

Summary of Benefits Chart for Kaiser Permanente Senior Advantage (HMO) with Part D (1/1/26—12/31/26)

Plan Out-of-Pocket Maximum

For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the following amount:

For any one Member\$1,000 per calendar year

Plan Deductible None

Professional Services (Plan Provider office visits) You Pay

Most Primary Care Visits and most Non-Physician Specialist Visits \$10 per visit

Most Physician Specialist Visits..... \$10 per visit

Annual Wellness visit and the “Welcome to Medicare” preventive visit..... No charge

Routine physical exams No charge

Routine eye exams with a Plan Optometrist \$10 per visit

Urgent care consultations, evaluations, and treatment..... \$10 per visit

Physical, occupational, and speech therapy..... \$10 per visit

Outpatient Services You Pay

Outpatient surgery and certain other outpatient procedures..... \$10 per procedure

Most immunizations (including the vaccine) No charge

Most X-rays and laboratory tests No charge

Manual manipulation of the spine \$10 per visit

Hospital Inpatient Services You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs No charge

Emergency Services You Pay

Emergency department visits..... \$50 per visit

Ambulance and Transportation Services You Pay

Ambulance Services No charge

Other transportation Services when provided by our designated transportation provider as described in this *EOC* No charge for up to 24 one-way trips (50 miles per trip) per calendar year

Prescription Drug Coverage You Pay

This plan covers Medicare Part D prescription drugs in accord with our Part D formulary.

Initial coverage stage—until you have spent \$2,100 in 2026. (If you spend \$2,100, you move on to the catastrophic coverage stage):

Generic drugs at a pharmacy..... \$5 for up to a 30-day supply, \$10 for a 31- to 60-day supply, or \$15 for a 61- to 100-day supply

Generic refills through our mail-order service \$5 for up to a 30-day supply or \$10 for a 31- to 100-day supply

Prescription Drug Coverage		You Pay
Brand-name drugs at a pharmacy.....		\$20 for up to a 30-day supply, \$40 for a 31- to 60-day supply, or \$60 for a 61- to 100-day supply
Brand-name refills through our mail-order service		\$20 for up to a 30-day supply or \$40 for a 31- to 100-day supply
Catastrophic coverage stage		No charge
Durable Medical Equipment (DME)		You Pay
Covered durable medical equipment for home use		No charge
Mental Health Services		You Pay
Inpatient psychiatric hospitalization		No charge
Individual outpatient mental health evaluation and treatment.....		\$10 per visit
Group outpatient mental health treatment		\$5 per visit
Substance Use Disorder Treatment		You Pay
Inpatient detoxification		No charge
Individual outpatient substance use disorder evaluation and treatment.....		\$10 per visit
Group outpatient substance use disorder treatment.....		\$5 per visit
Home Health Services		You Pay
Home health care (part-time, intermittent)		No charge
Other		You Pay
Eyeglasses or contact lenses every 24 months.....		Amount in excess of \$175 Allowance
Hearing aid(s) every 36 months.....		Amount in excess of \$500 Allowance for each ear
Skilled nursing facility care (up to 100 days per benefit period).....		No charge
External prosthetic and orthotic devices		No charge
Meals delivered to your home immediately following discharge from a network hospital or Skilled Nursing Facility		No charge up to three meals per day in a consecutive four-week period, once per calendar year
Over-the-Counter (OTC) Health and Wellness products obtained through our OTC catalog		No charge for a quarterly benefit limit of \$70
Fitness benefit – One Pass™ (includes access to in-network gyms and one home fitness kit per calendar year).....		No charge

Summary of Benefits booklet

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 additional information, please refer to the *Summary of Benefits* booklet enclosed; for a complete explanation, refer to the *EOC*.



Kaiser Foundation Health Plan, Inc.
Northern California

2026 Disclosure Form Amendment for Combined Chiropractic and Acupuncture Services

This document amends your Kaiser Foundation Health Plan, Inc. *Disclosure Form* to add coverage for Combined Chiropractic and Acupuncture Services.

