# Medicare Eligible / Post-65 Only

### Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.\*

Plan Changes are in Orange	2024 In-Network	2024 Out-of-Network	2024 Out-of-Area	2024 Comments
General Information Lifetime Maximum Benefit	N/A	N/A	N/A	
Annual Maximum Benefit	N/A N/A	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	N/A	N/A	
Health Savings Account (HSA)	urgently needed care. N/A	N/A	N/A	
Health Reimbursement Account (HRA)	N/A	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  Prescription benefits are covered under	N/A N/A	N/A N/A	N/A N/A	
medical deductible	14/74	14/74	1973	
Out-of-Pocket Mx per Plan Year				
Individual Out-of-Pocket Maximum Per	\$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	N/A	Out of Area covered in emergencies and urgent care only	
Specialist Visit	\$10 per Medicare covered visit	N/A	Out of Area covered in emergencies and	
Lab tests and X-ray	covered in full, \$10 for Medicare covered	N/A	urgent care only Out of Area covered in emergencies and	
Lab tosts and Array	therapeutic radiology services.	IV/M	urgent care only	
Specialized Imaging	covered in full, \$10 for Medicare covered	N/A	Out of Area covered in emergencies and	
0.1.5.10	therapeutic radiology services.	N/A	urgent care only	
Outpatient Surgery	covered in full	N/A	Out of Area covered in emergencies and urgent care only	
Allergy Testing	\$10 office visit copayment	N/A	Out of Area covered in emergencies and	
3, 3	• •		urgent care only	
Allergy Injections	Serum covered in full. \$10 office visit copayment may apply	N/A	Out of Area covered in emergencies and urgent care only	
Preventive Care	oopaymon may apply		argoni care only	
Well Child Care Office Visit	N/A	N/A	Out of Area covered in emergencies and	
			urgent care only	
Well Child Age limit	N/A All Medicare covered preventive care	N/A N/A	N/A	
Adult Routine Physical Exams	covered in full. Office visit copay may	N/A	Out of Area covered in emergencies and urgent care only	
Adult Immunizations	covered in full for Medicare covered immunizations; office visit copay may	N/A	Out of Area covered in emergencies and urgent care only	
Routine Mammogram	covered in full; office visit copay may apply.	N/A	Out of Area covered in emergencies and urgent care only	
Pap Smear	covered in full; office visit copay may apply.	N/A	Out of Area covered in emergencies and urgent care only	
Prostate Screening (PSA)	covered in full; office visit copay may apply.	N/A	Out of Area covered in emergencies and urgent care only	
Colon Cancer Screenings	covered in full; office visit copay may apply.	N/A	Out of Area covered in emergencies and urgent care only	
Cardiovascular screenings	covered in full; office visit copay may	N/A	Out of Area covered in emergencies and	
	apply.		urgent care only	
Hearing Evaluations	\$10 copay for Medicare-covered diagnostic hearing exams	N/A	Out of Area covered in emergencies and urgent care only	
Inpatient Hospital	mouning oxumo		argoni care only	
Deductible per Confinement	covered in full per benefit period.	N/A	Out of Area covered in emergencies and	
	Nie	N/a	urgent care only	
Deductible per Day	N/A	N/A	Out of Area covered in emergencies and urgent care only	
Hospital Services	covered in full per benefit period under	N/A	Out of Area covered in emergencies and	
	inpatient benefit		urgent care only	
Physicians and Surgeons' Services	covered in full per benefit period under inpatient benefit	N/A	Out of Area covered in emergencies and urgent care only	
Emergency Services				
Emergency Room Treatment	\$50 copay for each Medicare-covered emergency room visits	N/A	\$50 copay for each Medicare-covered emergency room visits	
Non-emergency or non-urgent use of ER	not covered	N/A	Out of Area covered in emergencies and urgent care only	
Ambulance	covered in full for Medicare-covered ambulance benefits	N/A	Out of Area covered in emergencies and urgent care only	
