

Active Employees and Pre-65 Retirees (Non-Medicare Only)	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.**	
<b>*Disclaimer: This comparison contains the general features of the plans based on our knowledge at the time of this printing and is not intended to replace the legal documents that contain the complete provisions of each plan. Contract terms are outlined in detail in the certificates issue to you by the respective carriers. Final interpretation of any provision of the plan is governed by the master insurance contract and membership agreements on file in the Aerospace Employee Benefits Department.</b>		
Plan changes are in orange.	2019 In-Network	Comments
<b>General Information</b>		
Lifetime Maximum Benefit	No Lifetime Max	No Lifetime Max
Annual Maximum Benefit	No Annual Max	NO Annual Max
Coinsurance Percentage	0.00%	0.00%
Precertification Requirements	Yes	
Precertification Penalty	Yes	
Health Savings Account (HSA)	n/a	
Health Reimbursement Account (HRA)	n/a	
R & C	n/a	
<b>Deductibles</b>		
Individual Annual Deductible	n/a	
Family Annual Deductible	n/a	
Applies to Out-of-Pocket Maximum	n/a	
Prescription benefits are covered under medical deductible	n/a	
<b>Out-of-Pocket Mx per Plan Year</b>		
Individual Out-of-Pocket Maximum Per Year	\$3,000.00	
Family Out-of-Pocket Maximum Per Year	\$6,000.00	
<b>Outpatient Services</b>		
Primary Care Physician Visits	\$20.00	
Specialist Visit	\$35.00	
Lab tests and X-ray	\$0.00	
Specialized Imaging	\$100.00	
Outpatient Surgery	\$35.00	
Allergy Testing	Applicable copay based on type and place of service	Benefit Clarification
Allergy Injections	Applicable copay based on type and place of service	Benefit Clarification
<b>Preventive Care</b>		
Well Child Care Office Visit	\$0.00	
Well Child Age limit	5 yo	
Adult Routine Physical Exams	\$0.00	
Adult Immunizations	\$20 copay for consultations and immunizations for foreign travel	Routine immunization for children and adults. No additional charge for immunization agent
Routine Mammogram	\$0.00	
Pap Smear	\$0.00	
Prostate Screening (PSA)	\$0.00	
Colon Cancer Screenings	\$0.00	
Cardiovascular screenings	\$0.00	
Hearing Evaluations	Applicable cost share based on place of service	Benefit Clarification
<b>Inpatient Hospital</b>		
Deductible per Confinement	\$0.00	
Deductible per Day	\$0.00	
Hospital Services	\$0.00	
Physicians and Surgeons' Services	\$0.00	
<b>Emergency Services</b>		
Emergency Room Treatment	\$75 waived if admitted	
Non-emergency or non-urgent use of ER	Not covered however members can appeal	Benefit Clarification
Ambulance	\$50.00	
Urgent Care Facility Services	\$35.00	
Physician Office Visit	\$20 PCP/ \$35 Specialty	
After Hours	Applicable copay based on type and place of service	
<b>Maternity Care</b>		
Physician Office Visit	\$0, after confirmation of pregnancy and first post partum visit	
Maternity Care - Inpatient Delivery	\$0.00	
Midwife delivery services	Not a covered benefit	

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<b>Mental Health</b>		
Deductible per Confinement	\$0.00	
Deductible per Day	\$0.00	
Mental Health Inpatient	\$0.00	
Mental Health-Inpatient Plan Maximums	None	
Mental Health Outpatient	\$20 copay Individual Therapy	
Mental Health - Group Therapy	\$10.00	
Mental Health-Outpatient Plan Maximums	None	
Severe Mental Illness	covered at applicable copayment	
<b>Substance Abuse</b>		
Deductible per Confinement	\$0.00	
Deductible per Day	\$0.00	
Detoxification	\$0.00	
Substance Abuse - Inpatient Treatment	\$0.00	
Substance Abuse-Inpatient Plan Maximums	None	
Substance Abuse-Outpatient	\$20 copay Individual Therapy \$10 copay Group Therapy	
Substance Abuse-Outpatient Plan Maximums	None	
<b>Rehabilitation Therapy</b>		
Inpatient Rehabilitation	\$0.00	
Outpatient Physical, Occupational, and Speech Therapy	\$35.00	<b>30 visit per injury, incident or condition for each therapy</b>
<b>Alternative Care</b>		
Chiropractic Care	\$35.00	Chiropractic care is covered for a \$35 copay for up to 20 visits per contract year.
		<p>In addition, Kaiser Permanente members are able to take advantage of a unique service called the Kaiser Permanente Complementary and Alternative Medicine Access program. This program is not a benefit under the group's health benefit plan, but is a "value-added" service.</p> <p>Under this program, our members can access a network of providers credentialed by American Specialty Health Networks (ASHN) throughout the Mid-Atlantic region. ASHN specializes in broad-spectrum complementary health care medicine. Members can choose any of the providers in this network without a referral from their primary care physician. Our members receive significant savings on a range of chiropractic, acupuncture, and massage therapy services, as well as other complimentary and alternative medicine services such as fitness club memberships and herbal and dietary supplements. Chiropractors and acupuncturists must be licensed to participate.</p>

