

Get more value from your retiree benefits

Find the Medicare plan that's right for your budget



Compare 2021 San Bernardino plans versus the Individual plan¹

	San Bernardino County Kaiser Permanente Medicare Advantage (HMO) Low Plan	San Bernardino County Kaiser Permanente Medicare Advantage (HMO) High Plan	Kaiser Permanente Senior Advantage (HMO) Individual Plan
Average monthly premium	\$135.84	\$223.05	\$0
Out-of-pocket maximum ²	\$1,500	\$1,500	\$3,400
Doctor visits	\$25	\$10	\$5
Specialist visits	\$25	\$10	\$10
Emergency department	\$50	\$50	\$120
Urgent care	\$25	\$10	\$5
Labs/X-rays	No charge	No charge	\$0/\$15
MRI/CT/PET scans	No charge	No charge	\$150
Ambulance per trip	\$50	No charge	\$200
Hospitalization	\$500 per admission	No charge	\$100 per day for days 1 through 7
Outpatient surgery	\$25	\$10	\$50
Durable medical equipment	20% coinsurance	No charge	20% coinsurance
Optical hardware (every 24 months)	\$150 allowance	\$150 allowance	\$40 allowance
Home health care	No charge	No charge	No charge
Skilled nursing facility (100 days per benefit period)	No charge	No charge	\$0 for days 1 through 20, then \$75 per day
Generic Rx	\$10 for up to a 30-day supply	\$10 for up to 100-day supply	Up to a 30-day supply \$3 preferred generic (tier 1) \$10 generic (tier 2)
Brand Rx	\$25 for up to a 30-day supply	\$20 for up to 100-day supply	Up to a 30-day supply ³ \$47 preferred brand name (tier 3) \$100 nonpreferred brand name (tier 4)
Specialty Rx	20% coinsurance (not to exceed \$100) for up to a 100-day supply	20% coinsurance (not to exceed \$100) for up to a 100-day supply	Up to a 30-day supply ³ 33% specialty (tier 5) \$0 injectable Part D vaccines (tier 6)

Understand your share of costs

When choosing a plan, there's more to consider than just the monthly premium amount.

- If you're managing a condition that requires regular doctor visits or lab tests, estimate your total copays for the year.
- If you take prescription medications, estimate your monthly costs. Learn more about drug tiers at kp.org/medicareformulary.
- If you were to have a major health event, consider what your share of costs could be before you reach the plan's out-of-pocket maximum (the total amount you need to pay before your plan pays 100% of covered services for the year).

Here's an example of the yearly costs you might face if you had a major health event:

	San Bernardino County Kaiser Permanente Medicare Advantage (HMO) Low Plan	San Bernardino County Kaiser Permanente Medicare Advantage (HMO) High Plan	Kaiser Permanente Senior Advantage (HMO) Individual Plan
4 doctor visits	\$100	\$40	\$20
1 specialist visit	\$25	\$10	\$10
1 ER visit	\$50	\$50	\$120
1 lab test	\$0	\$0	\$0
1 X-ray	\$0	\$0	\$15
1 ambulance trip	\$50	\$0	\$200
7-day hospital stay	\$500	\$0	\$700
1 outpatient surgery	\$25	\$10	\$50
30-day skilled nursing facility stay	\$0	\$0	\$750
Out-of-pocket expenses so far	\$750	\$110	\$1,865
2 generic drug prescriptions	\$20 per 30-day supply	\$20 per 100-day supply	\$20 per 30-day supply (tier 2)
2 brand-name drug prescriptions	\$50 per 30-day supply	\$40 per 100-day supply	\$94 per 30-day supply (tier 3)
1 specialty drug	\$100 for up to 100-day supply	\$100 for up to 100-day supply	\$330* for up to 30-day supply (tier 5)
Yearly out-of-pocket expenses for drugs	\$1,240	\$640	\$4,500 to \$5,500³
Yearly premium	\$1,630.08	\$2,676.60	\$0
Total out-of-pocket costs	\$3,620.08	\$3,426.50	\$6,365 to \$7,365

*Assuming the average cost of tier 5 drug is \$1,000

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

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1. This is just a summary. See your **Evidence of Coverage** for full details.
 2. The out-of-pocket maximum doesn't include monthly premium payments or prescription drug costs.
 3. When the annual total drug costs paid by you and any Part D plan reach \$4,130, you move into the Coverage Gap Stage. You now pay 25% of the actual drug cost for preferred brand name (tier 3) and 25% for nonpreferred brand name (tier 4), 25% for specialty drug (tier 5). When your annual out-of-pocket costs exceed \$6,650, you pay these amounts for the remainder of the calendar year: \$3 generic and \$12 brand and specialty.