Urgent Care Facility Services	\$10 copay for medicare-covered urgently-	N/A	\$10 copay for medicare-covered urgently-	
Physician Office Visit	need-care visits covered under emergency room visit	N/A	need-care visits Out of Area covered in emergencies and	
After Hours	covered under emergency room visit	N/A	urgent care only Out of Area covered in emergencies and	
Maternity Care			urgent care only	
Physician Office Visit	\$10 copay for each Medicare-covered visit	N/A	Out of Area covered in emergencies and	
			urgent care only	
Maternity Care - Inpatient Delivery	covered in full for Medicare-covered inpatient services	N/A	Out of Area covered in emergencies and urgent care only	
Midwife delivery services	covered in full for Medicare-covered	N/A	Out of Area covered in emergencies and	
	inpatient services		urgent care only	

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Plan Changes are in Orange	2024 In-Network	2024 Out-of-Network	2024 Out-of-Area	2024 Comments
Mental Health	202 · III (ACLHOIR	ZUZ T GUL OF HOLWOIR	2021 031-01-7100	202. Comments
Deductible per Confinement	N/A	N/A	Out of Area covered in emergencies and urgent care only	
Deductible per Day	N/A	N/A	Out of Area covered in emergencies and urgent care only	
Mental Health Inpatient	covered in full for each Medicare-covered hospital stay	N/A	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 quidelines.	N/A	Out of Area covered in emergencies and urgent care only	
Mental Health Outpatient	\$10 for each Medicare-covered individual	N/A	Out of Area covered in emergencies and	
Mental Health - Group Therapy	visit \$10 for each Medicare-covered group	N/A	urgent care only Out of Area covered in emergencies and	
Mental Health-Outpatient Plan Maximums	therapy visit N/A	N/A	urgent care only N/A	
Severe Mental Illness	\$10 for each Medicare-covered individual	N/A	Out of Area covered in emergencies and	
Substance Abuse	or group therapy visit or partial		urgent care only	
Deductible per Confinement	N/A	N/A	N/A	
Deductible per Day	N/A	N/A	N/A	
Detoxification	covered in full	N/A	Out of Area covered in emergencies and urgent care only	
Substance Abuse - Inpatient Treatment	covered in full for each Medicare-covered hospital stay	N/A	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.	N/A	Out of Area covered in emergencies and urgent care only	
Substance Abuse-Outpatient	\$10 for each Medicare-covered individual or group therapy visit	N/A	Out of Area covered in emergencies and urgent care only	
Substance Abuse-Outpatient Plan Maximums	N/A	N/A	N/A	
Rehabilitation Therapy				
Inpatient Rehabilitation	covered in full	N/A	Out of Area covered in emergencies and	
Outpatient Physical, Occupational, and	\$10 for each Medicare-covered visit	N/A	urgent care only per Medicare Guidelines Out of Area covered in emergencies and	
Speech Therapy	,		urgent care only per Medicare Guidelines	
Alternative Care Chiropractic Care	\$15 office visit copay for Medicare	N/A	Out of Area covered in emergencies and	All Medicare-covered and non-Medicare
Gilliopadae Gale	covered chiropractic (manual manipulation of the spine to correct subluxation) - \$15 copay for 20 additional visits (20 visit are combined Chiro and Acu)	N/A	urgent care only; chiropractic only available from participating vendor/providers in area.	covered rider chiropractic visits will be covered consistently with the \$15 copay.
Acupuncture	\$15 Copay up to 20 visits for Medicare covered- Acupuncture (Chronic lower back pain) (20 visit are combined Chiro and Acu)	N/A	Out of area covered only for emergencies and urgent care. Acupuncture only available from participating vendor/providers in area.	All Medicare-covered and non-Medicare covered rider acupuncture visits will be covered consistently with the \$15 copay.