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Acupuncture	not covered	<p>Kaiser Permanente members are able to take advantage of a unique service called the Kaiser Permanente Complementary and Alternative Medicine Access program. This program is not a benefit under the group's health benefit plan, but is a "value-added" service.</p> <p>Under this program, our members can access a network of providers credentialed by American Specialty Health Networks (ASHN) throughout the Mid-Atlantic region. ASHN specializes in broad-spectrum complementary health care medicine. Members can choose any of the providers in this network without a referral from their primary care physician. Our members receive significant savings on a range of chiropractic, acupuncture, and massage therapy services, as well as other complimentary and alternative medicine services such as fitness club memberships and herbal and dietary supplements. Chiropractors and acupuncturists must be licensed to participate.</p>
Acupressure	not covered	<p>Kaiser Permanente members are able to take advantage of a unique service called the Kaiser Permanente Complementary and Alternative Medicine Access program. This program is not a benefit under the group's health benefit plan, but is a "value-added" service.</p> <p>Under this program, our members can access a network of providers credentialed by American Specialty Health Networks (ASHN) throughout the Mid-Atlantic region. ASHN specializes in broad-spectrum complementary health care medicine. Members can choose any of the providers in this network without a referral from their primary care physician. Our members receive significant savings on a range of chiropractic, acupuncture, and massage therapy services, as well as other complimentary and alternative medicine services such as fitness club memberships and herbal and dietary supplements. Chiropractors and acupuncturists must be licensed to participate.</p>
Massage Therapy	not covered	<p>Kaiser Permanente members are able to take advantage of a unique service called the Kaiser Permanente Complementary and Alternative Medicine Access program. This program is not a benefit under the group's health benefit plan, but is a "value-added" service.</p> <p>Under this program, our members can access a network of providers credentialed by American Specialty Health Networks (ASHN) throughout the Mid-Atlantic region. ASHN specializes in broad-spectrum complementary health care medicine. Members can choose any of the providers in this network without a referral from their primary care physician. Our members receive significant savings on a range of chiropractic, acupuncture, and massage therapy services, as well as other complimentary and alternative medicine services such as fitness club memberships and herbal and dietary supplements. Chiropractors and acupuncturists must be licensed to participate.</p>
<b>Other Services</b>		
Private-Duty Nursing Care	Not covered	
Durable Medical Equipment	Basic equipment \$0	

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Prosthetic and Orthotic Appliances	\$0.00	
Smoking Cessation	Covered with applicable copays	Smoking cessation RX's written on a script are \$0 copay for NGF groups eff Jan 2015
Weight control program	\$20 PCP/ \$35 Specialty RX 50% of allowable change	At no additional cost, Kaiser Permanente offers an online weight management program, HealthMedia Balance TM. This comprehensive weight loss system is designed by knowledgeable health professionals. Helpful tools and a personalized plan will show members how to coordinate three key areas—mind, food, body—to help them lose weight and keep it off.  To select a program, members must sign on to <a href="http://kp.org/healthylifestyles">kp.org/healthylifestyles</a> .
Bariatric surgery	Applicable copay based on type and place of service	Kaiser Permanente includes weight reduction surgery for adults as part of our standard benefits, subject to Utilization Management guidelines. Members must meet medical necessity criteria, and the surgery must be preauthorized by the Health Plan.  All morbidly obese patients who are bariatric surgery candidates must meet medical necessity criteria established in our Morbid Obesity/Bariatric Surgery guidelines. These criteria include: <ul style="list-style-type: none"> <li>• Six months or more of professional nutrition counseling. <ul style="list-style-type: none"> <li>• Attendance at a weight loss education class.</li> </ul> </li> <li>• Documentation of consistent performance of exercise customized for individual patient's co-morbidities as indicated. <ul style="list-style-type: none"> <li>• Behavioral health clearance for weight reduction surgery.</li> </ul> </li> <li>• Achievement of weight loss during course of nutrition counseling.</li> </ul> <ul style="list-style-type: none"> <li>• Patient must have BMI of 40 or over or patients with BMI 35-39 must have single life-threatening co-morbidity or two or more serious co-morbidities, secondary to morbid obesity.</li> </ul> Lap-band surgery is now covered in all three jurisdictions (Maryland, District of Columbia, and Virginia), subject to Utilization Management guidelines, as a form of weight reduction surgery offered by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. The Morbid Obesity/Bariatric Surgery guidelines also apply to lap-band surgery.
TMJ	Covered	
Podiatry Services	\$35.00	Medically necessary services
Home Health Care	\$0.00	
Skilled Nursing Facility Care	\$0 - 100 days per contract yr	
Hospice Care	\$0.00	
Hearing Aids	not covered	
<b>Family Planning</b>		
Tubal ligation	applicable cost share based on place of service	
Vasectomy	applicable cost share based on place of service	
Contraceptive Drugs	\$0 copay for script written contraceptives	Benefit Clarification
Contraceptive Devices	covered at applicable copayment	NGF group; \$0 copay for script written contraceptive devices
Infertility Testing	50% of applicable cost	
Infertility Treatments - Office Visit	50% of applicable cost	
Infertility Treatments - Surgery	50% of applicable cost	to treat underlying medical conditions
In Vitro Fertilization	Not covered	
Infertility Treatments - Lifetime Maximum	n/a	

