Fairfax County PUBLIC SCHOOLS
ENGAGE • INSPIRE • THRIVE

Kaiser Permanente Medicare
Fairfax County Public Schools 2020
Plan Changes in Yellow

Benefits	2019	2020
Annual Deductible	$0 (zero)	$0 (zero)
Annual Out-of-Pocket Maximum (Individual)	$3,400	$3,400
Primary Care Physician Visit (Family Care, Internal Medicine)	$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
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 (25% discount when seen by participating dentists)	$30 examination, 2 cleanings per calendar year	$30 examination, 2 cleanings per calendar year
Vision Allowance – for prescription glasses or contact lenses	$150 allowance per year	$150 allowance per year
Vision Discount	25% discount on lenses and frames, 15% discount on contact lenses and initial fitting	25% discount on lenses and frames, 15% discount on contact lenses and initial fitting
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.
Silver & Fit Program – Membership to participating facilities, exercise programs, home fitness, educational and social activities	$0 copay (pilot program for 2019)	$0 copay (pilot program for 2020)
Transportation Services – Transportation available to take you to and from a network provider when provided by Kaiser's designated transportation provider. Call 571-386-3769 to schedule a ride.	n/a	No charge for 24 one-way trips per calendar year
Prescription Coverage	**2019**	**2020**
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 (i.e., Giant, Safeway, Target pharmacies) — up to a 60-day supply	$25 Generic or Brand	$25 Generic or Brand

This is not an official Plan document; this is a summary document only. For more details, refer to https://my.kp.org/fcps/.
In event of discrepancy, the Evidence of Coverage document will prevail.