

Active Employees and Pre-65 Retirees (Non-Medicare Only)	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*	
<p>*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.</p>		
Plan Changes are in Orange	2021 In-Network	Comments
General Information		
Lifetime Maximum Benefit	No Lifetime Max	
Annual Maximum Benefit	No Annual Max	
Coinsurance Percentage	0%	
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	n/a	
Family Annual Deductible	n/a	
Applies to Out-of-Pocket Maximum	n/a	
Prescription benefits are covered under medical deductible	n/a	
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	\$0	
Specialized Imaging	\$100	
Outpatient Surgery	\$35	
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	\$0	
Physicians and Surgeons' Services	\$0	
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	\$0, after confirmation of pregnancy and first post partum visit	
Maternity Care - Inpatient Delivery	\$0	
Midwife delivery services	Covered with a referral to a certified nurse midwife	

Active Employees and Pre-65 Retirees (Non-Medicare Only)	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*	
<p>*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.</p>		
Plan Changes are in Orange	2021 In-Network	Comments
Mental Health		
Deductible per Confinement	\$0	
Deductible per Day	\$0	
Mental Health Inpatient	\$0	
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	\$0	
Substance Abuse - Inpatient Treatment	\$0	
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	\$0	
Outpatient Physical, Occupational, and Speech Therapy	\$35	30 visit per injury, incident or condition for each therapy
Alternative Care		
Chiropractic Care	\$35	<p>Chiropractic care is covered for a \$35 copay for up to 20 visits per contract year.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Acupuncture	not covered	<p>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.</p> <p>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.</p> <p>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.</p>

Active Employees and Pre-65 Retirees (Non-Medicare Only)	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*	
*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	2021 In-Network	Comments
Acupressure	not covered	<p>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.</p> <p>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.</p>
Massage Therapy	not covered	<p>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.</p> <p>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.</p>
Other Services		
Private-Duty Nursing Care	Not covered	
Durable Medical Equipment	Basic equipment \$0	For oxygen and equipment - no charge for first 3 months, 50% of Allowable Charges each month thereafter
Prosthetic and Orthotic Appliances	\$0	
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	<p>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.</p> <p>To select a program, members must sign on to kp.org/healthylifestyles.</p>

Active Employees and Pre-65 Retirees (Non-Medicare Only)	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*	
*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	2021 In-Network	Comments
Bariatric surgery	Applicable copay based on type and place of service	<p>We cover diagnosis and treatment of morbid obesity, including gastric bypass surgery or other surgical method, that is:</p> <p>Recognized by the NIH as effective for long-term reversal of morbid obesity; and</p> <p>Consistent with criteria approved by the NIH.</p> <p>Morbid obesity is defined as:</p> <p>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</p> <p>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</p> <p>A BMI of forty (40) kilograms per meter squared without such comorbidity.</p> <p>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.</p> <p>Benefit-Specific Exclusion:</p> <p>1. Services not preauthorized by the Health Plan.</p>
TMJ	Covered	Applicable DME cost share for TMJ appliances
Podiatry Services	\$35.00	Medically necessary services
Home Health Care	\$0.00	
Skilled Nursing Facility Care	\$0 - 100 days per contract yr	
Hospice Care	\$0.00	
Hearing Aids	not covered	
Family Planning		
Tubal ligation	applicable cost share based on place of service	
Vasectomy	applicable cost share based on place of service	
Contraceptive Drugs	\$0 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	<p>NGF group; \$0 copay for script written contraceptive devices.</p> <p>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.</p>
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 not 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 not 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 not 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 not charge from a select group at plan providers.
Lasik Eye Surgery	n/a	

Active Employees and Pre-65 Retirees (Non-Medicare Only)	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*
---	---

***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	2021 In-Network	Comments
Organ and Tissue Transplants		
Organ Transplant -Inpatient	applicable cost share based on place and type of service	<p>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.</p> <p>After the referral to a transplant facility, the following applies: Unless otherwise authorized by Medical Group, transplants are covered only in our Service Area.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Organs covered	yes	<p>Here is a complete list covered.</p> <ul style="list-style-type: none"> • Blood and Bone Marrow Transplants (BMT); • Autologous Stem Cell Transplant; and • Allogeneic Stem Cell Transplant. <ul style="list-style-type: none"> • Heart; • Lung, single and double - Adult; <ul style="list-style-type: none"> • Small Intestine; • Liver; • Intestinal/Liver; • Kidney; • Pancreas; • Simultaneous Kidney and Pancreas (SPK); • Pancreas after Kidney (PAK); and • Corneas.
Transplant Travel	no	<p>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.</p>
Transplant donor expenses	no	<p>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.</p>
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	

Active Employees and Pre-65 Retirees (Non-Medicare Only)	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*	
*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	2021 In-Network	Comments
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 perscribed 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.

