

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 3 Kaiser Mid-Atlantic Active & Pre-65  
**Report Option:** 3.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

**Kaiser MAS**

	2020 In-Network	Comments
<b>General Information</b>		
Lifetime Maximum Benefit	No Lifetime Max	
Annual Maximum Benefit	No Annual Max	
Coinsurance Percentage	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>Allowable Charges</b>
<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	
Allergy Injections	Applicable copay based on type and place of service	
<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	
<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	
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>		

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 3 Kaiser Mid-Atlantic Active & Pre-65  
**Report Option:** 3.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

**Kaiser MAS**

	<b>2020 In-Network</b>	<b>Comments</b>
Physician Office Visit	\$0, after confirmation of pregnancy and first post partum visit	
Maternity Care - Inpatient Delivery	\$0.00	
Midwife delivery services	<b>Covered with a referral to a certified nurse midwife</b>	
<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	30 visit per injury, incident or condition for each therapy
<b>Alternative Care</b>		

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 3 Kaiser Mid-Atlantic Active & Pre-65  
**Report Option:** 3.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

**Kaiser MAS**

	<b>2020 In-Network</b>	<b>Comments</b>
Chiropractic Care	\$35.00	<p>Chiropractic care is covered for a \$35 copay for up to 20 visits per contract year.</p> <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>
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>

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 3 Kaiser Mid-Atlantic Active & Pre-65  
**Report Option:** 3.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

**Kaiser MAS**

	<b>2020 In-Network</b>	<b>Comments</b>
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	
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

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 3 Kaiser Mid-Atlantic Active & Pre-65  
**Report Option:** 3.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

**Kaiser MAS**

	<b>2020 In-Network</b>	<b>Comments</b>
Weight control program	\$20 PCP/ \$35 Specialty RX 50% of allowable change	<p>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</p> <p>coordinate three key areas—mind, food, body—to help them lose weight and keep it off.</p> <p>To select a program, members must sign on to <a href="http://kp.org/healthylifestyles">kp.org/healthylifestyles</a>.</p>
Bariatric surgery	Applicable copay based on type and place of service	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Six months or more of professional nutrition counseling.</li> <li>• Attendance at a weight loss education class.</li> <li>• Documentation of consistent performance of exercise customized for individual patient's co-morbidities as indicated.</li> <li>• Behavioral health clearance for weight reduction surgery.</li> <li>• Achievement of weight loss during course of nutrition counseling.</li> <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> <p>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-</p>
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	

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 3 Kaiser Mid-Atlantic Active & Pre-65  
**Report Option:** 3.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

**Kaiser MAS**

	<b>2020 In-Network</b>	<b>Comments</b>
Vasectomy	applicable cost share based on place of service	
Contraceptive Drugs	\$0 copay for script written contraceptives	
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	
<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

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 3 Kaiser Mid-Atlantic Active & Pre-65  
**Report Option:** 3.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

**Kaiser MAS**

	<b>2020 In-Network</b>	<b>Comments</b>
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.
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	
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	
Mail-Order - Brand Formulary	Mail order available at KP Pharmacy only \$60 for 90-day	
Mail-Order - Brand Non-Formulary	Mail order available at KP Pharmacy only \$120 for 90-day	<b>Covered when medically necessary</b>
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	
Prenatal Vitamins	<b>Applicable copay</b>	

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 3 Kaiser Mid-Atlantic Active & Pre-65  
**Report Option:** 3.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

**Kaiser MAS**

	<b>2020 In-Network</b>	<b>Comments</b>
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		



**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 4 Kaiser Mid-Atlantic Post-65  
**Report Option:** 4.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

	Kaiser MAS		
	2020 In-Network	2020 Out-of-Area	Comments
<b>General Information</b>			
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	
<b>Deductibles</b>			
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	
<b>Out-of-Pocket Mx per Plan Year</b>			
Individual Out-of-Pocket Maximum Per Year	340000%	N/A	
Family Out-of-Pocket Maximum Per Year	N/A	N/A	
<b>Outpatient Services</b>			
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	
<b>Preventive Care</b>			
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	
<b>Inpatient Hospital</b>			
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	
<b>Emergency Services</b>			
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 ugently-need-care visits	\$10 copay for medicare-covered ugently-need-care visits	

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 4 Kaiser Mid-Atlantic Post-65  
**Report Option:** 4.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

<b>Kaiser MAS</b>			
	<b>2020 In-Network</b>	<b>2020 Out-of-Area</b>	<b>Comments</b>
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	
<b>Maternity Care</b>			
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	
<b>Mental Health</b>			
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	
<b>Substance Abuse</b>			
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	
<b>Rehabilitation Therapy</b>			
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	
<b>Alternative Care</b>			
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	
<b>Other Services</b>			
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

