Medicare	Eligible /	Post-65	Only

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

Plan Changes are in Orange	2025 In-Network	2025 Out-of-Network	2025 Out-of-Area	2025 Comments
General Information				
Lifetime Maximum Benefit	N/A	N/A	N/A	
Annual Maximum Benefit	N/A	N/A	N/A	
Coinsurance Percentage Precertification Requirements	N/A YES	N/A N/A	N/A N/A	
Precertification Penalty	No coverage, except for emergency or	N/A N/A	N/A N/A	
reconnection renaity	urgently needed care.	10/7	1071	
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 Prescription benefits are covered under	N/A N/A	N/A N/A	N/A N/A	
medical deductible	N/A	IN/A	N/A	
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 urgent care only	
Lab tests and X-ray	covered in full, \$10 for Medicare covered	N/A	Out of Area covered in emergencies and	
Specialized Imaging	therapeutic radiology services.	N/A	Out of Area covered in emergencies and	
Specialized Imaging	covered in full, \$10 for Medicare covered therapeutic radiology services.	IN/A	Out of Area covered in emergencies and 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	
Allower L. Services		N/*	urgent care only	
Allergy Injections	Serum covered in full. \$10 office visit	N/A	Out of Area covered in emergencies and urgent care only	
Preventive Care	copayment may apply		urgent 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	N/A	N/A	
Adult Routine Physical Exams	All Medicare covered preventive care	N/A	Out of Area covered in emergencies and	
	covered in full. Office visit copay may		urgent care only	
Adult Immunizations	covered in full for Medicare covered	N/A	Out of Area covered in emergencies and	
Routine Mammogram	immunizations; office visit copay may apply. covered in full; office visit copay may apply.	N/A	Urgent care only Out of Area covered in emergencies and	
rioutile mannogram	cororod in rail, on co risk copay may apply.		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	
Colon Cancer Screenings	covered in full; office visit copay may apply.	N/A	Urgent care only Out of Area covered in emergencies and	
Colon Cancer Screenings	covered in ruil, once visit copay may apply.	IN/A	urgent care only	
Cardiovascular screenings	covered in full; office visit copay may apply.	N/A	Out of Area covered in emergencies and	
			urgent care only	
Hearing Evaluations	\$10 copay for Medicare-covered diagnostic	N/A	Out of Area covered in emergencies and	
Investions I I and ital	hearing exams		urgent care only	
Inpatient Hospital	encount in fail as a fair off and a	KI/A		
Deductible per Confinement	covered in full per benefit period.	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	
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	N/A	Out of Area covered in emergencies and	
Emergency Services	inpatient benefit		urgent care only	
Emergency Services	\$50 copay for each Medicare-covered	N/A	\$50 copay for each Medicare-covered	
Emergency Room meatment	\$50 copay for each Medicare-covered emergency room visits	IN/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	
Ambulance	covered in full for Medicare-covered	N/A	Urgent care only Out of Area covered in emergencies and	
	ambulance benefits		urgent care only	
Urgent Care Facility Services	\$10 copay for medicare-covered urgently-	N/A	\$10 copay for medicare-covered urgently-	
	need-care visits		need-care visits	
Physician Office Visit	covered under emergency room visit	N/A	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	
Alter Hours	covered under emergency room visit	N/A	Out of Area covered in emergencies and urgent care only	
Maternity Care				
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	N/A	Out of Area covered in emergencies and	
	inpatient services		urgent care only	
Midwife delivery services	covered in full for Medicare-covered inpatient services	N/A	Out of Area covered in emergencies and urgent care only	