Acupressure	not covered	N/A	Acupressure is not covered	
Massage Therapy Other Services	not covered	N/A	Massage therapy is not covered	
Private-Duty Nursing Care	not covered	not covered	Not covered	
Durable Medical Equipment	covered in full for each Medicare-covered item	N/A	Out of Area covered in emergencies and urgent care only based on Medicare	
			Guidelines	
Prosthetic and Orthotic Appliances	covered in full for each Medicare-covered item	N/A	Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Prosthetic and Orthotic Appliances Smoking Cessation		N/A N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare	
	item  covered in full for each Medicare-covered		Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Muggent care only based on Medicare	
Smoking Cessation	item  covered in full for each Medicare-covered visit  Covered in full for Medicare Diabetes	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and Urgent care only based on Medicare Guidelines Out of Area covered in emergencies and	
Smoking Cessation  Weight control program	item  covered in full for each Medicare-covered visit  Covered in full for Medicare Diabetes Prevention Program.  covered in full, subject to office visit copay and approval based on Medicare guidelines	N/A N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare	Coverage only for disease or injury approved by Medicare
Smoking Cessation  Weight control program  Bariatric surgery  TMJ  Podiatry Services	item  covered in full for each Medicare-covered visit  Covered in full for Medicare Diabetes Prevention Program.  covered in full, subject to office visit copay and approval based on Medicare guidelines and provider authorization.  covered only per Medicare guidelines  \$10 per Medicare-covered visit	N/A N/A N/A N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental)	
Smoking Cessation  Weight control program  Bariatric surgery  TMJ	item  covered in full for each Medicare-covered visit  Covered in full for Medicare Diabetes Prevention Program.  covered in full, subject to office visit copay and approval based on Medicare guidelines and provider authorization.  covered only per Medicare guidelines	N/A N/A N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Smoking Cessation  Weight control program  Bariatric surgery  TMJ  Podiatry Services  Home Health Care  Skilled Nursing Facility Care	item  covered in full for each Medicare-covered visit  Covered in full for Medicare Diabetes Prevention Program.  covered in full, subject to office visit copay and approval based on Medicare guidelines and provider authorization.  covered only per Medicare guidelines \$10 per Medicare-covered visit  covered in full for each Medicare-covered visit  covered in full for each Medicare-covered stay up to 100 days per benefit period.	N/A N/A N/A N/A N/A N/A N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Cut of Area covered in emergencies and urgent care only) Out of Area covered in emergencies and urgent care only	
Smoking Cessation  Weight control program  Bariatric surgery  TMJ  Podiatry Services  Home Health Care	item  covered in full for each Medicare-covered visit  Covered in full for Medicare Diabetes Prevention Program.  covered in full, subject to office visit copay and approval based on Medicare guidelines and provider authorization.  covered only per Medicare guidelines  \$10 per Medicare-covered visit  covered in full for each Medicare-covered visit visit covered in full for each Medicare-covered	N/A  N/A  N/A  N/A  N/A  N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines emergencies and urgent care only based on Medicare Guidelines emergencies and urgent care only emergencies and urgent care only	
Smoking Cessation  Weight control program  Bariatric surgery  TMJ  Podiatry Services  Home Health Care  Skilled Nursing Facility Care  Hespice Care  Hearing Aids	item  covered in full for each Medicare-covered visit  Covered in full for Medicare Diabetes Prevention Program.  covered in full, subject to office visit copay and approval based on Medicare guidelines and provider authorization.  covered only per Medicare guidelines \$10 per Medicare-covered visit  covered in full for each Medicare-covered visit  covered in full for each Medicare-covered stay up to 100 days per benefit period.	N/A N/A N/A N/A N/A N/A N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only Out of Area covered in emergencies and urgent care only	
Smoking Cessation  Weight control program  Bariatric surgery  TMJ  Podiatry Services  Home Health Care  Skilled Nursing Facility Care  Hospice Care  Hearing Aids  Family Planning	item  covered in full for each Medicare-covered visit  Covered in full for Medicare Diabetes Prevention Program.  covered in full, subject to office visit copay and approval based on Medicare guidelines and provider authorization.  covered only per Medicare guidelines with the covered only per Medicare guidelines.  \$10 per Medicare-covered visit  covered in full for each Medicare-covered visit  covered in full for each Medicare-covered stay up to 100 days per benefit period.  covered in full under Original Medicare  not covered	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only Out of Area covered in emergencies and urgent care only Out of Area covered in emergencies and urgent care only	
Smoking Cessation  Weight control program  Bariatric surgery  TMJ  Podiatry Services  Home Health Care  Skilled Nursing Facility Care  Hospice Care  Hearing Aids  Family Planning  Tubal ligation	item  covered in full for each Medicare-covered visit  Covered in full for Medicare Diabetes Prevention Program.  covered in full, subject to office visit copay and approval based on Medicare guidelines and provider authorization.  covered only per Medicare guidelines  \$10 per Medicare-covered visit  covered in full for each Medicare-covered visit  covered in full for each Medicare-covered stay up to 100 days per benefit period.  covered in full under Original Medicare  not covered  covered in accordance with Medicare guidelines for medically necessary circumstances	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only Out of Area covered in emergencies and urgent care only Out of Area covered in emergencies and urgent care only Out of Area covered in emergencies and urgent care only Out of Area covered in emergencies and urgent care only	
