Retirees

2027 Medical Plans for Retirees or Dependents *with* Medicare

	KAISER PERMANENTE Senior Advantage HMO (California)	BLUE SHIELD OF CALIFORNIA Medicare PPO
DEDUCTIBLES		
Deductible and Out-of-Pocket Maximum	No Deductible Annual out-of-pocket maximum $1,000/individual	No Deductible Annual out-of-pocket maximum $3,750/individual
PREVENTIVE CARE		
Routine Physical	$0 co-pay	$0 co-pay
Immunizations and Inoculations	$0 co-pay	$0 co-pay if covered under Part B
Well Woman Exam and Family Planning	$0 co-pay	$0 co-pay
Routine Pre/Post-Partum Care	$0 co-pay visits limited; see EOC	Cost share varies per servicetype and location of service
PHYSICIAN AND PROVIDER CARE		
Office and Home Visits	$20 co-pay	$5 co-pay PCP; $15 co-pay specialist
Hospital Visits	No charge	No charge
PRESCRIPTION DRUGS		
Pharmacy: Generic Drugs (Tier 1)	$5 co-pay 30-day supply	$5 co-pay 30-day supply
Pharmacy: Brand-Name Drugs (Tier 2)	$15 co-pay 30-day supply	$20 co-pay 30-day supply
Pharmacy: Non-Preferred Brand Drugs (Tier 3)	Only if authorized by a Kaiser Physician	$45 co-pay 30-day supply
Mail/Home Delivery: Generic Drugs (Tier 1)	$10 co-pay 100-day supply	$10 co-pay 100-day supply
Mail/Home Delivery: Brand-Name Drugs (Tier 2)	$30 co-pay 100-day supply	$40 co-pay 100-day supply
Mail/Home Delivery: Non-Preferred Brand Drugs (Tier 3)	Only if authorized by a Kaiser Physician	$90 co-pay 100-day supply
Specialty Drugs (Tier 4)	20% coinsurance up to $100 per prescription, 30-day supply	$20 co-pay retail pharmacy up to 30-day supply; $40 co-pay mail/home delivery pharmacy up to 90-day supply
OUTPATIENT SERVICES		
X-ray and Laboratory	$0 co-pay	$0 co-pay
EMERGENCY		
Hospital Emergency Room	$50 co-pay waived if hospitalized	$65 co-pay waived if admitted to the hospital within 24 hours
Urgent Care Facility	$20 co-pay	$20 co-pay waived if admitted to the hospital within 24 hours
HOSPITAL/SURGERY		
Inpatient	$100 co-pay per admission	$150 co-pay per admission
Outpatient	$35 co-pay	$100 co-pay

Retirees

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	KAISER PERMANENTE Senior Advantage HMO (California)	BLUE SHIELD OF CALIFORNIA Medicare PPO
REHABILITATIVE		
Physical/Occupational Therapy	$20 co-pay authorization required	$20 co-pay
Acupuncture/Chiropractic	$15 co-pay 30 visits combined acupuncture or chiro max per plan year; ASH network	$15 co-pay 24 visits of each max per plan year; ASH network
GENDER DYSPHORIA		
Office Visits and Outpatient Surgery	Co-pays apply authorization required	Co-pays apply authorization required
DURABLE MEDICAL EQUIPMENT		
Home Medical Equipment	$0 co-pay as authorized by PCP according to formulary	$15 co-pay
Prosthetics/Orthotics	$0 co-paye when medically necessary	$15 co-pay
Diabetic Monitoring Supplies	$0 co-pay see EOC	$0 co-pay limited to certain brands; $15 copay for Continous Glucose Monitors and Supplies
Hearing Aids	Evaluation no charge, 1 aid per ear, every 36 months, up to $2,500 per ear.	Evaluation no charge, 1 aid per ear, every 36 months, up to $2,500 per ear.
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		
Inpatient Hospitalization	$100 co-pay per admission	$150 co-pay per admission
Outpatient Treatment	$10 co-pay group $20 co-pay individual	$5 co-pay group $15 co-pay individual
Inpatient Detox	$100 co-pay per admission	$150 co-pay per admission
Residential Rehabilitation	$100 co-pay per admission; physician approval required	$150 co-pay per admission
EXTENDED & END-OF-LIFE CARE		
Skilled Nursing Facility	$0 co-pay up to 100 days per year	$0 co-pay up to 100 days/benefit period; no custodial care
Hospice	$0 co-pay when medically necessary	Covered by Original Medicare
POST-DISCHARGE SUPPORT AND ROUTINE TRANSPORTATION		
Post Discharge Meal Delivery	$0 co-pay up to three meals per day in a consecutive four-week period, once per calendar year	$0 co-pay for 30 meals; 16 snacks, per discharge
Routine Transportation	$0 co-pay for up to 24 one-way trips (50 miles per trip) per calendar year to facilitate non-emergent access to healthcare	$0 co-pay for up to 24 one-way trips (70 miles per trip) per calendar year to facilitate non-emergent access to healthcare

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. If any discrepancy exists between the information provided in this Guide and the EOC, the EOC shall prevail. Download EOCs at **sfhss.org**.