Medicare Eligible / Post-65 Only

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

Plan Changes are in Orange	2025 In-Network	2025 Out-of-Network	2025 Out-of-Area	2025 Comments
Mental Health Deductible per Confinement	N/A	N/A	Out of Area covered in emergencies and	
Deductible per Day	N/A	N/A N/A	Out of Area covered in emergencies and urgent care only 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 guidelines.	N/A	Out of Area covered in emergencies and urgent care only	
Mental Health Outpatient	\$10 for each Medicare-covered individual visit	N/A	Out of Area covered in emergencies and urgent care only	
Mental Health - Group Therapy	\$10 for each Medicare-covered group therapy visit	N/A	Out of Area covered in emergencies and urgent care only	
Mental Health-Outpatient Plan Maximums	N/A	N/A	N/A	
Severe Mental Illness	\$10 for each Medicare-covered individual or	N/A	Out of Area covered in emergencies and	
Substance Abuse	group therapy visit or partial hospitalization.		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	N/A	Out of Area covered in emergencies and urgent care only	
Substance Abuse-Outpatient Plan	group therapy visit N/A	N/A	N/A	
Maximums Rehabilitation Therapy				
Inpatient Rehabilitation	covered in full	N/A	Out of Area covered in emergencies and urgent care only per Medicare Guidelines	
Outpatient Physical, Occupational, and	\$10 for each Medicare-covered visit	N/A	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 covered chiropractic (manual manipulation of the	N/A	Out of Area covered in emergencies and	All Medicare-covered and non-Medicare
	chiropractic (manual manipulation of the spine to correct subluxation) - \$15 copay for 20 additional visits (20 visit are combined Chiro and Acu)		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	N/A	Out of area covered only for emergencies and urgent care. Acupuncture only available	All Medicare-covered and non-Medicare covered rider acupuncture visits will be
	pain) (20 visit are combined Chiro and Acu)		from participating vendor/providers in area.	covered consistently with the \$15 copay.
Acupressure	pain) (20 visit are combined Chiro and Acu) not covered	N/A	from participating vendor/providers in area. Acupressure is not covered	
Massage Therapy	pain) (20 visit are combined Chiro and Acu)	N/A N/A	from participating vendor/providers in area.	
Massage Therapy Other Services	pain) (20 visit are combined Chiro and Acu) not covered not covered	N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not covered	
Massage Therapy	pain) (20 visit are combined Chiro and Acu) not covered		from participating vendor/providers in area. Acupressure is not covered Massage therapy is not covered Not covered Out of Area covered in emergencies and urgent care only based on Medicare	
Massage Therapy Other Services Private-Duty Nursing Care	pain) (20 visit are combined Chiro and Acu) not covered not covered not covered covered in full for each Medicare-covered	N/A not covered	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not covered Not 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	
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment	pain) (20 visit are combined Chiro and Acu) not covered not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered	N/A not covered N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not 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 Out of Area covered in emergencies and urgent care only based on Medicare	
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered item	N/A not covered N/A N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not 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 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	
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances Smoking Cessation	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered 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 not covered N/A N/A N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not 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 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	
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances Smoking Cessation Weight control program	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered 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	N/A not covered N/A N/A N/A N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not covered Not 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 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	
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances Smoking Cessation Weight control program Bariatric surgery	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered 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.	N/A not covered N/A N/A N/A N/A N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not 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 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	covered consistently with the \$15 copay.
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances Smoking Cessation Weight control program Bariatric surgery TMJ	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered item covered in full for each Medicare-covered visit covered in full for each 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 guidelines	N/A not covered N/A N/A N/A N/A N/A N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not 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 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 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	covered consistently with the \$15 copay.
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances Smoking Cessation Weight control program Bariatric surgery TMJ Podiatry Services	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered 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	N/A not covered N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not 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 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 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	covered consistently with the \$15 copay.
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances Smoking Cessation Weight control program Bariatric surgery TMJ Podiatry Services Home Health Care	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered 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	N/A not covered N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not 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 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 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	covered consistently with the \$15 copay.