April 28, 2025

Your Kaiser Permanente Combined Chiropractic and Acupuncture Benefit

Benefit Highlights

Professional Services (ASH Participating Provider office visits)	You Pay
Chiropractic and acupuncture office visits (up to a combined total of 20 visits per 12-month period).....	\$15 per visit
Other	You Pay
X-rays and laboratory tests that are covered Chiropractic Services	No charge
Chiropractic supports and appliances	Amounts in excess of the \$50 Allowance

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, refer to the Combined Chiropractic and Acupuncture Services amendment to your Health Plan *EOC*.

Introduction

Kaiser Foundation Health Plan, Inc. contracts with American Specialty Health Plans of California, Inc. (“ASH Plans”) to make the network of ASH Participating Providers available to you. When you need chiropractic care or acupuncture, you have direct access to more than 3,400 licensed chiropractors and more than 2,000 licensed acupuncturists in California.

In addition to the terms defined in the “Definitions” section of your *Disclosure Form*, some capitalized terms have special meaning in this document, as described in the "Definitions" section at the end of this document.

This amendment is only a summary of your chiropractic and acupuncture coverage. The Chiropractic and Acupuncture Services Amendment to your *EOC* provides details about the terms and conditions of your chiropractic and acupuncture coverage, including exclusions and limitations.

To obtain the amendment to your *EOC* please contact your group.

ASH Participating Providers

The list of ASH Participating Providers is available on the ASH Plans Website at ashlink.com/ash/kp or from the ASH Plans Customer Service Department at **1-800-678-9133** (TTY users call 711) weekdays from 5 a.m. to 6 p.m. The list of ASH Participating Providers is subject to change at any time without notice.

How to Obtain Services

You can obtain services from any ASH Participating Providers without a referral from a Plan Physician.

To obtain services, call an ASH Participating Provider to schedule an initial examination. If additional Services are required after the initial examination, verification that the Services are Medically Necessary may be required. Your ASH Participating Provider will request any required medical necessity determinations. An ASH Plans' clinician in the same or similar specialty as the provider of Services under review will determine whether the Services are or were Medically Necessary Services. For more information about how to obtain covered Services, refer to the Combined Chiropractic and Acupuncture Services amendment to your Health Plan *EOC*.

Second Opinions

You may request a second opinion in regard to covered Service by contacting another ASH Participating Provider. Your visit to another ASH Participating Provider for a second opinion generally will count toward any visit limit, if applicable. An ASH Participating Provider may also request a second opinion in regard to covered Services by referring you to another ASH Participating Provider in the same or similar specialty. When you are referred by an ASH Participating Provider to another ASH Participating Provider for a second opinion, your visit to the other ASH Participating Provider will not count toward any visit limit, if applicable. An authorization or denial of your request for a second opinion will be provided in an expeditious manner, as appropriate for your condition. If your request for a second opinion is denied, you will be notified in writing of the reasons for the denial, and of your right to file a grievance as described in your Health Plan *EOC*.

Your Costs

When you receive covered Services, you must pay the Cost Share as described in the Combined Chiropractic and Acupuncture Services amendment to your Health Plan *EOC*. The Cost Share does not apply toward the Plan Deductible or Plan Out-of-Pocket Maximum described in the Health Plan *EOC*.

ASH Plans Customer Service

If you have question about the Services you can get from an ASH Participating Provider, you may call the ASH Plans Customer Service Department toll free at **1-800-678-9133** (TTY users call **711**) weekdays from 5 a.m. to 6 p.m.

Exclusions

The items and services listed in this "Exclusions" section are excluded from coverage under the Combined Chiropractic and Acupuncture Services amendment. (Note: Some items and services listed in this "Exclusions" section may be covered Services under your Health Plan *EOC*. Please refer to your Health Plan *EOC* for details.) These exclusions apply to all Services that would otherwise be covered under the Combined Chiropractic and Acupuncture Services amendment regardless of whether the services are within the scope of a provider's license or certificate:

- Acupuncture services for conditions other than Musculoskeletal and Related Disorders, nausea, and pain
- Acupuncture performed with reusable needles
- Services provided by an acupuncturist that are not within the scope of licensure for an acupuncturist licensed in California
- For Acupuncture Services, adjunctive therapies unless provided during the same course of treatment and in conjunction with acupuncture
- Services provided by a chiropractor that are not within the scope of licensure for a chiropractor licensed in California
- For Chiropractic Services, adjunctive therapy not associated with spinal, muscle, or joint manipulations
- Air conditioners, air purifiers, therapeutic mattresses, chiropractic appliances, durable medical equipment, supplies, devices, appliances, and any other item except those listed as covered under "Chiropractic Supports and Appliances" in the "Covered Services" section of this Amendment
- Services for asthma or addiction, such as nicotine addiction
- Hypnotherapy, behavior training, sleep therapy, and weight programs
- Thermography
- Experimental or investigational Services. If coverage for a Service is denied because it is experimental or investigational and you want to appeal the denial, refer to your Health Plan *EOC* for information about the appeal process

- CT scans, MRIs, PET scans, bone scans, nuclear medicine, and any other type of diagnostic imaging or radiology other than X-rays covered under the “Covered Services” section of this Amendment
- Ambulance and other transportation
- Education programs, non-medical self-care or self-help, any self-help physical exercise training, and any related diagnostic testing
- Services for pre-employment physicals or vocational rehabilitation
- Drugs and medicines, including non-legend or proprietary drugs and medicines
- Services you receive outside the state of California, except for Services covered under “Emergency and Urgent Services Covered Under this Amendment” in the “Covered Services” section
- Hospital services, anesthesia, manipulation under anesthesia, and related services
- Dietary and nutritional supplements, such as vitamins, minerals, herbs, herbal products, injectable supplements, and similar products
- Massage therapy
- Maintenance care (services provided to Members whose treatment records indicate that they have reached maximum therapeutic benefit)

Definitions

Acupuncture Services: The stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions and appropriate adjunctive therapies, such as hot/cold packs, infrared heat, or acupressure, when provided during the same course of treatment and in conjunction with acupuncture and when provided by an acupuncturist for the treatment of your Musculoskeletal and Related Disorder, nausea (such as nausea related to chemotherapy, post-surgery nausea, or nausea related to pregnancy), or joint pain (such as lower back, shoulder, or hip joint pain), and headaches.

ASH Participating Provider: One of the following types of providers:

- An acupuncturist who is licensed to provide acupuncture services in California and who has a contract with ASH Plans to provide Medically Necessary Acupuncture Services to you
- A chiropractor who is licensed to provide chiropractic services in California and who has a contract with ASH Plans to provide Medically Necessary Chiropractic Services to you

A list of ASH Participating Providers is available on the ASH Plans website at ashlink.com/ash/kaisercamedicare for Kaiser Permanente Senior Advantage Members, or ashlink.com/ash/kp for all other Members, or from the ASH Plans Customer Service Department toll free at **1-800-678-9133** (TTY users call **711**). The list of ASH Participating Providers is subject to change at any time, without notice. If you have questions, please call the ASH Plans Customer Service Department.

ASH Plans: American Specialty Health Plans of California, Inc., a California corporation.

Chiropractic Services: Chiropractic services include spinal and extremity manipulation and adjunctive therapies such as ultrasound, therapeutic exercise, or electrical muscle stimulation, when provided during the same course of treatment and in conjunction with chiropractic manipulative services, and other services provided or prescribed by a chiropractor (including laboratory tests, X-rays, and chiropractic supports and appliances) for the treatment of your Musculoskeletal and Related Disorder.

Musculoskeletal and Related Disorders: Conditions with signs and symptoms related to the nervous, muscular, and/or skeletal systems. Musculoskeletal and Related Disorders are conditions typically categorized as structural, degenerative, or inflammatory disorders; or biomechanical dysfunction of the joints of the body and/or related components of the muscle or

skeletal systems (muscles, tendons, fascia, nerves, ligaments/capsules, discs and synovial structures) and related manifestations or conditions.

Treatment Plan: One of the following, depending on whether the Treatment Plan is for Chiropractic Services or Acupuncture Services:

- The course of treatment for your Musculoskeletal or Related Disorder, which may include laboratory tests, X-rays, chiropractic supports and appliances, and a specific number of visits for chiropractic manipulations (adjustments), and adjunctive therapies that are Medically Necessary Chiropractic Services for you
- The course of treatment for your Musculoskeletal or Related Disorder, nausea, or pain, which will include a specific number of visits for acupuncture (including adjunctive therapies) that are Medically Necessary Acupuncture Services for you