Medicare Eligible / Post-65 Only	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*			
*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	2021 In-Network	2021 Out-of-Network	2021 Out-of-Area	2021 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	\$10 copay for each Medicare-covered visit	N/A	Out of Area covered in emergencies and urgent care only	
Well Child Age limit	N/A	N/A	Out of Area covered in emergencies and urgent care only	
Adult Routine Physical Exams	All Medicare covered preventive care covered in full. Office visit copay may apply.	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 ugently-need-care visits	N/A	\$10 copay for medicare-covered ugently-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	

Medicare Eligible / Post-65 Only	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*			
<i>*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.</i>				
Plan Changes are in Orange	2021 In-Network	2021 Out-of-Network	2021 Out-of-Area	2021 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	Out of Area covered in emergencies and urgent care only	
Severe Mental Illness	\$10 for each Medicare-covered individual or group therapy visit	N/A	Out of Area covered in emergencies and urgent care only	
Substance Abuse				
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	
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	Out of Area covered in emergencies and urgent care only	
Rehabilitation Therapy				
Inpatient Rehabilitation	covered in full	N/A	Out of Area covered in emergencies and urgent care only	
Outpatient Physical, Occupational, and Speech Therapy	\$10 for each Medicare-covered visit	N/A	Out of Area covered in emergencies and urgent care only	
Alternative Care				
Chiropractic Care	\$10 office visit copay for Medicare covered chiropractic (manual manipulation of the spine to correct subluxation) - \$15 copay for 20 additional visits	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	N/A	Out of area covered only for emergencies and urgent care. Acupuncture only available from participating vendor/providers in area.	This is provided with a separate rider to the plan
Acupressure	not covered	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	
Prosthetic and Orthotic Appliances	covered in full for each Medicare-covered item	N/A	Out of Area covered in emergencies and urgent care only	
Smoking Cessation	covered in full for each Medicare-covered visit	N/A	Out of Area covered in emergencies and urgent care only	
Weight control program	Covered in full for Medicare covered weight and nutritional services.	N/A	Out of Area covered in emergencies and urgent care only	
Bariatric surgery	covered in full, subject to office visit copay and approval	N/A	Out of Area covered in emergencies and urgent care only	
TMJ	covered only per Medicare guidelines	N/A	Out of Area covered in emergencies and urgent care only	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	
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	
Vasectomy	covered in accordance with Medicare guidelines for medically necessary circumstances	N/A	Out of Area covered in emergencies and urgent care only	
Contraceptive Drugs	covered in accordance with Medicare guidelines for medically necessary circumstances	N/A	Out of Area covered in emergencies and urgent care only	
Contraceptive Devices	covered in accordance with Medicare guidelines for medically necessary circumstances	N/A	Out of Area covered in emergencies and urgent care only	
Infertility Testing	covered in full for medically necessary testing	N/A	Out of Area covered in emergencies and urgent care only	
Infertility Treatments - Office Visit	Not covered.	N/A	Out of Area covered in emergencies and urgent care only	
Infertility Treatments - Surgery	covered in full for medically necessary surgery	N/A	Out of Area covered in emergencies and urgent care only	
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	

Medicare Eligible / Post-65 Only	Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*			
*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	2021 In-Network	2021 Out-of-Network	2021 Out-of-Area	2021 Comments
Vision Care				
Eye Examination	\$10 per Medicare-covered visit	N/A	Out of Area covered in emergencies and urgent care only	
Lenses	Patient receive 25% discount at Kaiser Permaente 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 \$100 allowance per calendar year towards corrective eyeglasses, lenses, frames and contact lenses at Kaiser Permanente Vision Essentials locations
Frames	Patient pays 75% of the cost for glasses, except for first pair of glasses following cataract surgery which are covered at 80%.	N/A	Out of Area covered in emergencies and urgent care only	
Contact lenses- necessary	Patient pays 85% of the cost for contact lenses	N/A	Out of Area covered in emergencies and urgent care only	
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	
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	
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.	N/A	Out of Area covered in emergencies and urgent care only	
Transplant donor expenses	not covered	N/A	not covered	
Lifetime Maximum	N/A	N/A	Out of Area covered in emergencies and urgent care only - lifetime maximums not applicable	
Prescription Drug Coverage				
Annual Prescription Deductible - Individual	None	N/A	N/A	
Annual Prescription Deductible - Family	None	N/A	N/A	
Out-of-Pocket Maximums - Individual	\$6,350.00	N/A	N/A	
Out-of-Pocket Maximums - Family	N/A	N/A	N/A	
Annual Maximum Benefit	N/A	N/A	N/A	
Lifetime Maximum Benefit	N/A	N/A	N/A	
Generic Substitution	Yes	N/A	N/A	
Retail Refill Penalty	N/A	N/A	N/A	
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	
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	

Medicare Eligible / Post-65 Only		Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*		
<p><i>*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.</i></p>				
Plan Changes are in Orange	2021 In-Network	2021 Out-of-Network	2021 Out-of-Area	2021 Comments
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	
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	

Medicare Eligible / Post-65 Only		Kaiser Permanente Mid-Atlantic HMO - Maryland, Virginia, Wash. D.C.*		
<p><i>*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.</i></p>				
Plan Changes are in Orange	2021 In-Network	2021 Out-of-Network	2021 Out-of-Area	2021 Comments
Day Supply	Copay covers up to a 60 day supply, or up to a 90 day supply for mail order maintenance drugs.	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	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	N/A	
Lifestyle Drugs	limited benefit for sexual dysfunction drugs (50% copayment)	not covered.	not covered	
Contraceptives - Injectable	covered in accordance with Medicare Part D guidelines	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from Kaiser Permanente	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	