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances Smoking Cessation Weight control program Bariatric surgery TMJ Podiatry Services Home Health Care Skilled Nursing Facility Care	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered 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	N/A not covered N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not 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 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 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	covered consistently with the \$15 copay.
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances Smoking Cessation Weight control program Bariatric surgery TMJ Podiatry Services Home Health Care Skilled Nursing Facility Care Hospice Care Hearing Aids Family Planning	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered 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 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	N/A not covered N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not covered Ut 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 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 Out of Area covered in emergencies and urgent care only	covered consistently with the \$15 copay.
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances Smoking Cessation Weight control program Bariatric surgery TMJ Podiatry Services Home Health Care Skilled Nursing Facility Care Hospice Care Hearing Aids	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered 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 aprovide authorization. covered in full for each Medicare guidelines and provider authorization. covered in full for each Medicare covered visit \$10 per Medicare-covered visit covered in full for each Medicare-covered visit covered in full for each Medicare-covered visit	N/A not covered N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not 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 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 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 Out of Area covered in emergencies and urgent care only	covered consistently with the \$15 copay.
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances Smoking Cessation Weight control program Bariatric surgery TMJ Podiatry Services Home Health Care Skilled Nursing Facility Care Hospice Care Hearing Aids Family Planning	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered 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 in full for each Medicare covered visit covered in full for each Medicare covered visit covered in full for each Medicare covered visit covered in full for each Medicare-covered visit covered in full ond each Medicare-covered visit covered in full ond each Medicare-covered visit covered in full ond each Medicare not covered covered in full noter original Medicare guidelines for medically necessary covered in accordance with Medicare guidelines for medically necessary	N/A not covered N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not 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 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 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 based on Medicare Out of Area covered in emergencies and urgent care only based on Medicare guidelines	covered consistently with the \$15 copay.
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances Smoking Cessation Weight control program Bariatric surgery TMJ Podiatry Services Home Health Care Skilled Nursing Facility Care Hearing Aids Family Planning Tubal ligation	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered item covered in full for each Medicare-covered visit Covered in full for Medicare Diabetes Prevention Program. covered in full software Diabetes and provider authorization. covered in full software 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 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 not covered N/A	from participating vendor/providers in area. Acupressure is not covered Not 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 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 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 based on Medicare Guidelines Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	covered consistently with the \$15 copay.
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances Smoking Cessation Weight control program Bariatric surgery TMJ Podiatry Services Home Health Care Skilled Nursing Facility Care Hospice Care Hearing Aids Fanily Planning Tubal ligation Vasectomy	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered 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 in full for each Medicare guidelines \$10 per Medicare-covered visit 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 100 days per benefit period. covered in accordance with Medicare guidelines for medically necessary circumstances covered in accordance with Medicare guidelines for medically necessary covered in accordance with Medicare guidelines for medically necessary	N/A not covered N/A N/A	from participating vendor/providers in area. Acupressure is not covered Not 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 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 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 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	covered consistently with the \$15 copay.
Massage Therapy Other Services Private-Duty Nursing Care Durable Medical Equipment Prosthetic and Orthotic Appliances 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	pain) (20 visit are combined Chiro and Acu) not covered not covered covered in full for each Medicare-covered item covered in full for each Medicare-covered 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 aprovide authorization. covered in full for each Medicare guidelines and provider authorization. covered in full for each Medicare guidelines \$10 per Medicare-covered visit covered in full for each Medicare-covered visit covered in full ond each Medicare covered in full noder Original Medicare not covered not covered covered in accordance with Medicare guidelines for medically necessary circumstances covered in accordance with Medicare	N/A not covered N/A	from participating vendor/providers in area. Acupressure is not covered Massage therapy is not 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 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 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 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 Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	covered consistently with the \$15 copay.