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 4 Kaiser Mid-Atlantic Post-65  
**Report Option:** 4.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

**Kaiser MAS**

	<b>2020 In-Network</b>	<b>2020 Out-of-Area</b>	<b>Comments</b>
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	
<b>Family Planning</b>			
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	<b>Not covered.</b>	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	<b>Not covered.</b>	not covered	
Infertility Treatments - Lifetime Maximum	Covered as per Medicare guidelines for medical necessity.	Out of Area covered in emergencies and urgent care only	
<b>Vision Care</b>			
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	
<b>Organ and Tissue Transplants</b>			
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	
<b>Prescription Drug Coverage</b>			
Annual Prescription Deductible - Individual	None	N/A	
Annual Prescription Deductible - Family	None	N/A	
Out-of-Pocket Maximums - Individual	<b>\$ 6,350.00</b>	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	

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 4 Kaiser Mid-Atlantic Post-65  
**Report Option:** 4.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

Kaiser MAS			
	2020 In-Network	2020 Out-of-Area	Comments
Generic Substitution	Yes	N/A	
Retail Refill Penalty	N/A	N/A	
<b>Prescription Drug Retail</b>			
Retail - Generic	\$10 copay for up to 60-day supply at KP medical center \$15 copay for up to 90-day supply at KP medical center \$15 copay for up to 60-day supply at affiliated pharmacy \$22.50 copay for up to 90-day supply at affiliated pharmacy	<b>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</b>	
Retail - Brand Formulary	\$10 copay for up to 60-day supply at KP center \$15 copay for up to 90-day supply at KP center \$15 copay for up to 60-day supply at affiliated pharmacy \$22.50 copay for up to 90-day supply at affiliated pharmacy. Brand only covered when medically necessary as determined by Kaiser Permanente physician.	<b>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</b>	
Retail - Brand Non-Formulary	\$10 copay at KP center for up to 60-day supply for medically necessary drugs \$15 copay at KP center for up to 90-day supply for medically necessary drugs \$15 copay for up to 60-day supply at affiliated pharmacy for medically necessary drugs \$22.50 copay for up to 90-day supply for medically necessary drugs at affiliated pharmacy  Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.	<b>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</b>	
Single Source Brand	\$10 copay at KP center for up to 60-day supply for medically necessary drugs \$15 copay at KP center for up to 90-day supply for medically necessary drugs \$15 copay for up to 60-day supply at affiliated pharmacy for medically necessary drugs \$22.50 copay for up to 90-day supply for medically necessary drugs at affiliated pharmacy  Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.	<b>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</b>	
Multi Source Brand	\$10 copay for up to 60-day supply at KP Center \$15 copay for up to 90-day supply at KP center \$15 copay for up to 60-day supply at affiliated pharmacy \$22.50 copay for up to 90-day supply at affiliated pharmacy  Brand dispensed only when medically necessary	<b>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</b>	

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 4 Kaiser Mid-Atlantic Post-65  
**Report Option:** 4.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

Kaiser MAS

	2020 In-Network	2020 Out-of-Area	Comments
Injectable Medications	Medicare-covered injectable 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	
<b>Prescription Drug Mail Order</b>			
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	\$5 copay for up to 90-day supply from Kaiser Permanente mail order.  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	
Mail-Order - Brand Non-Formulary	\$5 copay for up to 90-day supply for medically necessary drugs 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	
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	

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 4 Kaiser Mid-Atlantic Post-65  
**Report Option:** 4.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

**Kaiser MAS**

	<b>2020 In-Network</b>	<b>2020 Out-of-Area</b>	<b>Comments</b>
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	
<b>Other Services - Prescription Drugs</b>			
Over the Counter	not covered	not covered	
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	

**Event Name:** The Aerospace Corporation 2020 Renewal - Kaiser Mid-Atlantic  
**Report Aspect:** 4 Kaiser Mid-Atlantic Post-65  
**Report Option:** 4.1 Plan Design  
**Report Generation Date:** May 28, 2019 at 08:28 AM US/Pacific

**Kaiser MAS**

	2020 In-Network	2020 Out-of-Area	Comments
Fertility Drugs	<b>Not covered</b>	not covered	
Smoking Cessation	covered in accordance with Medicare Part D guidelines	<b>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</b>	
Cosmetic Medications	not covered	not covered	
Nutritional Supplements	not covered	<b>Not covered</b>	
Details			