Medicare Eligible / Post-65 Only	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*			
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Plan Changes are in Orange	**2027 In-Network**	**2027 Out-of-Network**	**2027 Out-of-Area**	**2027 Comments**
General Information				
Lifetime Maximum Benefit	N/A	N/A	N/A	
Annual Maximum Benefit	N/A	N/A	N/A	
Coinsurance Percentage	N/A	N/A	N/A	
Precertification Requirements	YES	N/A	N/A	
Precertification Penalty	No coverage, except for emergency or urgently needed care.	N/A	N/A	
Health Savings Account (HSA)	N/A	N/A	N/A	
Health Reimbursement Account (HRA)	N/A	N/A	N/A	
R & C	N/A	N/A	N/A	
Deductibles				
Individual Annual Deductible	None	N/A	N/A	
Family Annual Deductible	None	N/A	N/A	
Applies to Out-of-Pocket Maximum	N/A	N/A	N/A	
Prescription benefits are covered under medical deductible	N/A	N/A	N/A	
Out-of-Pocket Mx per Plan Year				
Individual Out-of-Pocket Maximum Per Year	$3,400.00	N/A	N/A	
Family Out-of-Pocket Maximum Per Year	N/A	N/A	N/A	
Outpatient Services				
Primary Care Physician Visits	$10 per Medicare covered visit	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 therapeutic radiology services.	N/A	Out of Area covered in emergencies and urgent care only	
Specialized Imaging	covered in full, $10 for Medicare covered therapeutic radiology services.	N/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 urgent care only	
Allergy Injections	Serum covered in full. $10 office visit copayment may apply	N/A	Out of Area covered in emergencies and urgent care only	
Preventive Care				
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 covered in full. Office visit copay may apply.	N/A	Out of Area covered in emergencies and urgent care only	
Adult Immunizations	covered in full for Medicare covered immunizations; office visit copay may apply.	N/A	Out of Area covered in emergencies and urgent care only	
Routine Mammogram	covered in full; office visit copay may apply.	N/A	Out of Area covered in emergencies and urgent care only	
Pap Smear	covered in full; office visit copay may apply.	N/A	Out of Area covered in emergencies and urgent care only	
Prostate Screening (PSA)	covered in full; office visit copay may apply.	N/A	Out of Area covered in emergencies and urgent care only	
Colon Cancer Screenings	covered in full; office visit copay may apply.	N/A	Out of Area covered in emergencies and urgent care only	
Cardiovascular screenings	covered in full; office visit copay may apply.	N/A	Out of Area covered in emergencies and urgent care only	
Hearing Evaluations	$10 copay for Medicare-covered diagnostic hearing exams	N/A	Out of Area covered in emergencies and urgent care only	
Inpatient Hospital				
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 inpatient benefit	N/A	Out of Area covered in emergencies and urgent care only	
Physicians and Surgeons' Services	covered in full per benefit period under inpatient benefit	N/A	Out of Area covered in emergencies and urgent care only	
Emergency Services				
Emergency Room Treatment	$50 copay for each Medicare-covered emergency room visits	N/A	$50 copay for each Medicare-covered emergency room visits	
Non-emergency or non-urgent use of ER	not covered	N/A	Out of Area covered in emergencies and urgent care only	
Ambulance	covered in full for Medicare-covered ambulance benefits	N/A	Out of Area covered in emergencies and urgent care only	
Urgent Care Facility Services	$10 copay for medicare-covered urgently-need-care visits	N/A	$10 copay for medicare-covered urgently-need-care visits	
Physician Office Visit	covered under emergency room visit	N/A	Out of Area covered in emergencies and urgent care only	
After 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 inpatient services	N/A	Out of Area covered in emergencies and 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	