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<b>Vision Care</b>		
Eye Examination	\$20 Optometry/ \$35 Ophthalmologist	
Lenses	25% discount from plan provider once per year	A child may elect a pair of glasses or contact lenses at not charge from a select group at plan providers.
Frames	25% discount from plan provider once per year	A child may elect a pair of glasses or contact lenses a year at not charge from a select group at plan providers.
Contact lenses- necessary	15% discount on initial pair from plan provider	A child may elect a pair of glasses or contact lenses a year at not charge from a select group at plan providers.
Contact lenses-elective	15% discount on initial pair from plan provider	A child may elect a pair of glasses or contact lenses a year at not charge from a select group at plan providers.
Lasik Eye Surgery	n/a	
<b>Organ and Tissue Transplants</b>		
Organ Transplant -Inpatient	applicable cost share based on place and type of service	Kaiser Permanente's specialty centers for transplants—otherwise known as our Centers of Excellence—are selected by a committee of physicians on the basis of clinical outcomes and experience. Criteria include volume in the prior 36 months, patient and graft survival, mortality data, access to organs and site visit results. The specialty care network criteria also includes overall geographic considerations and financial arrangements. The network clinical performance is reviewed annually for access and outcomes.
Organs covered	yes	Liver Small Bowel and Liver Small bowel BMT Allogeneic BMT Autologous Lung Heart-Lung Heart PAK: Pancreas After Kidney PTA: Pancreas Transplant Alone SPK Only: Simultaneous Pancreas/Kidney BMT: Bone Marrow Transplant/Stem Cell Rescue
Transplant Travel	no	Travel support is offered only when approved transplant related services are required outside the service area. The support includes transportation, lodging and a \$50 /day allowance for daily expenses for the patient and one caregiver. The Health Plan reserves the right to determine the most reasonable, medically appropriate transportation and lodging and makes those arrangements in advance.

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Transplant donor expenses	no	Travel support is offered only when approved transplant related services are required outside the service area. The support includes transportation, lodging and a \$50 /day allowance for daily expenses for the patient and one caregiver. The Health Plan reserves the right to determine the most reasonable, medically appropriate transportation and lodging and makes those arrangements in advance.
Lifetime Maximum	none	
<b>Prescription Drug Coverage</b>		
Annual Prescription Deductible - Family	\$0.00	
Annual Prescription Deductible - Individual	\$0.00	
Out-of-Pocket Maximums - Individual	none	Apply to the overall OOP Max
Out-of-Pocket Maximums - Family	none	Apply to the overall OOP Max
Annual Maximum Benefit	no max	
Lifetime Maximum Benefit	no max	
Generic Substitution	yes	
Retail Refill Penalty	n/a	
<b>Prescription Drug Retail</b>		
Retail - Generic	\$10 Kaiser pharmacy; \$20 community pharmacy	
Retail - Brand Formulary	\$30 Kaiser pharmacy; \$50 community pharmacy	
Retail - Brand Non-Formulary	\$60 Kaiser pharmacy; \$80 community pharmacy	
Single Source Brand	n/a	
Multi Source Brand	n/a	
Injectable Medications	up to 30 day supply	Except injectable contraceptives written on script are \$0 copay (NGF group)
<b>Prescription Drug Mail Order</b>		
Mail-Order - Generic	Mail order available at KP Pharmacy only \$20 for 90-day	Benefit Clarification
Mail-Order - Brand Formulary	Mail order available at KP Pharmacy only \$60 for 90-day	Benefit Clarification
Mail-Order - Brand Non-Formulary	Mail order available at KP Pharmacy only \$120 for 90-day	Benefit Clarification
Single Source Brand	n/a	
Multi Source Brand	n/a	
Injectable Medications	up to 30 day supply	except injectable contraceptives written on a script are \$0 copay (NGF group)
Day Supply	up to a 90 day retail supply for 3 copays; up to a 90 day mail supply for 2 copays	
<b>Other Services - Prescription Drugs</b>		
Over the Counter	KP and Participating Pharmacies	Benefit Clarification
Prenatal Vitamins	\$10.00	
Diabetic Supplies	\$0 perscribed by and purchased from plan provider	
Lifestyle Drugs	not covered	
Contraceptives - Injectable	\$0 copay for NGF groups	
Fertility Drugs	50% Member allowable charge	
Smoking Cessation	NGF group: should read \$0 copay for smoking cessation RX's written on a script	
Cosmetic Medications	not covered	
Nutritional Supplements	not covered	Nutrition supplements are available to members at a discounted rate through our Complementary Alternative Medicine added value program.
Details		