply)	Not covered	\$40 co-pay (90-day supply)	\$30 co-pay (up to 90-day supply)	\$100 co-pay (up to 90-day supply)
Mail Order: Non-Formulary Drugs	\$100 co-pay (90-day supply)	Not covered	Applicable preferred generic or preferred brand cost shares apply	\$30 co-pay (up to 90-day supply)	\$100 co-pay (up to 90-day supply)
Specialty Drugs	\$50 co-pay (30-day supply)	\$50 co-pay, plus 50% coinsurance (30-day supply)	\$10 co-pay generic (30-day supply) \$20 co-pay brand-name (30-day supply)	20% coinsurance (not to exceed \$100) for up to 30 day supply	\$200 co-pay (up to 30-day supply)

Plan Design Features—Non-Medicare Retirees (2 of 3)

Plan Features	BSC Non-Medicare PPO		Kaiser Permanente Non-Medicare Multi-Region Plans		
	In- Network	Out of Network	KPWA	KPNW	KPHI
Outpatient Diagnostic X-Ray and Laboratory	85% covered after deductible	50% covered after deductible; prior notification	No Charge	No Charge	Lab: \$15/day (basic) 20% coinsurance (specialty); Inpatient fee included in Hospital stay; X-ray: \$15/day
Hospital Emergency Room	85% covered after deductible; if non-emergency 50% after deductible	85% covered after deductible; if non-emergency 50% after deductible	\$100 co-pay per admission	\$100 co-pay per admission (waived if admitted)	\$100 co-pay per visit (in and out of area)
Urgent Care Facility	85% covered after deductible	50% covered after deductible	\$20 co-pay per visit	\$20 co-pay per visit	\$15 co-pay per visit (in service area), 20% coinsurance (out of area)
Inpatient Hospital/Surgery	85% covered after deductible; notification required	50% covered after deductible; notification required	\$100 co-pay per admission	\$100 co-pay per admission	Facility fee is 10% coinsurance and physician/surgeon fees are 10% coinsurance
Outpatient Hospital/Surgery	85% covered after deductible	50% covered after deductible	\$50 per visit with no charge for physician/surgeon fees	\$35 per visit with no charge for physician/surgeon fees	Facility fee is 10% coinsurance and physician/surgeon fees are 10% coinsurance
Physical/Occupational Therapy	85% covered after deductible; limitations may apply, see EOC	50% covered after deductible; limitations may apply, see EOC	Outpatient: \$20 per visit with 45 visit limit per year	Outpatient: \$20 per visit with 20 visit limit per therapy per year	\$15/visit (outpatient); 10% coinsurance (inpatient).
Acupuncture/Chiropractic	50% covered after deductible; \$1,000 max/year	50% covered after deductible; \$1,000 max/year	\$20 per visit up to 12 visits per calendar year // \$20 per visit up to 10 visits per calendar year	\$20 per visit up to 12 acupuncture visits per calendar year/\$20 per visit up to 20 chiropractic visits per calendar year	\$20 per visit; Chiropractic, Acupuncture, Massage Therapy combined 12 visits per calendar year
Home Medical Equipment	85% covered after deductible; notification required	50% covered after deductible; notification required	No Charge	No Charge	20% coinsurance
Diabetic Monitoring Supplies	Co-pays apply see pharmacy benefits	Co-pays apply see pharmacy benefits	No Charge for Diabetic equipment. Drug co-pays apply for Diabetic pharmacy supplies	No Charge	50% of applicable charges coinsurance
Prosthetics/Orthotics	85% covered after deductible; when medically necessary; notification required	50% covered after deductible; when medically necessary; notification required	No Charge	No Charge	Internal prosthetics have no charge and external prosthetics have a 20% coinsurance. Foot orthotics are not covered.

