

Medicare Eligible / Post-65 Only	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.**		
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Plan changes are in orange.	2020 In-Network	2020 Out-of-Area	Comments
General Information			
Lifetime Maximum Benefit	N/A	N/A	
Annual Maximum Benefit	N/A	N/A	
Coinsurance Percentage	N/A	N/A	
Precertification Requirements	YES	N/A	
Precertification Penalty	No coverage, except for emergency or urgently needed care.	N/A	
Health Savings Account (HSA)	N/A	N/A	
Health Reimbursement Account (HRA)	N/A	N/A	
R & C	N/A	N/A	
Deductibles			
Individual Annual Deductible	None	N/A	
Family Annual Deductible	None	N/A	
Applies to Out-of-Pocket Maximum	N/A	N/A	
Prescription benefits are covered under medical deductible	N/A	N/A	
Out-of-Pocket Mx per Plan Year			
Individual Out-of-Pocket Maximum Per Year	340000%	N/A	
Family Out-of-Pocket Maximum Per Year	N/A	N/A	
Outpatient Services			
Primary Care Physician Visits	\$10 per Medicare covered visit	Out of Area covered in emergencies and urgent care only	
Specialist Visit	\$10 per Medicare covered visit	Out of Area covered in emergencies and urgent care only	
Lab tests and X-ray	covered in full, \$10 for Medicare covered therapeutic radiology services.	Out of Area covered in emergencies and urgent care only	
Specialized Imaging	covered in full, \$10 for Medicare covered therapeutic radiology services.	Out of Area covered in emergencies and urgent care only	
Outpatient Surgery	covered in full	Out of Area covered in emergencies and urgent care only	
Allergy Testing	\$10 office visit copayment	Out of Area covered in emergencies and urgent care only	
Allergy Injections	Serum covered in full. \$10 office visit copayment may apply	Out of Area covered in emergencies and urgent care only	
Preventive Care			
Well Child Care Office Visit	\$10 copay for each Medicare-covered visit	Out of Area covered in emergencies and urgent care only	
Well Child Age limit	N/A	Out of Area covered in emergencies and urgent care only	
Adult Routine Physical Exams	All Medicare covered preventive care covered in full. Office visit copay may apply.	Out of Area covered in emergencies and urgent care only	
Adult Immunizations	covered in full for Medicare covered immunizations; office visit copay may apply.	Out of Area covered in emergencies and urgent care only	
Routine Mammogram	covered in full; office visit copay may apply.	Out of Area covered in emergencies and urgent care only	
Pap Smear	covered in full; office visit copay may apply.	Out of Area covered in emergencies and urgent care only	
Prostate Screening (PSA)	covered in full; office visit copay may apply.	Out of Area covered in emergencies and urgent care only	
Colon Cancer Screenings	covered in full; office visit copay may apply.	Out of Area covered in emergencies and urgent care only	
Cardiovascular screenings	covered in full; office visit copay may apply.	Out of Area covered in emergencies and urgent care only	
Hearing Evaluations	\$10 copay for Medicare-covered diagnostic hearing exams	Out of Area covered in emergencies and urgent care only	

