

For additional information about Kaiser Pemanente Medicare Advantage, visit <https://myhealth.kaiserpermanente.org/fcps/plans-and-services/>.

Benefits	2025	2026
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum (Individual)	\$3,400	\$3,400
Primary Care Physician Visit	\$20 copay	\$20 copay
Specialist Visit	\$20 copay	\$20 copay
Medicare Covered Preventive Care	\$0 copay	\$0 copay
Diagnostic Imaging	\$0 for lab and x-ray	\$0 for lab and x-ray
Therapeutic Radiology	\$20 copay	\$20 copay
Inpatient Hospitalization	\$100 per benefit period	\$100 per benefit period
Outpatient Surgery at Surgery Center	\$25 copay	\$25 copay
Emergency Visit	\$50 copay	\$50 copay
Ambulance	\$50 copay	\$50 copay
Inpatient Mental Health	\$100 per benefit period	\$100 per benefit period
Outpatient Mental Health (Individual / Group)	\$20 / \$10 copay	\$20 / \$10 copay
Inpatient Chemical Dependency	\$100 per benefit period	\$100 per benefit period
Outpatient Chemical Dependency (Individual / Group)	\$20 / \$10 copay	\$20 / \$10 copay
Medicare Covered Chiropractic	\$20 copay per visit	\$20 copay per visit
Medicare Covered Acupuncture	\$15 copay per visit	\$15 copay per visit
Physical and Speech Therapy	\$20 copay per visit	\$20 copay per visit
Home Health, Hospice	\$0 copay	\$0 copay
Durable Medical Equipment	\$0 copay	\$0 copay
Dental Discount Plan – - preventive care services include; up to 2 cleanings, oral exams, and bitewing x-rays per year - benefits available when using participating dentists	\$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.
Vision Allowance – used towards the purchase of prescription eyeglasses and contact lenses	\$250 allowance per year*	\$250 allowance per year*
Hearing Aids	One hearing aid for each ear every 36 months as medically necessary.	One hearing aid for each ear every 36 months as medically necessary.
One Pass® fitness program – Includes gym membership, digital fitness classes, and on-demand workouts. Visit YourOnePass.com to learn more.	\$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
Transportation Services – - Transportation available for nonemergency medical appointments at Kaiser Medical Centers & contracted facilities - Call 855-932-5412 to schedule a ride	\$0 for 24 one-way trips per calendar year	\$0 for 24 one-way trips per calendar year
Prescription Coverage	2025	2026
Filled through Mail Order from Kaiser Permanente — up to a 90-day supply	\$10 Generic or Brand	\$10 Generic or Brand
Filled at a Kaiser Permanente Medical Center — up to a 60-day supply	\$15 Generic or Brand	\$15 Generic or Brand
Filled at a Participating Community Network Pharmacy — up to a 60-day supply	\$25 Generic or Brand	\$25 Generic or Brand

CMS has defined the out-of-pocket limit as \$2,100 for the 2026 Part D initial coverage stage. After you have spent \$2,100 on prescription drugs in 2026, you will pay \$0 for the rest of 2026.

*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.