

Kaiser Mid-Atlantic Plan Changes

	2018	2019
Annual deductible	\$250 Individual; \$500 Family	\$400 Individual; \$1,200 Family
Out-of-pocket maximum	\$3000 Individual \$6000 Family	\$3000 Individual \$6000 Family
Lifetime coverage limit	Unlimited	Unlimited
Coinsurance percentage	20% after deductible	20% after deductible
Primary doctor office visit	\$20 copay; deductible does not apply	\$25 copay; deductible does not apply
Specialist office visit	\$40 copay: deductible does not apply	\$45 copay: deductible does not apply
Preventive Care	\$0; deductible does not apply	\$0; deductible does not apply
Pediatric exams	\$0; deductible does not apply for children under 5	\$0; deductible does not apply for children under 5
Physical & Occupational Therapy	\$40 copay after deductible	\$45 copay after deductible
Routine Hearing Exam	\$20 copay after deductible	\$25 copay after deductible

Routine Vision Exam	\$20 copay after deductible	\$45 copay after deductible
Urgent care clinic visit	\$40 copay; deductible does not apply	\$45 copay; deductible does not apply

Prescription Drugs		
Retail Generic	\$15 copay plan pharmacy; \$25 participating network pharmacy	\$15 copay plan pharmacy; \$25 participating network pharmacy
Retail Preferred	\$25 copay plan pharmacy; \$45 participating network pharmacy	\$40 copay plan pharmacy; \$50 participating network pharmacy
Retail Non Preferred	\$40 copay plan pharmacy; \$60 participating network pharmacy	\$60 copay plan pharmacy; \$70 participating network pharmacy
Mail Order Generic	\$30 copay	\$30 copay
Mail Order Preferred	\$50 copay	\$80 copay
Mail Order Non Preferred	\$80 copay	\$120 copay

For additional plan details visit
<https://my.kp.org/americanairlines/plans/>