

Medicare Eligible / Post-65 Only	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.**			
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Plan changes are in orange.	2019 In-Network	2019 Out-of-Network	2019 Out-of-Area	Comments
General Information				
Lifetime Maximum Benefit	N/A	N/A	N/A	
Annual Maximum Benefit	N/A	N/A	N/A	
Coinsurance Percentage	N/A	N/A	N/A	
Precertification Requirements	YES	N/A	N/A	
Precertification Penalty	No coverage, except for emergency or urgently needed care.	N/A	N/A	
Health Savings Account (HSA)	N/A	N/A	N/A	
Health Reimbursement Account (HRA)	N/A	N/A	N/A	
R & C	N/A	N/A	N/A	
Deductibles				
Individual Annual Deductible	None	N/A	N/A	
Family Annual Deductible	None	N/A	N/A	
Applies to Out-of-Pocket Maximum	N/A	N/A	N/A	
Prescription benefits are covered under medical deductible	N/A	N/A	N/A	
Out-of-Pocket Mx per Plan Year				
Individual Out-of-Pocket Maximum Per Year	\$3,400.00	N/A	N/A	
Family Out-of-Pocket Maximum Per Year	N/A	N/A	N/A	
Outpatient Services				
Primary Care Physician Visits	\$10 per Medicare covered visit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Specialist Visit	\$10 per Medicare covered visit	Subject to Medicare guidelines, coinsurance and deductibles.	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.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Specialized Imaging	covered in full, \$10 for Medicare covered therapeutic radiology services.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Outpatient Surgery	covered in full	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Allergy Testing	\$10 office visit copayment	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Allergy Injections	Serum covered in full. \$10 office visit copayment may apply	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Preventive Care				
Well Child Care Office Visit	\$10 copay for each Medicare-covered visit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Well Child Age limit	N/A	Subject to Medicare guidelines, coinsurance and deductibles.	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.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Adult Immunizations	covered in full for Medicare covered immunizations; office visit copay may apply.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Routine Mammogram	covered in full; office visit copay may apply.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Pap Smear	covered in full; office visit copay may apply.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Prostate Screening (PSA)	covered in full; office visit copay may apply.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	

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Colon Cancer Screenings	covered in full; office visit copay may apply.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Cardiovascular screenings	covered in full; office visit copay may apply.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Hearing Evaluations	\$10 copay for Medicare-covered diagnostic hearing exams	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Inpatient Hospital				
Deductible per Confinement	covered in full per benefit period.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Deductible per Day	N/A	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Hospital Services	covered in full per benefit period under inpatient benefit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Physicians and Surgeons' Services	covered in full per benefit period under inpatient benefit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Emergency Services				
Emergency Room Treatment	\$50 copay for each Medicare-covered emergency room visits	Subject to Medicare guidelines, coinsurance and deductibles.	\$50 copay for each Medicare-covered emergency room visits	
Non-emergency or non-urgent use of ER	not covered	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Ambulance	covered in full for Medicare-covered ambulance benefits	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Urgent Care Facility Services	\$10 copay for medicare-covered urgently-need-care visits	Subject to Medicare guidelines, coinsurance and deductibles.	\$10 copay for medicare-covered urgently-need-care visits	
Physician Office Visit	covered under emergency room visit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
After Hours	covered under emergency room visit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Maternity Care				
Physician Office Visit	\$10 copay for each Medicare-covered visit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Maternity Care - Inpatient Delivery	covered in full for Medicare-covered inpatient services	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Midwife delivery services	covered in full for Medicare-covered inpatient services	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Mental Health				
Deductible per Confinement	N/A	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Deductible per Day	N/A	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Mental Health Inpatient	covered in full for each Medicare-covered hospital stay	Subject to Medicare guidelines, coinsurance and deductibles.	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.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Mental Health Outpatient	\$10 for each Medicare-covered individual visit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Mental Health - Group Therapy	\$10 for each Medicare-covered group therapy visit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Mental Health-Outpatient Plan Maximums	N/A	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	

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Severe Mental Illness	\$10 for each Medicare-covered individual or group therapy visit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Substance Abuse				
Deductible per Confinement	N/A	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Deductible per Day	N/A	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Detoxification	covered in full	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Substance Abuse - Inpatient Treatment	covered in full for each Medicare-covered hospital stay	Subject to Medicare guidelines, coinsurance and deductibles.	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.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Substance Abuse-Outpatient	\$10 for each Medicare-covered individual or group therapy visit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Substance Abuse-Outpatient Plan Maximums	N/A	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Rehabilitation Therapy				
Inpatient Rehabilitation	covered in full	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Outpatient Physical, Occupational, and Speech Therapy	\$10 for each Medicare-covered visit	Subject to Medicare guidelines, coinsurance and deductibles.	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	Subject to Medicare guidelines, coinsurance and deductibles.	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	Subject to Medicare guidelines, coinsurance and deductibles.	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	Subject to Medicare guidelines, coinsurance and deductibles.	Acupressure is not covered	
Massage Therapy	not covered	Subject to Medicare guidelines, coinsurance and deductibles.	Massage therapy is not covered	
Other Services				
Private-Duty Nursing Care	not covered	not covered	Not covered	
Durable Medical Equipment	covered in full for each Medicare-covered item	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Prosthetic and Orthotic Appliances	covered in full for each Medicare-covered item	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Smoking Cessation	covered in full for each Medicare-covered visit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Weight control program	Covered in full for Medicare covered weight and nutritional services.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Bariatric surgery	covered in full, subject to office visit copay and approval	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
TMJ	covered only per Medicare guidelines	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	Coverage only for disease or injury approved by Medicare