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Plan Changes are in Orange	**2027 In-Network**	**2027 Out-of-Network**	**2027 Out-of-Area**	**2027 Comments**
Mental Health				
Deductible per Confinement	N/A	N/A	Out of Area covered in emergencies and urgent care only	
Deductible per Day	N/A	N/A	Out of Area covered in emergencies and urgent care only	
Mental Health Inpatient	covered in full for each Medicare-covered hospital stay	N/A	Out of Area covered in emergencies and urgent care only	
Mental Health-Inpatient Plan Maximums	No specific limit to number of days covered when in stay is accordance with Medicare 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 group therapy visit or partial hospitalization.	N/A	Out of Area covered in emergencies and urgent care only	
Substance Abuse				
Deductible per Confinement	N/A	N/A	N/A	
Deductible per Day	N/A	N/A	N/A	
Detoxification	covered in full	N/A	Out of Area covered in emergencies and urgent care only	
Substance Abuse - Inpatient Treatment	covered in full for each Medicare-covered hospital stay	N/A	Out of Area covered in emergencies and urgent care only	
Substance Abuse-Inpatient Plan Maximums	No specific limit to number of days covered when in stay is accordance with Medicare guidelines.	N/A	Out of Area covered in emergencies and urgent care only	
Substance Abuse-Outpatient	$10 for each Medicare-covered individual or group therapy visit	N/A	Out of Area covered in emergencies and urgent care only	
Substance Abuse-Outpatient Plan Maximums	N/A	N/A	N/A	
Rehabilitation Therapy				
Inpatient Rehabilitation	covered in full	N/A	Out of Area covered in emergencies and urgent care only per Medicare Guidelines	
Outpatient Physical, Occupational, and Speech Therapy	$10 for each Medicare-covered visit	N/A	Out of Area covered in emergencies and urgent care only per Medicare Guidelines	
Alternative Care				
Chiropractic Care	$15 office visit copay for Medicare covered chiropractic (manual manipulation of the spine to correct subluxation) - $15 copay for 20 additional visits (20 visit are combined Chiro and Acu)	N/A	Out of Area covered in emergencies and urgent care only; chiropractic only available from participating vendor/providers in area.	All Medicare-covered and non-Medicare covered rider chiropractic visits will be covered consistently with the $15 copay.
Acupuncture	$15 Copay up to 20 visits for Medicare covered- Acupuncture (Chronic lower back pain) (20 visit are combined Chiro and Acu)	N/A	Out of area covered only for emergencies and urgent care. Acupuncture only available from participating vendor/providers in area.	All Medicare-covered and non-Medicare covered rider acupuncture visits will be covered consistently with the $15 copay.
Acupressure	not covered	N/A	Acupressure is not covered	
Massage Therapy	not covered	N/A	Massage therapy is not covered	
Other Services				
Private-Duty Nursing Care	not covered	not covered	Not covered	
Durable Medical Equipment	covered in full for each Medicare-covered item	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Prosthetic and Orthotic Appliances	covered in full for each Medicare-covered item	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Smoking Cessation	covered in full for each Medicare-covered visit	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Weight control program	Covered in full for Medicare Diabetes Prevention Program.	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Bariatric surgery	covered in full, subject to office visit copay and approval based on Medicare guidelines and provider authorization.	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
TMJ	covered only per Medicare guidelines	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines (Medical not Dental)	Coverage only for disease or injury approved by Medicare
Podiatry Services	$10 per Medicare-covered visit	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Home Health Care	covered in full for each Medicare-covered visit	N/A	Out of Area covered in emergencies and urgent care only	
Skilled Nursing Facility Care	covered in full for each Medicare-covered stay up to 100 days per benefit period.	N/A	Out of Area covered in emergencies and urgent care only	
Hospice Care	covered in full under Original Medicare	N/A	Out of Area covered in emergencies and urgent care only	
Hearing Aids	not covered	N/A	not covered	
Family Planning				
Tubal ligation	covered in accordance with Medicare guidelines for medically necessary circumstances	N/A	Out of Area covered in emergencies and urgent care only per Medicare guidelines	
Vasectomy	covered in accordance with Medicare guidelines for medically necessary circumstances	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Contraceptive Drugs	covered in accordance with Medicare guidelines for medically necessary circumstances	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Contraceptive Devices	covered in accordance with Medicare guidelines for medically necessary circumstances	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Infertility Testing	covered in full for medically necessary testing	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Infertility Treatments - Office Visit	Not covered.	N/A	Not covered	

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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	