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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 provisions of each plan. Contract terms are outlined in detail in the certificates issue to you by the respective carriers. Final interpretation of any provision of the plan is governed by the master insurance contract and membership agreements on file in the Aerospace Employee Benefits Department.				
Plan Changes are in Orange	2025 In-Network	2025 Out-of-Network	2025 Out-of-Area	2025 Comments
Infertility Treatments - Surgery	covered in full for medically necessary surgery	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
In Vitro Fertilization	Not covered.	N/A	not covered	
Infertility Treatments - Lifetime Maximum	Covered as per Medicare guidelines for medical necessity.	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	

Medicare	Eligible /	Post-65	Only

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

Plan Changes are in Orange	2025 In-Network	2025 Out-of-Network	2025 Out-of-Area	2025 Comments
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
	frames or contacts) every 24 months at		urgent care only	year towards corrective eyeglasses, lenses,
	Kaiser Permanente optical facility. First pair			frames or contact lenses at Kaiser
	of glasses following cataract surgery is covered at 80%			Permanente Vision Essentials locations
Frames	\$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- 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	
		N/A	urgent care only	
Lasik Eye Surgery Organ and Tissue Transplants	not covered	N/A	Not covered	
Organ Transplant -Inpatient	covered in full for each Medicare-covered	N/A	Out of Area covered in emergencies and	
	inpatient stay		urgent care only per Medicare guidelines	
Organs covered	The following types of transplants are	N/A	Out of Area covered in emergencies and	
	covered following Medicare guidelines: corneal, kidney, kidney-pancreatic, heart,		urgent care only per Medicare guidelines	
	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 are	N/A	Out of Area covered in emergencies and	
	covered if approved by Health Plan and the		urgent care only per Medicare guidelines	
	expenses are directly related to the transplant and follow Medicare guidelines.			
Lifetime Maximum	N/A	N/A	N/A	
Prescription Drug Coverage				
Annual Prescription Deductible - Individual	None	N/A	N/A	
Annual Prescription Deductible - Family Out-of-Pocket Maximums - Individual	None Catastrophic is \$8.000 then member pays	N/A N/A	N/A Out of Area covered in emergencies and	Catastrophic is \$2.000 then member
	nothing.	1073	urgent care only per Medicare guidelines	pays nothing.
Out-of-Pocket Maximums - Family	N/A	N/A	N/A	
Annual Maximum Benefit	N/A	N/A	N/A	
Lifetime Maximum Benefit Generic Substitution	N/A Yes	N/A N/A	N/A N/A	
Retail Refill Penalty	N/A	N/A	N/A N/A	
Prescription Drug Retail				
Retail - Generic	\$10 copay for up to a 60 day supply at a	\$7.50 copay for up to 30 day supply out of	Plan drugs may be covered in special	
	preferred network pharmacy or \$15 for up to	network	circumstances, for instance, illness while	
	a 60 day supply at standard network		traveling outside of the plan's service area	
	pharmacy		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	
				1
			from Kaiser Permanente	
Retail - Brand Formulary		\$7.50 copay for up to 30 day supply out of	Plan drugs may be covered in special	
Retail - Brand Formulary	preferred network pharmacy or \$15 for up to	\$7.50 copay for up to 30 day supply out of network	Plan drugs may be covered in special circumstances, for instance, illness while	
Retail - Brand Formulary	preferred network pharmacy or \$15 for up to a 60 day supply at standard network		Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area	
Retail - Brand Formulary	preferred network pharmacy or \$15 for up to		Plan drugs may be covered in special circumstances, for instance, illness while	
Retail - Brand Formulary	preferred network pharmacy or \$15 for up to a 60 day supply at standard 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	
Retail - Brand Formulary	preferred network pharmacy or \$15 for up to a 60 day supply at standard 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,	
Retail - Brand Formulary	preferred network pharmacy or \$15 for up to a 60 day supply at standard 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	
Retail - Brand Formulary	preferred network pharmacy or \$15 for up to a 60 day supply at standard 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,	
	preferred network pharmacy or \$15 for up to a 60 day supply at standard network pharmacy	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 from Kaiser Permanente	
	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	network \$7.50 copay for up to 30 day supply out of	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.	
	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 or \$15 for up to	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. Ihe 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	
	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	network \$7.50 copay for up to 30 day supply out of	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.	
	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 or \$15 for up to a 60 day supply at standard network	network \$7.50 copay for up to 30 day supply out of	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 <u>from Kaiser Permanente</u> . 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	
	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 or \$15 for up to a 60 day supply at standard network	network \$7.50 copay for up to 30 day supply out of	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	
Retail - Brand Formulary Retail - Brand Non-Formulary	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 or \$15 for up to a 60 day supply at standard network	network \$7.50 copay for up to 30 day supply out of	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 <u>from Kaiser Permanente</u> 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,	
	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 or \$15 for up to a 60 day supply at standard network	network \$7.50 copay for up to 30 day supply out of	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	
	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 or \$15 for up to a 60 day supply at standard network	network \$7.50 copay for up to 30 day supply out of	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 <u>from Kaiser Permanente</u> 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.	