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Podiatry Services	\$10 per Medicare-covered visit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Home Health Care	covered in full for each Medicare-covered visit	Subject to Medicare guidelines, coinsurance and deductibles.	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.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Hospice Care	covered in full under Original Medicare	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Hearing Aids	not covered	Subject to Medicare guidelines, coinsurance and deductibles.	not covered	
Family Planning				
Tubal ligation	covered in accordance with Medicare guidelines for medically necessary circumstances	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Vasectomy	covered in accordance with Medicare guidelines for medically necessary circumstances	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Contraceptive Drugs	covered in accordance with Medicare guidelines for medically necessary circumstances	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Contraceptive Devices	covered in accordance with Medicare guidelines for medically necessary circumstances	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Infertility Testing	covered in full for medically necessary testing	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Infertility Treatments - Office Visit	\$10 copay for artificial insemination. Other services related to conception by artificial means, including but not limited to, in vitro fertilization, ovum transplants, gamete intrafallopian transfer, zygote intrafallopian transfer are excluded. Reversal of voluntary sterilization is excluded.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Infertility Treatments - Surgery	covered in full for medically necessary surgery	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
In Vitro Fertilization	\$10 copay for artificial insemination only. Other services related to conception by artificial means, including but not limited to, in vitro fertilization, ovum transplants, gamete intrafallopian transfer, zygote intrafallopian transfer are excluded.	Subject to Medicare guidelines, coinsurance and deductibles.	not covered	
Infertility Treatments - Lifetime Maximum	Covered as per Medicare guidelines for medical necessity.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	

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Vision Care				
Eye Examination	\$10 per Medicare-covered visit	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Lenses	Patient receive 25% discount at Kaiser Permanente optical facility. First pair of glasses following cataract surgery is covered at 80%	Subject to Medicare guidelines, coinsurance and deductibles.	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%.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Contact lenses- necessary	Patient pays 85% of the cost for contact lenses	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Contact lenses-elective	not covered	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Lasik Eye Surgery	not covered	Subject to Medicare guidelines, coinsurance and deductibles.	Not covered	
Organ and Tissue Transplants				
Organ Transplant -Inpatient	covered in full for each Medicare-covered inpatient stay	Subject to Medicare guidelines, coinsurance and deductibles.	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.	Subject to Medicare guidelines, coinsurance and deductibles.	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.	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only	
Transplant donor expenses	not covered	Subject to Medicare guidelines, coinsurance and deductibles.	not covered	
Lifetime Maximum	N/A	Subject to Medicare guidelines, coinsurance and deductibles.	Out of Area covered in emergencies and urgent care only - lifetime maximums not applicable	
Prescription Drug Coverage				
Annual Prescription Deductible - Individual	None	N/A	N/A	
Annual Prescription Deductible - Family	None	N/A	N/A	
Out-of-Pocket Maximums - Individual	\$5,500.00	N/A	N/A	
Out-of-Pocket Maximums - Family	N/A	N/A	N/A	
Annual Maximum Benefit	N/A	N/A	N/A	
Lifetime Maximum Benefit	N/A	N/A	N/A	
Generic Substitution	Yes	N/A	N/A	
Retail Refill Penalty	N/A	N/A	N/A	

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Prescription Drug Retail 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	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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	
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.	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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	
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.	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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	

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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 Medicare Plus Plan C++ with Part D (Cost).</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 Medicare Plus Plan C++ with Part D (Cost).</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 Medicare Plus Plan C++ with Part D (Cost).</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 Medicare Plus Plan C++ with Part D (Cost).</p>	
Injectable Medications	<p>Medicare-covered injectable vaccines covered in full</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 Medicare Plus Plan C++ with Part D (Cost).</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 Medicare Plus Plan C++ with Part D (Cost).</p>	

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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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	
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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	
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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	

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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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	

Medicare Eligible / Post-65 Only	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.**			
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Plan changes are in orange.	2019 In-Network	2019 Out-of-Network	2019 Out-of-Area	Comments
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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	
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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	
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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	
Other Services - Prescription Drugs				
Over the Counter	not covered	not covered	not covered	

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Plan changes are in orange.	2019 In-Network	2019 Out-of-Network	2019 Out-of-Area	Comments
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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	
Diabetic Supplies	covered in full for each Medicare-covered item	Subject to Medicare guidelines, coinsurance and deductibles.	Subject to Medicare guidelines, coinsurance and deductibles.	
Lifestyle Drugs	limited benefit for sexual dysfunction drugs (50% copayment)	not covered.	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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	
Fertility Drugs	50% coverage for state mandated covered infertility 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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	
Cosmetic Medications	not covered	not covered	not covered	

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Plan changes are in orange.	2019 In-Network	2019 Out-of-Network	2019 Out-of-Area	Comments
Nutritional Supplements	not covered	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 Medicare Plus Plan C++ with Part D (Cost).	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 Medicare Plus Plan C++ with Part D (Cost).	
Details				