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Inpatient Hospital			
Deductible per Confinement	covered in full per benefit period.	Out of Area covered in emergencies and urgent care only	
Deductible per Day	N/A	Out of Area covered in emergencies and urgent care only	
Hospital Services	covered in full per benefit period under inpatient benefit	Out of Area covered in emergencies and urgent care only	
Physicians and Surgeons' Services	covered in full per benefit period under inpatient benefit	Out of Area covered in emergencies and urgent care only	
Emergency Services			
Emergency Room Treatment	\$50 copay for each Medicare-covered emergency room visits	\$50 copay for each Medicare-covered emergency room visits	
Non-emergency or non-urgent use of ER	not covered	Out of Area covered in emergencies and urgent care only	
Ambulance	covered in full for Medicare-covered ambulance benefits	Out of Area covered in emergencies and urgent care only	
Urgent Care Facility Services	\$10 copay for medicare-covered urgently-need-care visits	\$10 copay for medicare-covered urgently-need-care visits	
Physician Office Visit	covered under emergency room visit	Out of Area covered in emergencies and urgent care only	
After Hours	covered under emergency room visit	Out of Area covered in emergencies and urgent care only	
Maternity Care			
Physician Office Visit	\$10 copay for each Medicare-covered visit	Out of Area covered in emergencies and urgent care only	
Maternity Care - Inpatient Delivery	covered in full for Medicare-covered inpatient services	Out of Area covered in emergencies and urgent care only	
Midwife delivery services	covered in full for Medicare-covered inpatient services	Out of Area covered in emergencies and urgent care only	
Mental Health			
Deductible per Confinement	N/A	Out of Area covered in emergencies and urgent care only	
Deductible per Day	N/A	Out of Area covered in emergencies and urgent care only	
Mental Health Inpatient	covered in full for each Medicare-covered hospital stay	Out of Area covered in emergencies and urgent care only	
Mental Health-Inpatient Plan Maximums	No specific limit to number of days covered when in stay is accordance with Medicare guidelines.	Out of Area covered in emergencies and urgent care only	
Mental Health Outpatient	\$10 for each Medicare-covered individual visit	Out of Area covered in emergencies and urgent care only	
Mental Health - Group Therapy	\$10 for each Medicare-covered group therapy visit	Out of Area covered in emergencies and urgent care only	
Mental Health-Outpatient Plan Maximums	N/A	Out of Area covered in emergencies and urgent care only	
Severe Mental Illness	\$10 for each Medicare-covered individual or group therapy visit	Out of Area covered in emergencies and urgent care only	
Substance Abuse			
Deductible per Confinement	N/A	Out of Area covered in emergencies and urgent care only	
Deductible per Day	N/A	Out of Area covered in emergencies and urgent care only	
Detoxification	covered in full	Out of Area covered in emergencies and urgent care only	
Substance Abuse - Inpatient Treatment	covered in full for each Medicare-covered hospital stay	Out of Area covered in emergencies and urgent care only	
Substance Abuse-Inpatient Plan Maximums	No specific limit to number of days covered when in stay is accordance with Medicare guidelines.	Out of Area covered in emergencies and urgent care only	
Substance Abuse-Outpatient	\$10 for each Medicare-covered individual or group therapy visit	Out of Area covered in emergencies and urgent care only	
Substance Abuse-Outpatient Plan Maximums	N/A	Out of Area covered in emergencies and urgent care only	