Smoking Cessation  Weight control program  Bariatric surgery  TMJ  Podiatry Services  Home Health Care  Skilled Nursing Facility Care  Hospice Care  Hearing Aids  Family Planning  Tubal ligation  Vasectomy	covered in full for each Medicare-covered visit  Covered in full for Medicare Diabetes Prevention Program.  covered in full, subject to office visit copay and approval based on Medicare guidelines and provider authorization.  covered only per Medicare guidelines with the covered only per Medicare guidelines.  \$10 per Medicare-covered visit  covered in full for each Medicare-covered visit  covered in full for each Medicare-covered stay up to 100 days per benefit period.  covered in full under Original Medicare not covered  covered in accordance with Medicare guidelines for medically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary circumstances	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Detall) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only Out of Area covered in emergencies and urgent care only Out of Area covered in emergencies and urgent care only ont overed Out of Area covered in emergencies and urgent care only per Medicare guidelines Out of Area covered in emergencies and urgent care only per Medicare guidelines Out of Area covered in emergencies and urgent care only per Medicare guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Smoking Cessation  Weight control program  Bariatric surgery  TMJ  Podiatry Services  Home Health Care  Skilled Nursing Facility Care  Hospice Care  Hearing Aids  Family Planning  Tubal ligation  Vasectomy  Contraceptive Drugs	covered in full for each Medicare-covered visit  Covered in full for Medicare Diabetes Prevention Program.  covered in full, subject to office visit copay and approval based on Medicare guidelines and provider authorization.  covered only per Medicare guidelines wisit  \$10 per Medicare-covered visit  covered in full for each Medicare-covered visit  covered in full for each Medicare-covered stay up to 100 days per benefit period.  covered in full under Original Medicare not covered  covered in redically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary circumstances	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Out of Area covered in emergencies and urgent care only Out of Area covered in emergencies and urgent care only out of Area covered in emergencies and urgent care only per Medicare guidelines Out of Area covered in emergencies and urgent care only per Medicare guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Smoking Cessation  Weight control program  Bariatric surgery  TMJ  Podiatry Services  Home Health Care  Skilled Nursing Facility Care  Hospice Care  Hearing Aids  Family Planning  Tubal ligation  Vasectomy  Contraceptive Drugs  Contraceptive Devices	covered in full for each Medicare-covered visit  Covered in full for Medicare Diabetes Prevention Program.  covered in full, subject to office visit copay and approval based on Medicare guidelines and provider authorization.  covered only per Medicare guidelines without and provider authorization.  covered in full for each Medicare-covered visit  covered in full for each Medicare-covered visit covered in full for each Medicare-covered stay up to 100 days per benefit period.  covered in full medicare overed in under Original Medicare not covered in accordance with Medicare guidelines for medically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary circumstances	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Out of Area covered in emergencies and urgent care only Out of Area covered in emergencies and urgent care only out of Area covered in emergencies and urgent care only per Medicare Guidelines Out of Area covered in emergencies and urgent care only per Medicare guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Smoking Cessation  Weight control program  Bariatric surgery  TMJ  Podiatry Services  Home Health Care  Skilled Nursing Facility Care  Hospice Care  Hearing Aids  Family Planning  Tubal ligation  Vasectomy  Contraceptive Drugs	covered in full for each Medicare-covered visit  Covered in full for Medicare Diabetes Prevention Program.  covered in full, subject to office visit copay and approval based on Medicare guidelines and provider authorization.  covered only per Medicare guidelines and provider authorization.  covered only per Medicare guidelines with the covered visit  covered in full for each Medicare-covered visit  covered in full for each Medicare-covered stay up to 100 days per benefit period.  covered in full under Original Medicare not covered  acovered in accordance with Medicare guidelines for medically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary circumstances  covered in accordance with Medicare guidelines for medically necessary	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental) Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only Out of Area covered in emergencies and urgent care only Out of Area covered in emergencies and urgent care only ont covered Out of Area covered in emergencies and urgent care only pased on Medicare Guidelines Out of Area covered in emergencies and urgent care only pased on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	

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Disclaimer: This comparison contains the general features of the plans based on our knowledge at the time of this printing and is not intended to replace the legal documents that contain the complete rovisions of each plan. Contract terms are outlined in detail in the certificates issue to you by the respective carriers. Final interpretation of any provision of the plan is governed by the master insurance ontract and membership agreements on file in the Aerospace Employee Benefits Department.					