Medicare Eligible / Post-65 Only

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

Plan Changes are in Orange	2025 In-Network	2025 Out-of-Network	2025 Out-of-Area	2025 Comments
Single Source Brand	\$10 copay for up to a 60 day supply at a	\$7.50 copay for up to 30 day supply out of	Plan drugs may be covered in special	
°	preferred network pharmacy or \$15 for up to	network	circumstances, for instance, illness while	
	a 60 day supply at standard network		traveling outside of the plan's service area	
	pharmacy		where there is no network pharmacy. You	
	phannacy		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	
Aulti Source Brand	\$10 copay for up to a 60 day supply at a	\$7.50 copay for up to 30 day supply out of	Plan drugs may be covered in special	
	preferred network pharmacy or \$15 for up to	network	circumstances, for instance, illness while	
	a 60 day supply at standard network	notion	traveling outside of the plan's service area	
	pharmacy		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	
njectable Medications	Medicare-covered injectable vaccines	Plan drugs may be covered in special	Plan drugs may be covered in special	
	covered in full	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 at		
		an out-of-network pharmacy. In addition,	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	
Prescription Drug Mail Order		HUIII Kaisel Feimanente	ITOITI Kaisel Fermanente	
Mail-Order - Generic	\$5 copay for up to 90-day supply	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 at		
		an out-of-network pharmacy. In addition,	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	
Mail-Order - Brand Formulary	\$5 copay for up to 90-day supply from			
viail-Order - Brand Formulary		Plan drugs may be covered in special	Plan drugs may be covered in special	
	Kaiser Permanente mail order.	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	
	Brand and/or non-Formulary only covered	where there is no network pharmacy. You	where there is no network pharmacy. You	
	when medically necessary as determined by	may have to pay more than your normal	may have to pay more than your normal	
	Kaiser Permanente physician.	cost-sharing amount if you get your drugs at		
	reaser remanente physiolan.			
		an out-of-network pharmacy. In addition,	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	
		full onlarge for the drug and submit		
		documentation to receive reimbursement	documentation to receive reimbursement	
Mail-Order - Brand Non-Formulary	\$5 conav for up to 90-day supply for	documentation to receive reimbursement from Kaiser Permanente	documentation to receive reimbursement from Kaiser Permanente	
Mail-Order - Brand Non-Formulary	\$5 copay for up to 90-day supply for medically necessary drugs	documentation to receive reimbursement from Kaiser Permanente Plan drugs may be covered in special	documentation to receive reimbursement from Kaiser Permanente Plan drugs may be covered in special	
Nail-Order - Brand Non-Formulary	medically necessary drugs	documentation to receive reimbursement from Kaiser Permanente Plan drugs may be covered in special circumstances, for instance, illness while	documentation to receive reimbursement from Kaiser Permanente Plan drugs may be covered in special circumstances, for instance, illness while	
Mail-Order - Brand Non-Formulary	medically necessary drugs Brand and/or non-Formulary only covered	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	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	
Vail-Order - Brand Non-Formulary	medically necessary drugs Brand and/or non-Formulary only covered when medically necessary as determined by	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	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	
Jail-Order - Brand Non-Formulary	medically necessary drugs Brand and/or non-Formulary only covered	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	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	
Mail-Order - Brand Non-Formulary	medically necessary drugs Brand and/or non-Formulary only covered when medically necessary as determined by	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	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	
vlail-Order - Brand Non-Formulary	medically necessary drugs Brand and/or non-Formulary only covered when medically necessary as determined by	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	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	
vlail-Order - Brand Non-Formulary	medically necessary drugs Brand and/or non-Formulary only covered when medically necessary as determined by	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,	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,	
Jail-Order - Brand Non-Formulary	medically necessary drugs Brand and/or non-Formulary only covered when medically necessary as determined by	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	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	
Jail-Order - Brand Non-Formulary	medically necessary drugs Brand and/or non-Formulary only covered when medically necessary as determined by	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 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	
Jail-Order - Brand Non-Formulary	medically necessary drugs Brand and/or non-Formulary only covered when medically necessary as determined by	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	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	
	medically necessary drugs Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.	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	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	
	medically necessary drugs Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician. \$5 copay for up to 90-day supply when	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 Plan drugs may be covered in special	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 Plan drugs may be covered in special	
	medically necessary drugs Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.	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	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 Plan drugs may be covered in special circumstances, for instance, illness while	
	medically necessary drugs Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician. \$5 copay for up to 90-day supply when	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 Plan drugs may be covered in special	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 Plan drugs may be covered in special	
	medically necessary drugs Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician. \$5 copay for up to 90-day supply when medically necessary. Brand and/or non- Formulary only covered when medically	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 Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area	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 Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area	
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Medicare Eligible / Post-65 Only	
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Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*

Plan Changes are in Orange	2025 In-Network	2025 Out-of-Network	2025 Out-of-Area	2025 Comments
Injectable Medications	covered in accordance with Medicare part D	Plan drugs may be covered in special	Plan drugs may be covered in special	
	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 at	
		an out-of-network pharmacy. In addition,	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	
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	
	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	
		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 at		
		an out-of-network pharmacy. In addition,	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		from Kaiser Permanente	from Kaiser Permanente	
	and any and		ant new and	
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 at		
		an out-of-network pharmacy. In addition,	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	
Diabetic Supplies	covered in full for each Medicare-covered	N/A	Out of Area covered in emergencies and	
	item		urgent care only based on Medicare	
			Guidelines	
Lifestyle Drugs	limited benefit for sexual dysfunction drugs	not covered.	not covered	
	(50% copayment) (16 pills per 60-day			
	supply)			
Contraceptives - Injectable	covered in accordance with Medicare Part D	Plan drugs may be covered in special	Plan drugs may be covered in special	
	guidelines	circumstances, for instance, illness while	circumstances, for instance, illness while	
	I [−]	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 at		
		an out-of-network pharmacy. In addition,	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 D	Plan drugs may be covered in special	Plan drugs may be covered in special	
	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	may have to pay more than your normal	
		cost-sharing amount if you get your drugs at		
		an out-of-network pharmacy. In addition,	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	
	1	from Kaiser Permanente	from Kaiser Permanente	
Cosmetic Medications	not covered	not covered	not covered	
Nutritional Supplements	not covered	Not covered	Not covered	