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Rehabilitation Therapy			
Inpatient Rehabilitation	covered in full	Out of Area covered in emergencies and urgent care only	
Outpatient Physical, Occupational, and Speech Therapy	\$10 for each Medicare-covered visit	Out of Area covered in emergencies and urgent care only	
Alternative Care			
Chiropractic Care	\$10 office visit copay for Medicare covered chiropractic (manual manipulation of the spine to correct subluxation) - \$15 copay for 20 additional visits	Out of Area covered in emergencies and urgent care only; chiropractic only available from participating vendor/providers in area.	All Medicare-covered and non-Medicare covered rider chiropractic visits will be covered consistently with the \$15 copay.
Acupuncture	\$15 Copay up to 20 visits	Out of area covered only for emergencies and urgent care. Acupuncture only available from participating vendor/providers in area.	This is provided with a separate rider to the plan
Acupressure	not covered	Acupressure is not covered	
Massage Therapy	not covered	Massage therapy is not covered	
Other Services			
Private-Duty Nursing Care	not covered	Not covered	
Durable Medical Equipment	covered in full for each Medicare-covered item	Out of Area covered in emergencies and urgent care only	
Prosthetic and Orthotic Appliances	covered in full for each Medicare-covered item	Out of Area covered in emergencies and urgent care only	
Smoking Cessation	covered in full for each Medicare-covered visit	Out of Area covered in emergencies and urgent care only	
Weight control program	Covered in full for Medicare covered weight and nutritional services.	Out of Area covered in emergencies and urgent care only	
Bariatric surgery	covered in full, subject to office visit copay and approval	Out of Area covered in emergencies and urgent care only	
TMJ	covered only per Medicare guidelines	Out of Area covered in emergencies and urgent care only	Coverage only for disease or injury approved by Medicare
Podiatry Services	\$10 per Medicare-covered visit	Out of Area covered in emergencies and urgent care only	
Home Health Care	covered in full for each Medicare-covered visit	Out of Area covered in emergencies and urgent care only	
Skilled Nursing Facility Care	covered in full for each Medicare-covered stay up to 100 days per benefit period.	Out of Area covered in emergencies and urgent care only	
Hospice Care	covered in full under Original Medicare	Out of Area covered in emergencies and urgent care only	
Hearing Aids	not covered	not covered	
Family Planning			
Tubal ligation	covered in accordance with Medicare guidelines for medically necessary circumstances	Out of Area covered in emergencies and urgent care only	
Vasectomy	covered in accordance with Medicare guidelines for medically necessary circumstances	Out of Area covered in emergencies and urgent care only	
Contraceptive Drugs	covered in accordance with Medicare guidelines for medically necessary circumstances	Out of Area covered in emergencies and urgent care only	
Contraceptive Devices	covered in accordance with Medicare guidelines for medically necessary circumstances	Out of Area covered in emergencies and urgent care only	
Infertility Testing	covered in full for medically necessary testing	Out of Area covered in emergencies and urgent care only	
Infertility Treatments - Office Visit	Not covered.	Out of Area covered in emergencies and urgent care only	
Infertility Treatments - Surgery	covered in full for medically necessary surgery	Out of Area covered in emergencies and urgent care only	
In Vitro Fertilization	Not covered.	not covered	
Infertility Treatments - Lifetime Maximum	Covered as per Medicare guidelines for medical necessity.	Out of Area covered in emergencies and urgent care only	

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Vision Care			
Eye Examination	\$10 per Medicare-covered visit	Out of Area covered in emergencies and urgent care only	
Lenses	Patient receive 25% discount at Kaiser Permaente optical facility. First pair of glasses following cataract surgery is covered at 80%	Out of Area covered in emergencies and urgent care only	
Frames	Patient pays 75% of the cost for glasses, except for first pair of glasses following cataract surgery which are covered at 80%.	Out of Area covered in emergencies and urgent care only	
Contact lenses- necessary	Patient pays 85% of the cost for contact lenses	Out of Area covered in emergencies and urgent care only	
Contact lenses-elective	not covered	Out of Area covered in emergencies and urgent care only	
Lasik Eye Surgery	not covered	Not covered	
Organ and Tissue Transplants			
Organ Transplant -Inpatient	covered in full for each Medicare-covered inpatient stay	Out of Area covered in emergencies and urgent care only	
Organs covered	The following types of transplants are covered following Medicare guidelines: corneal, kidney, kidney-pancreatic, heart, liver, lung, heart/lung, bone marrow, stem cell, and intestinal/multivisceral. Kaiser Permanente will arrange to have case reviewed by a Medicare-approved transplant center that will decide whether patient is a candidate for a transplant.	Out of Area covered in emergencies and urgent care only	
Transplant Travel	If you are sent outside of your community for a transplant, we will arrange or pay for appropriate lodging and transportation costs for you and a companion.	Out of Area covered in emergencies and urgent care only	
Transplant donor expenses	not covered	not covered	
Lifetime Maximum	N/A	Out of Area covered in emergencies and urgent care only - lifetime maximums not applicable	
Prescription Drug Coverage			
Annual Prescription Deductible - Individual	None	N/A	
Annual Prescription Deductible - Family	None	N/A	
Out-of-Pocket Maximums - Individual	\$ 6,350.00	N/A	
Out-of-Pocket Maximums - Family	N/A	N/A	
Annual Maximum Benefit	N/A	N/A	
Lifetime Maximum Benefit	N/A	N/A	
Generic Substitution	Yes	N/A	
Retail Refill Penalty	N/A	N/A	