Plan Changes are in Orange	2024 In-Network	2024 Out-of-Network	2024 Out-of-Area	2024 Comments	
Infertility Treatments - Surgery	covered in full for medically necessary	N/A	Out of Area covered in emergencies and		
, , , , , , , , , , , , , , , , , , , ,	surgery				
			urgent care only based on Medicare		
	Surgery		urgent care only based on Medicare Guidelines		
In Vitro Fertilization	Not covered.	N/A			
	0 7	N/A N/A	Guidelines		
In Vitro Fertilization Infertility Treatments - Lifetime Maximum	Not covered.		Guidelines not covered		

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Vision Care				
Eye Examination	\$10 per Medicare-covered visit	N/A	Out of Area covered in emergencies and	
Lenses	\$200 allowance (combined lenses and	N/A	urgent care only Out of Area covered in emergencies and	There is a \$200 allowance per calendar
Ecrises	frames or contacts) every 24 months at	1973	urgent care only	year towards corrective eyeglasses,
	Kaiser Permanente optical facility. First		l ,	lenses, frames or contact lenses at
	pair of glasses following cataract			Kaiser Permanente Vision Essentials
	surgery is covered at 80%			locations
Frames	\$200 allowance (combined lenses and	N/A	Out of Area covered in emergencies and	
	frames or contacts) every 24 months at Kaiser Permanente optical facility. First		urgent care only per Medicare guidelines	
	pair of glasses following cataract			
	surgery is covered at 80%			
Contact lenses- necessary	\$200 allowance (combined lenses and	N/A	Out of Area covered in emergencies and	
	frames or contacts) every 24 months at		urgent care only per Medicare guidelines	
	Kaiser Permanente optical facility. First			
	pair of glasses following cataract surgery is covered at 80%			
Contact lenses-elective	not covered	N/A	Out of Area covered in emergencies and	
Contact foreces ciscure		1971	urgent care only	
Lasik Eye Surgery	not covered	N/A	Not covered	
Organ and Tissue Transplants				
Organ Transplant -Inpatient	covered in full for each Medicare-covered	N/A	Out of Area covered in emergencies and	
Organs covered	inpatient stay  The following types of transplants are	N/A	urgent care only per Medicare guidelines Out of Area covered in emergencies and	
Organia covered	covered following Medicare guidelines:	IN/A	urgent care only per Medicare guidelines	
	corneal, kidney, kidney-pancreatic, heart,		5 zzzz zzzy pzy modiodio galdolinos	
	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.			
Transplant Travel	If you are sent outside of your community	N/A	Out of Area covered in emergencies and	
	for a transplant, we will arrange or pay for		urgent care only per Medicare guidelines	
	appropriate lodging and transportation			
	costs for you and a companion based on Medicare guidelines.			
