Active Employees and Pre-65 Retirees (Non-Medicare Only)	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*	
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Plan Changes are in Orange	**2027 In-Network**	**Comments**
General Information		
Lifetime Maximum Benefit	No Lifetime Max	
Annual Maximum Benefit	No Annual Max	
Coinsurance Percentage	90%	
Precertification Requirements	Yes	
Precertification Penalty	Yes	
Health Savings Account (HSA)	n/a	
Health Reimbursement Account (HRA)	n/a	
R & C	n/a	Allowable Charges
Deductibles		
Individual Annual Deductible	$125	
Family Annual Deductible	$250	
Applies to Out-of-Pocket Maximum	Yes	
Prescription benefits are covered under medical deductible	Yes	
Out-of-Pocket Mx per Plan Year		
Individual Out-of-Pocket Maximum Per Year	$3,000	
Family Out-of-Pocket Maximum Per Year	$6,000	
Outpatient Services		
Primary Care Physician Visits	$20	
Specialist Visit	$35	
Lab tests and X-ray	90%	
Specialized Imaging	$100	
Outpatient Surgery	90%	
Allergy Testing	Applicable copay based on type and place of service	
Allergy Injections	Applicable copay based on type and place of service	
Preventive Care		
Well Child Care Office Visit	$0	
Well Child Age limit	5 yo	
Adult Routine Physical Exams	$0	
Adult Immunizations	$20 copay for consultations and immunizations for foreign travel	Routine immunization for children and adults. No additional charge for immunization agent. $20 copay at PCP office
Routine Mammogram	$0	
Pap Smear	$0	
Prostate Screening (PSA)	$0	
Colon Cancer Screenings	$0	
Cardiovascular screenings	$0	
Hearing Evaluations	Applicable cost share based on place of service	
Inpatient Hospital		
Deductible per Confinement	$0	
Deductible per Day	$0	
Hospital Services	90%	
Physicians and Surgeons' Services	90%	
Emergency Services		
Emergency Room Treatment	$75 waived if admitted	
Non-emergency or non-urgent use of ER	Not covered however members can appeal	
Ambulance	$50	
Urgent Care Facility Services	$35	
Physician Office Visit	$20 PCP/ $35 Specialty	
After Hours	Applicable copay based on type and place of service	
Maternity Care		
Physician Office Visit	100%	
Maternity Care - Inpatient Delivery	90%	
Midwife delivery services	90% Covered with a referral to a certified nurse midwife	

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Mental Health		
Deductible per Confinement	$0	
Deductible per Day	$0	
Mental Health Inpatient	90%	
Mental Health-Inpatient Plan Maximums	None	
Mental Health Outpatient	$20 copay Individual Therapy	
Mental Health - Group Therapy	$10	
Mental Health-Outpatient Plan Maximums	None	
Severe Mental Illness	covered at applicable copayment	
Substance Abuse		
Deductible per Confinement	$0	
Deductible per Day	$0	
Detoxification	90%	
Substance Abuse - Inpatient Treatment	90%	
Substance Abuse-Inpatient Plan Maximums	None	
Substance Abuse-Outpatient	$20 copay Individual Therapy $10 copay Group Therapy	
Substance Abuse-Outpatient Plan Maximums	None	
Rehabilitation Therapy		
Inpatient Rehabilitation	90%	
Outpatient Physical, Occupational, and Speech Therapy	$35	30 visit per injury, incident or condition for each therapy
Alternative Care		
Chiropractic Care	$35	Chiropractic care is covered for a $35 copay for up to 20 visits per contract year. In addition, Kaiser Permanente members are able to take advantage of a unique service called the Kaiser Permanente Complementary and Alternative Medicine Access program. This program is not a benefit under the group's health benefit plan, but is a "value-added" service. Under this program, our members can access a network of providers credentialed by American Specialty Health Networks (ASHN) throughout the Mid-Atlantic region. ASHN specializes in broad-spectrum complementary health care medicine. Members can choose any of the providers in this network without a referral from their primary care physician. Our members receive significant savings on a range of chiropractic, acupuncture, and massage therapy services, as well as other complimentary and alternative medicine services such as fitness club memberships and herbal and dietary supplements. Chiropractors and acupuncturists must be licensed to participate.
Acupuncture	not covered	Kaiser Permanente members are able to take advantage of a unique service called the Kaiser Permanente Complementary and Alternative Medicine Access program. This program is not a benefit under the group's health benefit plan, but is a "value-added" service. Under this program, our members can access a network of providers credentialed by American Specialty Health Networks (ASHN) throughout the Mid-Atlantic region. ASHN specializes in broad-spectrum complementary health care medicine. Members can choose any of the providers in this network without a referral from their primary care physician. Our members receive significant savings on a range of chiropractic, acupuncture, and massage therapy services, as well as other complimentary and alternative medicine services such as fitness club memberships and herbal and dietary supplements. Chiropractors and acupuncturists must be licensed to participate.