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Plan Changes are in Orange	**2027 In-Network**	**2027 Out-of-Network**	**2027 Out-of-Area**	**2027 Comments**
Vision Care				
Eye Examination	$10 per Medicare-covered visit	N/A	Out of Area covered in emergencies and urgent care only	
Lenses	$200 allowance (combined lenses and frames or contacts) every 24 months at Kaiser Permanente optical facility. First pair of glasses following cataract surgery is covered at 80%	N/A	Out of Area covered in emergencies and urgent care only	There is a $200 allowance per calendar year towards corrective eyeglasses, lenses, frames or contact lenses at Kaiser Permanente Vision Essentials locations
Frames	$200 allowance (combined lenses and frames or contacts) every 24 months at Kaiser Permanente optical facility. First pair of glasses following cataract surgery is covered at 80%	N/A	Out of Area covered in emergencies and urgent care only per Medicare guidelines	
Contact lenses- necessary	$200 allowance (combined lenses and frames or contacts) every 24 months at Kaiser Permanente optical facility. First pair of glasses following cataract surgery is covered at 80%	N/A	Out of Area covered in emergencies and urgent care only per Medicare guidelines	
Contact lenses-elective	not covered	N/A	Out of Area covered in emergencies and urgent care only	
Lasik Eye Surgery	not covered	N/A	Not covered	
Organ and Tissue Transplants				
Organ Transplant -Inpatient	covered in full for each Medicare-covered inpatient stay	N/A	Out of Area covered in emergencies and urgent care only per Medicare guidelines	
Organs covered	The following types of transplants are covered following Medicare guidelines: corneal, kidney, kidney-pancreatic, heart, liver, lung, heart/lung, bone marrow, stem cell, and intestinal/multivisceral. Kaiser Permanente will arrange to have case reviewed by a Medicare-approved transplant center that will decide whether patient is a candidate for a transplant.	N/A	Out of Area covered in emergencies and urgent care only per Medicare guidelines	
Transplant Travel	If you are sent outside of your community for a transplant, we will arrange or pay for appropriate lodging and transportation costs for you and a companion based on Medicare guidelines.	N/A	Out of Area covered in emergencies and urgent care only per Medicare guidelines	
Transplant donor expenses	Certain medical and hospital expenses are covered if approved by Health Plan and the expenses are directly related to the transplant and follow Medicare guidelines.	N/A	Out of Area covered in emergencies and urgent care only per 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	None	N/A	N/A	
Out-of-Pocket Maximums - Individual	**Catastrophic is $2,100 then member pays nothing.**	N/A	Out of Area covered in emergencies and urgent care only per Medicare guidelines	
Out-of-Pocket Maximums - Family	N/A	N/A	N/A	
Annual Maximum Benefit	N/A	N/A	N/A	
Lifetime Maximum Benefit	N/A	N/A	N/A	
Generic Substitution	Yes	N/A	N/A	
Retail Refill Penalty	N/A	N/A	N/A	
Prescription Drug Retail				
Retail - Generic	$10 copay for up to a 60 day supply at a preferred network pharmacy or $15 for up to a 60 day supply at standard network pharmacy	$7.50 copay for up to 30 day supply out of network	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Retail - Brand Formulary	$10 copay for up to a 60 day supply at a preferred network pharmacy or $15 for up to a 60 day supply at standard network pharmacy	$7.50 copay for up to 30 day supply out of network	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Retail - Brand Non-Formulary	$10 copay for up to a 60 day supply at a preferred network pharmacy or $15 for up to a 60 day supply at standard network pharmacy	$7.50 copay for up to 30 day supply out of network	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	

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Plan Changes are in Orange	**2027 In-Network**	**2027 Out-of-Network**	**2027 Out-of-Area**	**2027 Comments**
Single Source Brand	$10 copay for up to a 60 day supply at a preferred network pharmacy or $15 for up to a 60 day supply at standard network pharmacy	$7.50 copay for up to 30 day supply out of network	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Multi Source Brand	$10 copay for up to a 60 day supply at a preferred network pharmacy or $15 for up to a 60 day supply at standard network pharmacy	$7.50 copay for up to 30 day supply out of network	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Injectable Medications	Medicare-covered injectable vaccines covered in full	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Prescription Drug Mail Order				
Mail-Order - Generic	$5 copay for up to 90-day supply	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Mail-Order - Brand Formulary	$5 copay for up to 90-day supply from Kaiser Permanente mail order. Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Mail-Order - Brand Non-Formulary	$5 copay for up to 90-day supply for medically necessary drugs Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Single Source Brand	$5 copay for up to 90-day supply when medically necessary. Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Multi Source Brand	$5 copay for up to 90-day supply when medically necessary. Brand and/or non-Formulary only covered when medically necessary as determined by Kaiser Permanente physician.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	

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Plan Changes are in Orange	**2027 In-Network**	**2027 Out-of-Network**	**2027 Out-of-Area**	**2027 Comments**
Injectable Medications	covered in accordance with Medicare part D guidelines for medically necessary circumstances	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Day Supply	Copay covers up to a 60 day supply, or up to a 90 day supply for mail order drug when Medicare approved.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Other Services - Prescription Drugs				
Over the Counter	not covered	not covered	not covered	
Prenatal Vitamins	Medicare Part D covered drug	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	
Diabetic Supplies	covered in full for each Medicare-covered item	N/A	Out of Area covered in emergencies and urgent care only based on Medicare Guidelines	
Lifestyle Drugs	limited benefit for sexual dysfunction drugs (50% copayment) (16 pills per 60-day supply)	not covered.	not covered	
Contraceptives - Injectable	covered in accordance with Medicare Part D guidelines	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	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	
Fertility Drugs	Not covered	not covered	not covered	
Smoking Cessation	covered in accordance with Medicare Part D guidelines	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	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	
Cosmetic Medications	not covered	not covered	not covered	
Nutritional Supplements	not covered	Not covered	Not covered	