Transplant donor expenses	Certain medical and hospital expenses	N/A	Out of Area covered in emergencies and	
	are covered if approved by Health Plan		urgent care only per Medicare guidelines	
	and the expenses are directly related to		]	
	the transplant and follow Medicare			
Life diam and a state of the st	guidelines.	N/A	N/A	
Lifetime Maximum  Prescription Drug Coverage	N/A	N/A	N/A	
Annual Prescription Deductible - Individual	None	N/A	N/A	
Annual Prescription Deductible - Family	None	N/A	N/A	
Out-of-Pocket Maximums - Individual	Cataatuanhia ia 60 000 than manhan			
	Catastrophic is \$8.000 then member	N/A	Out of Area covered in emergencies and	
	pays nothing.		urgent care only per Medicare	
Out-of-Pocket Maximums - Family	pays nothing.  N/A	N/A	urgent care only per Medicare N/A	
Annual Maximum Benefit	pays nothing.  N/A  N/A	N/A N/A	urgent care only per Medicare N/A N/A	
Annual Maximum Benefit Lifetime Maximum Benefit	pays nothing.  N/A  N/A  N/A  N/A	N/A N/A N/A	urgent care only per Medicare N/A N/A N/A N/A	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution	pays nothing.  N/A  N/A  N/A  N/A  Yes	N/A N/A N/A N/A	urgent care only per Medicare N/A N/A N/A N/A N/A	
Annual Maximum Benefit Lifetime Maximum Benefit	pays nothing.  N/A  N/A  N/A  N/A	N/A N/A N/A	urgent care only per Medicare N/A N/A N/A N/A	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty	pays nothing.  N/A  N/A  N/A  N/A  Yes	N/A N/A N/A N/A	urgent care only per Medicare N/A N/A N/A N/A N/A	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail	pays nothing:  N/A  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up	N/A N/A N/A N/A N/A	urgent care only per Medicare N/A N/A N/A N/A N/A N/A N/A Plan drugs may be covered in special circumstances, for instance, illness while	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail	pays nothing:  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a supply at standard network	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of	urgent care only per Medicare  N/A  N/A  N/A  N/A  N/A  N/A  Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail	pays nothing:  N/A  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of	urgent care only per Medicare  NI/A  NI/A  NI/A  NI/A  NI/A  NI/A  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	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail	pays nothing:  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a supply at standard network	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of	urgent care only per Medicare N/A N/A N/A N/A N/A N/A N/A 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	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail	pays nothing:  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a supply at standard network	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of	urgent care only per Medicare  NI/A  NI/A  NI/A  NI/A  NI/A  NI/A  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	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail	pays nothing:  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a supply at standard network	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of	urgent care only per Medicare  N/A  N/A  N/A  N/A  N/A  N/A  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	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail	pays nothing:  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a supply at standard network	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of	urgent care only per Medicare  N/A  N/A  N/A  N/A  N/A  N/A  N/A  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	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail	pays nothing:  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a supply at standard network	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of	urgent care only per Medicare  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic	pays nothing:  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at sandard network pharmacy	N/A N/A N/A N/A N/A N/A \$7.50 copay for up to 30 day supply out of network	urgent care only per Medicare  N/A  N/A  N/A  N/A  N/A  N/A  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	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail	pays nothing:  N/A  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at apharmacy	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of	urgent care only per Medicare N/A	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refiil Penalty Prescription Drug Retail Retail - Generic	pays nothing:  N/A  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at an a 60 day supply at a pharmacy	N/A N/A N/A N/A N/A N/A \$7.50 copay for up to 30 day supply out of network	urgent care only per Medicare N/A N/A N/A N/A N/A N/A N/A N/A N/A 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 Plan drugs may be covered in special circumstances, for instance, illness while	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refiil Penalty Prescription Drug Retail Retail - Generic	pays nothing:  N/A  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at apharmacy	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of	urgent care only per Medicare N/A	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refiil Penalty Prescription Drug Retail Retail - Generic	pays nothing:  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at an	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of	urgent care only per Medicare  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refiil Penalty Prescription Drug Retail Retail - Generic	pays nothing:  