Kaiser Permanente Medicare Advantage (HMO) Plan
Fairfax County Public Schools 2027
PLAN CHANGES NOTED AS (PC)

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

Benefits	2026	2027
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 admission (PC)
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 admission (PC)
Outpatient Mental Health (Individual / Group)	$20 / $10 copay	$20 / $10 copay
Inpatient Chemical Dependency	$100 per benefit period	$100 per admission (PC)
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	**2026**	**2027**
Filled through Mail Order from Kaiser Permanente — up to a 100-day supply (PC)	$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 $2,400 for the 2027 Part D initial coverage stage. After you have spent $2,400 on prescription drugs in 2027, you will pay $0 for the rest of 2027.

*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.