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Acupressure	not covered	Kaiser Permanente members are able to take advantage of a unique service called the Kaiser Permanente Complementary and Alternative Medicine Access program. This program is not a benefit under the group's health benefit plan, but is a "value-added" service. Under this program, our members can access a network of providers credentialed by American Specialty Health Networks (ASHN) throughout the Mid-Atlantic region. ASHN specializes in broad-spectrum complementary health care medicine. Members can choose any of the providers in this network without a referral from their primary care physician. Our members receive significant savings on a range of chiropractic, acupuncture, and massage therapy services, as well as other complimentary and alternative medicine services such as fitness club memberships and herbal and dietary supplements. Chiropractors and acupuncturists must be licensed to participate.
Massage Therapy	not covered	Kaiser Permanente members are able to take advantage of a unique service called the Kaiser Permanente Complementary and Alternative Medicine Access program. This program is not a benefit under the group's health benefit plan, but is a "value-added" service. Under this program, our members can access a network of providers credentialed by American Specialty Health Networks (ASHN) throughout the Mid-Atlantic region. ASHN specializes in broad-spectrum complementary health care medicine. Members can choose any of the providers in this network without a referral from their primary care physician. Our members receive significant savings on a range of chiropractic, acupuncture, and massage therapy services, as well as other complimentary and alternative medicine services such as fitness club memberships and herbal and dietary supplements. Chiropractors and acupuncturists must be licensed to participate.
Other Services		
Private-Duty Nursing Care	Not covered	
Durable Medical Equipment	Basic equipment 90%	For oxygen and equipment - no charge for first 3 months, 50% of Allowable Charges each month thereafter
Prosthetic and Orthotic Appliances	90%	
Smoking Cessation	Covered with applicable copays	Smoking cessation RX's written on a script are $0 copay for NGF groups eff Jan 2015
Weight control program	$20 PCP/ $35 Specialty RX 50% of allowable change	At no additional cost, Kaiser Permanente offers an online weight management program, HealthMedia Balance TM. This comprehensive weight loss system is designed by knowledgeable health professionals. Helpful tools and a personalized plan will show members how to coordinate three key areas—mind, food, body—to help them lose weight and keep it off. To select a program, members must sign on to kp.org/healthy lifestyles.

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Bariatric surgery	90%	No Charge We cover diagnosis and treatment of morbid obesity, including gastric bypass surgery or other surgical method, that is: Recognized by the NIH as effective for long-term reversal of morbid obesity; and Consistent with criteria approved by the NIH. Morbid obesity is defined as: A weight that is at least one-hundred (100) pounds over or twice the ideal weight for a patient's frame, age, height and gender, as specified in the 1983 Metropolitan Life Insurance tables; or A Body Mass Index (BMI) that is equal to or greater than thirty-five (35) kilograms per meter squared with a comorbidity or coexisting medical conditions such as hypertension, cardiopulmonary condition, sleep apnea or diabetes; or A BMI of forty (40) kilograms per meter squared without such comorbidity. Body Mass Index means a practical marker that is used to assess the degree of obesity and is calculated by dividing the weight in kilograms by the height in meters squared. See the benefit-specific exclusion immediately below for additional information. Benefit-Specific Exclusion: 1. Services not preauthorized by the Health Plan.
TMJ	Covered	Applicable DME cost share for TMJ appliances
Podiatry Services	$35.00	Medically necessary services
Home Health Care	90%	$0.00, 100 visits per year
Skilled Nursing Facility Care	90%	
Hospice Care	90%	
Hearing Aids	Pediatric $1500 allowance / 1 device per ear / every 24 months (Plan Deductible does not apply)	
Family Planning		
Tubal ligation	applicable cost share based on place of service	
Vasectomy	applicable cost share based on place of service	
Contraceptive Drugs	90% copay for script written contraceptives	Women's Preventive Services, including all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity are covered under Preventive Care at no charge.
Contraceptive Devices	covered at applicable copayment	NGF group; $O copay for script written contraceptive devices. Women's Preventive Services, including all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity are covered under Preventive Care at no charge.
Infertility Testing	50% of applicable cost	
Infertility Treatments - Office Visit	50% of applicable cost	
Infertility Treatments - Surgery	50% of applicable cost	to treat underlying medical conditions
In Vitro Fertilization	Not covered	
Infertility Treatments - Lifetime Maximum	n/a	
Vision Care		
Eye Examination	$20 Optometry/ $35 Ophthalmologist	
Lenses	Adult: $75 discount off of the retail price of eyeglasses (combined for lenses and frames) once per year	A child may elect a pair of glasses or contact lenses at no charge from a select group at plan providers.
Frames	Adult: $75 discount off of the retail price of eyeglasses (combined for lenses and frames) once per year	A child may elect a pair of glasses or contact lenses a year at no charge from a select group at plan providers.
Contact lenses- necessary	Adult: $25 discount off the retail price of contact lenses once per year	A child may elect a pair of glasses or contact lenses a year at no charge from a select group at plan providers.
Contact lenses-elective	Adult: $25 discount off the retail price of contact lenses once per year	A child may elect a pair of glasses or contact lenses a year at no charge from a select group at plan providers.
Lasik Eye Surgery	n/a	