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at an	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of	wrgent care only per Medicare N/A	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic	pays nothing:  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at an	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of	urgent care only per Medicare  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic	pays nothing:  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at an	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of	urgent care only per Medicare  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic	pays nothing:  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at an	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of	wrgent care only per Medicare N/A	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refiil Penalty Prescription Drug Retail Retail - Generic	pays nothing:  N/A  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at standard network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at standard network pharmacy	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of	urgent care only per Medicare  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic	N/A N/A N/A N/A N/A N/A Yes N/A \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at standard network pharmacy	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of network	wrgent care only per Medicare N/A	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic  Retail - Brand Formulary	pays nothing:  N/A  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of network	urgent care only per Medicare  NIA  NIA  NIA  NIA  NIA  NIA  NIA  NI	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic  Retail - Brand Formulary	N/A N/A N/A N/A N/A N/A N/A Yes N/A \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at standard network pharmacy	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of network	wrgent care only per Medicare N/A	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic  Retail - Brand Formulary	pays nothing:  N/A  N/A  N/A  N/A  Yes  N/A  \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of network	urgent care only per Medicare  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic  Retail - Brand Formulary	N/A N/A N/A N/A N/A N/A N/A Yes N/A \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at standard network pharmacy	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of network	Wigent care only per Medicare N/A	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic  Retail - Brand Formulary	N/A N/A N/A N/A N/A N/A N/A Yes N/A \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at standard network pharmacy	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of network	wrgent care only per Medicare N/A	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic  Retail - Brand Formulary	N/A N/A N/A N/A N/A N/A N/A Yes N/A \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at standard network pharmacy	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of network	Wigent care only per Medicare N/A	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic  Retail - Brand Formulary	N/A N/A N/A N/A N/A N/A N/A Yes N/A \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at standard network pharmacy	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of network	urgent care only per Medicare  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic  Retail - Brand Formulary	N/A N/A N/A N/A N/A N/A N/A Yes N/A \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at standard network pharmacy	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of network	Wight Care only per Medicare N/A	
Annual Maximum Benefit Lifetime Maximum Benefit Generic Substitution Retail Refill Penalty Prescription Drug Retail Retail - Generic  Retail - Brand Formulary	N/A N/A N/A N/A N/A N/A N/A Yes N/A \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at a preferred network pharmacy  \$10 copay for up to a 60 day supply at a preferred network pharmacy \$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at standard network pharmacy	N/A N/A N/A N/A N/A N/A S7.50 copay for up to 30 day supply out of network  \$7.50 copay for up to 30 day supply out of network	With a super state 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. The super super super super plan super supe	

# Medicare Eligible / Post-65 Only Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.\*

Plan Changes are in Orange	2024 In-Network	2024 Out-of-Network	2024 Out-of-Area	2024 Comments
Single Source Brand	\$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at standard network pharmacy	\$7.50 copay for up to 30 day supply out of network	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	
Multi Source Brand	\$10 copay for up to a 60 day supply at a preferred network pharmacy or \$15 for up to a 60 day supply at standard network pharmacy	\$7.50 copay for up to 30 day supply out of network	from Kaiser Permanente 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	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	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	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	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	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	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	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 Eligible / Post-65 Only Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.\*

contract and membership agreements on	tile in the Aerospace Employee Benefits i	рерагиненс. -		