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Prescription Drug Retail			
Retail - Generic	<p>\$10 copay for up to 60-day supply at KP medical center</p> <p>\$15 copay for up to 90-day supply at KP medical center</p> <p>\$15 copay for up to 60-day supply at affiliated pharmacy</p> <p>\$22.50 copay for up to 90-day supply at affiliated pharmacy</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente</p>	
Retail - Brand Formulary	<p>\$10 copay for up to 60-day supply at KP center</p> <p>\$15 copay for up to 90-day supply at KP center</p> <p>\$15 copay for up to 60-day supply at affiliated pharmacy</p> <p>\$22.50 copay for up to 90-day supply at affiliated pharmacy. Brand only covered when medically necessary as determined by Kaiser Permanente physician.</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente</p>	
Retail - Brand Non-Formulary	<p>\$10 copay at KP center for up to 60-day supply for medically necessary drugs</p> <p>\$15 copay at KP center for up to 90-day supply for medically necessary drugs</p> <p>\$15 copay for up to 60-day supply at affiliated pharmacy for medically necessary drugs</p> <p>\$22.50 copay for up to 90-day supply for medically necessary drugs at affiliated pharmacy</p> <p>Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente</p>	
Single Source Brand	<p>\$10 copay at KP center for up to 60-day supply for medically necessary drugs</p> <p>\$15 copay at KP center for up to 90-day supply for medically necessary drugs</p> <p>\$15 copay for up to 60-day supply at affiliated pharmacy for medically necessary drugs</p> <p>\$22.50 copay for up to 90-day supply for medically necessary drugs at affiliated pharmacy</p> <p>Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente</p>	
Multi Source Brand	<p>\$10 copay for up to 60-day supply at KP Center</p> <p>\$15 copay for up to 90-day supply at KP center</p> <p>\$15 copay for up to 60-day supply at affiliated pharmacy</p> <p>\$22.50 copay for up to 90-day supply at affiliated pharmacy</p> <p>Brand dispensed only when medically necessary</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente</p>	

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Injectable Medications	Medicare-covered injectible vaccines covered in full	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Prescription Drug Mail Order			
Mail-Order - Generic	\$5 copay for up to 90-day supply	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Mail-Order - Brand Formulary	<p>\$5 copay for up to 90-day supply from Kaiser Permanente mail order.</p> <p>Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.</p>	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Mail-Order - Brand Non-Formulary	<p>\$5 copay for up to 90-day supply for medically necessary drugs</p> <p>Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.</p>	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	

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Single Source Brand	\$5 copay for up to 90-day supply when medically necessary. Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Multi Source Brand	\$5 copay for up to 90-day supply when medically necessary. Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Injectable Medications	covered in accordance with Medicare part D guidelines for medically necessary circumstances	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Day Supply	Copay covers up to a 60 day supply, or up to a 90 day supply for mail order maintenance drugs.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Other Services - Prescription Drugs			
Over the Counter	not covered	not covered	

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Prenatal Vitamins	Medicare Part D covered drug	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Diabetic Supplies	covered in full for each Medicare-covered item	N/A	
Lifestyle Drugs	limited benefit for sexual dysfunction drugs (50% copayment)	not covered	
Contraceptives - Injectable	covered in accordance with Medicare Part D guidelines	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Fertility Drugs	Not covered	not covered	
Smoking Cessation	covered in accordance with Medicare Part D guidelines	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Cosmetic Medications	not covered	not covered	
Nutritional Supplements	not covered	Not covered	
Details			