Plan Design Features—Non-Medicare Retirees (3 of 3)

Plan Features	BSC Non-Medicare PPO		Kaiser Permanente Non-Medicare Multi-Region Plans		
	In- Network	Out of Network	KPWA	KPNW	KPHI
Hearing Aids	85% covered after deductible; 1 aid per ear, every 36 months, up to \$2,500 each	50% covered after deductible; 1 aid per ear, every 36 months, up to \$2,500 each	Member pays nothing, limited to an allowance of \$3,000 maximum per ear during any consecutive 36-month period	Up to \$2,500 for ages 18 and over. For ages under 18, limit to one hearing aid per ear, every 36 months.	60% coinsurance
Inpatient Mental Health Hospitalization	85% covered after deductible; notification required	50% covered after deductible; notification required	\$100 co-pay per admission	\$100 co-pay per admission	10% coinsurance
Outpatient Mental Health Treatment	85% covered after deductible; notification required	50% covered after deductible; notification required	\$20 co-pay per visit	\$5 for first 3 days; then \$20 per day for additional days in the same Year	\$15 co-pay per visit
Inpatient Detox	85% covered after deductible; notification required	50% covered after deductible; notification required	\$100 co-pay per admission	\$100 co-pay per admission	10% coinsurance
Residential Rehabilitation	85% covered after deductible; notification required	50% covered after deductible; notification required	\$100 co-pay per admission	\$100 co-pay per admission	10% coinsurance
Skilled Nursing Facility	85% covered after deductible; up to 120 days/year; notification required; custodial care not covered	50% covered after deductible; up to 120 days/year; notification required; custodial care not covered	No charge with 100 day limit per year	No charge with 100 day limit per year	10% coinsurance for up to 120 days per calendar year
Hospice	85% covered after deductible; authorization required	50% covered after deductible; authorization required	No Charge	No Charge	No Charge
Care Access and Limitations Outside Service Area	Coverage worldwide. In- network and out-of-network percentages and co-pays apply.	Coverage worldwide. In- network and out-of-network percentages and co-pays apply.	Coverage outside of service area will vary based on the service required.	Coverage outside of service area will vary based on the service required.	Coverage outside of service area will vary based on the service required.

Plan Design Features—Medicare Retirees (1 of 3)

Plan Features	BSC MAPD	KPWA	KPNW	KPHI
Deductible and Out-of-Pocket Maximum	No Deductible Annual out-of-pocket maximum \$3,750/individual	No Deductible Annual out-of-pocket maximum \$2,500/individual	No Deductible Annual out-of-pocket maximum \$1,500/individual	No Deductible Annual out-of-pocket maximum \$2,500/individual
Routine Physical	\$0 co-pay	No Charge	No Charge	No Charge
Preventive Immunizations and Inoculations	\$0 co-pay if covered under Part B	No Charge	No Charge	No Charge
Office and Home Visits	\$5 co-pay PCP; \$15 co-pay specialist	\$15 co-pay	\$20 co-pay	\$15 co-pay
Hospital Visits	No Charge	\$100 co-pay per admission	\$100 co-pay per admission	\$50 per day for days 1 through 6 of your stay and \$0 for the rest of your stay
Pharmacy: Generic Drugs	\$5 co-pay (30-day supply)	\$15 co-pay (for 30-day supply)	\$5 co-pay (for 30-day supply)	\$15 co-pay (for 30-day supply)
Pharmacy: Brand-Name Drugs	\$20 co-pay (30-day supply)	\$30 co-pay (for 30-day supply)	\$15 co-pay (for 30-day supply)	\$50 co-pay (for 30-day supply)
Pharmacy: Non-Preferred Brand	\$45 co-pay (30-day supply)	\$30 co-pay (for 30-day supply)	\$15 co-pay (for 30-day supply)	\$50 co-pay (for 30-day supply)
Mail Order: Generic Drugs	\$10 co-pay (100-day supply)	\$30 co-pay (for 90-day supply)	\$10 co-pay (for up to a 90 day supply)	\$30 co-pay (for up to a 90-day supply)
Mail Order: Brand-Name Drugs	\$40 co-pay (100-day supply)	\$60 co-pay (for 90-day supply)	\$30 co-pay (for up to a 90 day supply)	\$100 co-pay (for up to a 90-day supply)
Mail Order: Non-Preferred Brand	\$90 co-pay (100-day supply)	\$60 co-pay (for 90-day supply)	\$30 co-pay (for up to a 90 day supply)	\$100 co-pay (for up to a 90-day supply)
Specialty Drugs	\$20 co-pay retail pharmacy up to 30-day supply \$40 co-pay mail/home delivery pharmacy up to 90-day supply	\$30 co-pay (for 30-day supply)	20% coinsurance up to \$100 maximum for specialty drugs (up to a 30-day supply), per prescription.	\$200 co-pay
Outpatient Diagnostic X-Ray and Laboratory	\$0 co-pay	No Charge	No Charge	No Charge