Plan Changes are in Orange	2024 In-Network	2024 Out-of-Network	2024 Out-of-Area	2024 Comments
Injectable Medications	covered in accordance with Medicare part	Plan drugs may be covered in special	Plan drugs may be covered in special	
	D guidelines for medically necessary	circumstances, for instance, illness while	circumstances, for instance, illness while	
	circumstances	traveling outside of the plan's service area	traveling outside of the plan's service area	
		where there is no network pharmacy. You	where there is no network pharmacy. You	
		may have to pay more than your normal	may have to pay more than your normal	
		cost-sharing amount if you get your drugs	cost-sharing amount if you get your drugs	
		at an out-of-network pharmacy. In addition,	at an out-of-network pharmacy. In addition,	
		you will likely have to pay the pharmacy's	you will likely have to pay the pharmacy's	
		full charge for the drug and submit	full charge for the drug and submit	
		documentation to receive reimbursement from Kaiser Permanente	documentation to receive reimbursement from Kaiser Permanente	
Day Supply	Copay covers up to a 60 day supply, or up	Plan drugs may be covered in special	Plan drugs may be covered in special	
Бау Зирріу	to a 90 day supply for mail order drug when	circumstances, for instance, illness while	circumstances, for instance, illness while	
	Medicare approved.	traveling outside of the plan's service area	traveling outside of the plan's service area	
	Medicare approved.	where there is no network pharmacy. You	where there is no network pharmacy. You	
		may have to pay more than your normal	may have to pay more than your normal	
		cost-sharing amount if you get your drugs	cost-sharing amount if you get your drugs	
		at an out-of-network pharmacy. In addition,	at an out-of-network pharmacy. In addition,	
		you will likely have to pay the pharmacy's	you will likely have to pay the pharmacy's	
		full charge for the drug and submit	full charge for the drug and submit	
		documentation to receive reimbursement	documentation to receive reimbursement	
		from Kaiser Permanente	from Kaiser Permanente	
Other Services - Prescription Drugs				
Over the Counter	not covered	not covered	not covered	
Prenatal Vitamins	Medicare Part D covered drug	Plan drugs may be covered in special	Plan drugs may be covered in special	
		circumstances, for instance, illness while	circumstances, for instance, illness while	
		traveling outside of the plan's service area	traveling outside of the plan's service area	
		where there is no network pharmacy. You	where there is no network pharmacy. You	
		may have to pay more than your normal	may have to pay more than your normal	
		cost-sharing amount if you get your drugs	cost-sharing amount if you get your drugs	
		at an out-of-network pharmacy. In addition,	at an out-of-network pharmacy. In addition,	
		you will likely have to pay the pharmacy's	you will likely have to pay the pharmacy's	
		full charge for the drug and submit	full charge for the drug and submit	
		documentation to receive reimbursement	documentation to receive reimbursement	
Diabetic Supplies	covered in full for each Medicare-covered	from Kaiser Permanente N/A	from Kaiser Permanente  Out of Area covered in emergencies and	
Diabetic Supplies	item	IVA	urgent care only based on Medicare	
			Guidelines	
Lifestyle Drugs	limited benefit for sexual dysfunction	not covered.	not covered	
, ,	drugs (50% copayment) (16 pills per 60-			
	day supply)			
Contraceptives - Injectable	covered in accordance with Medicare Part	Plan drugs may be covered in special	Plan drugs may be covered in special	
, ,	D guidelines	circumstances, for instance, illness while	circumstances, for instance, illness while	
	Ĭ	traveling outside of the plan's service area	traveling outside of the plan's service area	
		where there is no network pharmacy. You	where there is no network pharmacy. You	
		may have to pay more than your normal	may have to pay more than your normal	
		cost-sharing amount if you get your drugs	cost-sharing amount if you get your drugs	
		at an out-of-network pharmacy. In addition,	at an out-of-network pharmacy. In addition,	
		you will likely have to pay the pharmacy's	you will likely have to pay the pharmacy's	
		full charge for the drug and submit	full charge for the drug and submit	
		documentation to receive reimbursement	documentation to receive reimbursement	
		from Kaiser Permanente	from Kaiser Permanente	
Fertility Drugs	Not covered	not covered	not covered	
Smoking Cessation	covered in accordance with Medicare Part	Plan drugs may be covered in special	Plan drugs may be covered in special	
	D guidelines	circumstances, for instance, illness while	circumstances, for instance, illness while	
		traveling outside of the plan's service area	traveling outside of the plan's service area	
		where there is no network pharmacy. You	where there is no network pharmacy. You	
		may have to pay more than your normal cost-sharing amount if you get your drugs	may have to pay more than your normal cost-sharing amount if you get your drugs	
		at an out-of-network pharmacy. In addition,	at an out-of-network pharmacy. In addition,	
		you will likely have to pay the pharmacy's	you will likely have to pay the pharmacy's	
		full charge for the drug and submit	full charge for the drug and submit	
		documentation to receive reimbursement	documentation to receive reimbursement	
		from Kaiser Permanente	from Kaiser Permanente	
Cosmetic Medications	not covered	not covered	not covered	
Nutritional Supplements	not covered	Not covered	Not covered	
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