

For additional information about Kaiser Permanente Medicare Advantage, visit <https://my.kp.org/fcps/plans>.

Benefits	2024	2025
<b>Annual Deductible</b>	\$0	\$0
<b>Annual Out-of-Pocket Maximum</b> (Individual)	\$3,400	\$3,400
<b>Primary Care Physician Visit</b>	\$20 copay	\$20 copay
<b>Specialist Visit</b>	\$20 copay	\$20 copay
<b>Medicare Covered Preventive Care</b>	\$0 copay	\$0 copay
<b>Diagnostic Imaging</b>	\$0 for lab and x-ray	\$0 for lab and x-ray
<b>Therapeutic Radiology</b>	\$20 copay	\$20 copay
<b>Inpatient Hospitalization</b>	\$100 per benefit period	\$100 per benefit period
<b>Outpatient Surgery at Surgery Center</b>	\$25 copay	\$25 copay
<b>Emergency Visit</b>	\$50 copay	\$50 copay
<b>Ambulance</b>	\$50 copay	\$50 copay
<b>Inpatient Mental Health</b>	\$100 per benefit period	\$100 per benefit period
<b>Outpatient Mental Health</b> (Individual / Group)	\$20 / \$10 copay	\$20 / \$10 copay
<b>Inpatient Chemical Dependency</b>	\$100 per benefit period	\$100 per benefit period
<b>Outpatient Chemical Dependency</b> (Individual / Group)	\$20 / \$10 copay	\$20 / \$10 copay
<b>Medicare Covered Chiropractic</b>	\$20 copay per visit	\$20 copay per visit
<b>Medicare Covered Acupuncture</b>	\$15 copay per visit	\$15 copay per visit
<b>Physical and Speech Therapy</b>	\$20 copay per visit	\$20 copay per visit
<b>Home Health, Hospice</b>	\$0 copay	\$0 copay
<b>Durable Medical Equipment</b>	\$0 copay	\$0 copay
<b>Dental Discount Plan</b> – <ul style="list-style-type: none"> <li>○ preventive care services include; up to 2 cleanings, oral exams, and bitewing x-rays per year</li> <li>○ benefits available when using participating dentists</li> </ul>	\$30 copay for preventive care; other covered dental services are provided at a reduced fee.	\$30 copay for preventive care; other covered dental services are provided at a reduced fee.
<b>Vision Allowance</b> – used towards the purchase of prescription eyeglasses and contact lenses	\$250 allowance per year*	\$250 allowance per year*
<b>Hearing Aids</b>	One hearing aid for each ear every 36 months as medically necessary.	One hearing aid for each ear every 36 months as medically necessary.
<b>One Pass® fitness program</b> – <ul style="list-style-type: none"> <li>○ Includes gym membership, digital fitness classes, and on-demand workouts. Visit <a href="https://www.youronepass.com">YourOnePass.com</a> to learn more.</li> </ul>	\$0 copay; includes 1 home fitness kit, digital workout videos, and online fitness classes	\$0 copay; includes 1 home fitness kit, digital workout videos, and online fitness classes
<b>Transportation Services</b> – <ul style="list-style-type: none"> <li>○ transportation available for nonemergency medical appointments at Kaiser Medical Centers &amp; contracted facilities</li> <li>○ Call 855-932-5412 to schedule a ride</li> </ul>	\$0 for 24 one-way trips per calendar year	\$0 for 24 one-way trips per calendar year
Prescription Coverage	2024	2025
<b>Filled through Mail Order from Kaiser Permanente</b> — up to a 90-day supply	\$10 Generic or Brand	\$10 Generic or Brand
<b>Filled at a Kaiser Permanente Medical Center</b> — up to a 60-day supply	\$15 Generic or Brand	\$15 Generic or Brand
<b>Filled at a Participating Community Network Pharmacy</b> — up to a 60-day supply	\$25 Generic or Brand	\$25 Generic or Brand

CMS has defined the out-of-pocket limit as \$2,000 for the 2025 Part D initial coverage stage. After you have spent \$2,000 on prescription drugs in 2025, you will pay \$0 for the rest of 2025.

\*Your health plan includes a \$100 vision allowance per calendar year. Fairfax County Public Schools has provided an additional \$150 allowance for a total of \$250 per calendar year. Allowance for medically necessary lenses and frames only.

Not an official Plan document. In event of a discrepancy, the Evidence of Coverage (EOC) document will prevail. For more details, refer to <https://my.kp.org/fcps/plans>.