Plan Design Features—Medicare Retirees (2 of 3)

Plan Features	BSC MAPD	KPWA	KPNW	KPHI
Hospital Emergency Room	\$65 co-pay waived if admitted to the hospital within 24 hours	\$75 co-pay each visit, but waived if admitted	\$50 co-pay per visit	\$75 co-pay per admission (in-and out-of-area)
Urgent Care Facility	\$20 co-pay waived if admitted to the hospital within 24 hours	\$15 co-pay per visit	\$20 co-pay per visit	\$15 co-pay per visit
Inpatient Hospital/Surgery	\$150 co-pay per admission	\$100 co-pay per admission	\$100 co-pay per admission	\$50 per day for days 1 through 6 of your stay and \$0 for the rest of your stay
Outpatient Hospital/Surgery	\$100 co-pay per visit	\$50 per visit for outpatient surgery performed in a hospital facility or ambulatory surgical center.	\$35 co-pay per visit	\$50 co-pay per visit
Physical/Occupational Therapy	\$20 co-pay per visit	\$15 per each physical, occupational, and speech language therapy visit	\$20 co-pay per visit	\$15 co-pay per visit
Acupuncture/Chiropractic	\$15 co-pay 24 visits of each max per plan year	\$15 per visit, and up to 8-visits for Acupuncture; 3-visits for naturopathy; 10-visits for chiropractic; 10-visits medically necessary massage therapy	\$20 per visit for Acupuncture up to 12 visits per year; \$20 per visit for Chiropractic services up to 20 visits per year.	\$20 per visit for a maximum of 12 office visits per calendar year for both chiropractic and acupuncture services.
Home Medical Equipment	\$15 co-pay	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic Monitoring Supplies	\$0 co-pay limited to certain brands	20% coinsurance	No Charge	20% coinsurance
Prosthetics/Orthotics	\$15 co-pay	20% coinsurance	20% coinsurance	No charge for surgically implanted internal devices. 20% coinsurance for all other covered internal devices. 20% of Applicable Charges for external prosthetic or orthotic devices and supplies (including wound care supplies)
Hearing Aids	Evaluation no charge \$5,000 allowance for hearing aid(s), combined for both ears, every 36	\$1,000 per ear allowance per 36-month period	Balance after \$2,500 allowance is applied for each hearing aid per ear every three years	Up to 2 hearing aids every 36 months with 60% of applicable charges of the lowest priced model

Plan Design Features—Medicare Retirees (3 of 3)

Plan Features	BSC MAPD	KPWA	KPNW	KPHI
Inpatient Mental Health Hospitalization	\$150 co-pay per admission	\$100 co-pay per admission	\$100 co-pay per admission	\$50 per day for days 1 through 6 of your stay and \$0 for the rest of your stay.
Outpatient Mental Health Treatment	\$5 co-pay group \$15 co-pay individual	\$15 co-pay per visit	\$20 co-pay per visit	\$15 co-pay per visit
Inpatient Detox	\$150 co-pay per admission	\$100 co-pay per admission	\$100 co-pay per admission	\$50 per day for days 1 through 6 of your stay and \$0 for the rest of your stay.
Residential Rehabilitation	\$150 co-pay per admission	\$100 co-pay per admission	\$100 co-pay per admission	\$50 per day for days 1 through 6 of your stay and \$0 for the rest of your stay.
Skilled Nursing Facility	No charge up to 100 days/benefit period; no custodial care	No charge for up to 100 days per benefit period	No charge for up to 100 days per benefit period	100 days per benefit period: \$0 for days 1 through 20 \$50 per day for days 21 through 100
Hospice	Hospice services are paid for by Original Medicare	Hospice services are paid for by Original Medicare	Hospice services are paid for by Original Medicare	Hospice services are paid for by Original Medicare
Post Discharge Meal Delivery	\$0 co-pay for 30 meals; 16 snacks, per discharge	Discounted pricing on various meal services	Discounted pricing on various meal services	Discounted pricing on various meal services
Routine Transportation	\$0 co-pay for 24 one-way trips to see a provider or pharmacy	No Charge for up to 6 round-way trips each year for non-emergent medical services	Not Covered	Not Covered