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Organ and Tissue Transplants		
Organ Transplant -Inpatient	applicable cost share based on place and type of service	All Services must be pre-authorized by Kaiser and meet the Virginia mandate guidelines. If the following criteria are met, we cover stem cell rescue and transplants of organs, tissue or bone marrow: You satisfy all medical criteria developed by Medical Group and by the facility providing the transplant; The facility is certified by Medicare; and A Plan Provider provides a written referral for care at the facility. After the referral to a transplant facility, the following applies: Unless otherwise authorized by Medical Group, transplants are covered only in our Service Area. If either Medical Group or the referral facility determines that you do not satisfy its respective criteria for transplant, we will pay only for covered Services you receive before that determination was made. The Health Plan, Plan Hospitals, Medical Group and Plan Providers are not responsible for finding, furnishing or ensuring the availability of a bone marrow or organ donor. We cover reasonable medical and hospital expenses as long as these expenses are directly related to a covered transplant for a donor, or an individual identified by Medical Group as a potential donor, even if not a Member. See the benefit-specific exclusion immediately below for additional information Benefit-Specific Exclusion: 1. Services related to non-human or artificial organs and their implantation.
Organs covered	yes	Here is a complete list covered. • Blood and Bone Marrow Transplants (BMT); • Autologous Stem Cell Transplant; and • Allogeneic Stem Cell Transplant. • Heart; • Lung, single and double - Adult; • Small Intestine; • Liver; • Intestinal/Liver; • Kidney; • Pancreas; • Simultaneous Kidney and Pancreas (SPK); • Pancreas after Kidney (PAK); and • Corneas.
Transplant Travel	yes	All services must be pre-authorized and follow the guidelines of Kaiser Policy. Traveling Expenses for Organ transplant are covered If services are received outside of the services area. KP will cover travel and lodging expenses and arrange the accommodations for the member plus one companion. The per diem rate to be paid is $50.00 per day. The member and companion are responsible for all costs that exceed KP's per diem allowances and limitations, as defined in the NTS travel and lodging policy.
Transplant donor expenses	yes	Travel support is offered only when approved transplant related services are required outside the service area. The support includes transportation, lodging and a $50 /day allowance for daily expenses for the patient and one caregiver. The Health Plan reserves the right to determine the most reasonable, medically appropriate transportation and lodging and makes those arrangements in advance.
Lifetime Maximum	none	
Prescription Drug Coverage		
Annual Prescription Deductible - Family	$0	
Annual Prescription Deductible - Individual	$0	
Out-of-Pocket Maximums - Individual	none	Apply to the overall OOP Max
Out-of-Pocket Maximums - Family	none	Apply to the overall OOP Max
Annual Maximum Benefit	no max	
Lifetime Maximum Benefit	no max	
Generic Substitution	yes	
Retail Refill Penalty	n/a	

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Prescription Drug Retail		
Retail - Generic	$10 Kaiser pharmacy; $20 community pharmacy	
Retail - Brand Formulary	$30 Kaiser pharmacy; $50 community pharmacy	
Retail - Brand Non-Formulary	$60 Kaiser pharmacy; $80 community pharmacy	
Single Source Brand	n/a	
Multi Source Brand	n/a	
Injectable Medications	up to 30 day supply	Except injectable contraceptives written on script are $0 copay (NGF group). Women's Preventive Services, including all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity are covered under Preventive Care at no charge.
Prescription Drug Mail Order		
Mail-Order - Generic	Mail order available at KP Pharmacy only $20 for 90-day	
Mail-Order - Brand Formulary	Mail order available at KP Pharmacy only $60 for 90-day	
Mail-Order - Brand Non-Formulary	Mail order available at KP Pharmacy only $120 for 90-day	Covered when medically necessary
Single Source Brand	n/a	
Multi Source Brand	n/a	
Injectable Medications	up to 30 day supply	Except injectable contraceptives written on script are $0 copay (NGF group). Women's Preventive Services, including all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity are covered under Preventive Care at no charge.
Day Supply	up to a 90 day retail supply for 3 copays; up to a 90 day mail supply for 2 copays	
Other Services - Prescription Drugs		
Over the Counter	KP and Participating Pharmacies	Drugs required to be covered by the Affordable Care Act (ACA) without Cost Sharing, including over-the-counter medications when prescribed by a Plan Provider, and obtained at a Plan or Participating Network Pharmacy for no charge.
Prenatal Vitamins	Applicable copay	
Diabetic Supplies	$0 prescribed by and purchased from plan provider	
Lifestyle Drugs	not covered	
Contraceptives - Injectable	$0 copay for NGF groups	Women's Preventive Services, including all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity are covered under Preventive Care at no charge.
Fertility Drugs	50% Member allowable charge	
Smoking Cessation	NGF group: should read $0 copay for smoking cessation RX's written on a script	
Cosmetic Medications	not covered	
Nutritional Supplements	not covered	Nutrition supplements are available to members at a discounted rate through our Complementary Alternative Medicine added value program.