## Senior Advantage for Postal Service Members (HMO)

Enrolling in Senior Advantage for Postal Service Members does not change your PSHB premium.

Hawaii		High Option		
2025 Benefits and Services		Without Medicare	Senior Advantage 1	Senior Advantage 2
Deductible		None	None	None
<b>Outpatient services</b>	;			
Preventive care		\$0	\$0	\$0
Telehealth		\$0	\$0	\$0
Primary care office visit		\$15	\$5	\$10
Specialty care office visit		\$15	\$10	\$10
Basic lab tests and X-rays		\$10	\$0	\$10
Specialty lab tests and X-rays		20%	\$0	20%
Hospital services				
Outpatient surgery		20%	\$5	\$50
Inpatient hospital		\$100	\$0	\$50
Emergency and urg	ent care			
W	/ithin the service area	\$15	\$10	
Urgent care 0	utside the service area	\$20		\$15
Emergency care		\$100	\$75	\$75
Ambulance		20%	20%	20%
Prescription drugs*	;**,†			
N	laintenance	\$5	\$5, \$0 mail-order	\$5, \$0 mail-order
Generic 0	ther generics	\$10	\$10	\$10
Brand		\$45	\$45	\$45
Specialty		\$200	\$60	\$200
Hearing aids (every 36 months)		60%	40%	60%
Dental				
Examination		\$0	\$0	\$0
Cleaning		20%	20%	20%
Additional Senior A	dvantage benefits			
Chiropractic and acupuncture 20 combined visits per year		Not covered	\$20	Not covered
Eyewear allowance (every 12 months)		Not covered	\$100	Not covered
Fitness program		Fit Rewards \$200 membership fee \$0 fitness kit	One Pass \$0 membership fee \$0 fitness kit	One Pass \$0 membership fee \$0 fitness kit
Part B reimbursement		Not applicable	None	Up to \$175/month
Out-of-Pocket Maximum		\$3,000	\$2,500	\$3,000

Standard Option				
Without Medicare	Senior Advantage			
None	None			
\$0	\$0			
\$0	\$0			
\$25 (\$0 for children through age 17)	\$15 (\$0 for children through age 17)			
\$25	\$20			
\$10	\$10			
30%	20%			
20%	\$75			
\$300	\$200			
\$25 (\$0 for children through age 17)	\$20 (\$0 for children through age 17)			
\$200	\$75			
20%	20%			
\$5	\$5, \$0 mail-order			
\$15	\$15			
\$50	\$45			
\$200	\$75			
60%	40%			
\$0	\$0			
20%	20%			
Not covered	\$20			
Not covered	\$100			
Fit Rewards	One Pass			
\$200 membership fee	\$0 membership fee			
\$0 fitness kit Not applicable	\$0 fitness kit None			
\$3,000	\$2,500			

\*Copayments are for a 30-day supply at Kaiser Permanente pharmacies. You pay only 2 copays for up to a 90-day supply for most drugs through Kaiser Permanente's mail-order program.

\*\*For each insulin product covered by our Senior Advantage plans, you will not pay more than **\$35** for a 30-day supply, \$70 for a 31- to 60-day supply, and **\$105** for a 61- to 90-day supply, regardless of the tier.

tPlan providers determine the drug that is medically necessary. If you request another drug, you pay prices charged to members for noncovered drugs. Some drugs may not be eligible for mail-order delivery.

## Notes:

- Telehealth options include video, phone, email and more.
- Coinsurance (%) is based on our allowance.
- Out-of-pocket maximum amounts are per person, but no more than 3 times per family.
- Beginning 2025, CMS guidelines have decreased the Part D prescription drug OOP maximum to \$2,000.
- Beginning 2025, One Pass<sup>®</sup> is replacing the previous Silver&Fit<sup>®</sup> fitness program.

This is a summary of the features of the Kaiser Permanente health plan, including Kaiser Permanente Senior Advantage for Postal Service Members. Before making a final decision, please read the Plan's Postal Service brochure RI 73-920. All benefits are subject to the definitions, limitations, and exclusions set forth in the Postal Service brochure and the Kaiser Permanente Senior Advantage for Postal Service Members *Evidence* of Coverage.