As of Date

01/16/2026

Member Information

Name:	CONLEY,LAWRENCE E [92109397]		
Number:	xxxx9397	Relationship to subscriber:	Self
Effective date:	1/1/2026	Termination date:	—

Coverage Information

Subscriber name:	CONLEY,LAWRENCE E		
Subscriber number:	xxxx9397	Group number:	1238*201*11
Payer:	MAS KP-MEDICARE ADVANTAGE [1344]	Benefit plan:	MA MD DP STD 2 w/o OSB (022) $5/40 (5443 [5044503]

Plan Notes

Health Fitness Core Covered, Premium Covered
Health Fitness Not Applicable
Over-the-counter (OTC) Items and Supplies Allowance: High plan $60/qtr
Standard plans $50/qtr Value and MA-only $30/qtr;
Ambulance $275 copay/trip;
Transportation for Medical Appointments $0 (24 non-emergency one-way rides by taxi, rideshare, van, and medical transport per calendar year);
Transportation for Medical Appointments Not Covered (Out of Network)
Infertility, IP Hosp: $375/day up to 5 days; DX: $0/Office Visits: $40; OP Hosp/ASC:$325
Prescription Drug Benefit (MD): Part D Drugs for Part members only:
Dispensing Limit = 30 & 90-day supply

Part B 30 day Supply Prescription Drug Copay Amounts:
KP Pharmacy - $9 Generic/$45 Brand/
Network Pharmacy - $20 Generic/$47 Brand/

Part B 90-day supply
KP Pharmacy - $27 Generic/$135 Brand;
Comm Pharmacy - $60 Generic/$141 Brand;
KP Mail Order - $18 Generic/$90 Brand
Pharmacy Benefit Code: ELO
Pharmacy Benefit covered in Tier 1
Weight Management: Not Covered

MA MD DP STD 2 w/o OSB (022) $5/40 (5443 [5044503]:
MOOPs - 5007087 Out-of-Pocket T1

Individual Total:	**$8900.00**	**Used:**	**$268.00**	**Remaining:**	**$8632.00**

Plan Details

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
Alternative Medicine										
Acupuncture Services	**In Network**	—	Y-I	—	**1**	—	**Not covered**	**—**	**—**	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Acupuncture - Low Back Pain	**In Network**	—	Y-I	—	**1**	MOOP	**$5.00 copay**	**20 Visit**	**20 Visit**	Acup Low Back Pain Visits/cal yr
—		—			**2**	MOOP	**Not Covered**	**—**	**—**	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Chiropractic Services	**In Network**	—	Y-I	—	**1**	MOOP	**$5.00 copay**	**—**	**—**	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$25.00 copay**	**—**	**—**	—
—		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Ambulance Services										
Ambulance Services	**In Network**	—	Y-I	—	**1**	MOOP	**$275.00 copay**	**—**	**—**	—
—										
Behavioral Health Services										
Mental Health Individual Therapy	**In Network**	—	Y-I	—	**1**	MOOP	**$20.00 copay**	**—**	**—**	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$25.00 copay**	**—**	**—**	—
—		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
Mental Health Group Therapy	**In Network**	—	Y-I	—	**1**	MOOP	**$10.00 copay**	**—**	**—**	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$15.00 copay**	**—**	**—**	—
—		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
Chemical Dependency Individual Therapy	**In Network**	—	Y-I	—	**1**	MOOP	**$20.00 copay**	**—**	**—**	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$25.00 copay**	**—**	**—**	—
—		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
Chemical Dependency Group Therapy	**In Network**	—	Y-I	—	**1**	MOOP	**$10.00 copay**	**—**	**—**	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$15.00 copay**	**—**	**—**	—
—		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
Mental Health, Partial Hospitalization	**In Network**	—	Y-I	—	**1**	MOOP	**$5.00 copay**	**—**	**—**	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
Chemical Dependency, Partial Hospitalization	**In Network**	—	Y-I	—	**1**	MOOP	**$5.00 copay**	**—**	**—**	—
—	**Out**	MASBC MEDICARE	N	—	**1**	—	**Not covere**	**—**	**—**	—

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
		TRAVEL					d			
—										
Dental Services										
Accidental Dental Services	**In Network**	—	Y-I	—	**1**	MOOP	**$40.00 copay**	—	—	—
—										
Routine Dental Services	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
DME, Prosthetics, & Orthotics										
Durable Medical Equipment	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Apnea Monitors	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Bilirubin Lights	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Oxygen & Oxygen Equipment	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
CPAP/BiPAP Equipment & Supplies	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	—	—	—
—										

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
— Orthotics	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
— Diabetic Orthotics	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
— Prosthetics	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
— Prosthetic Wigs	**In Network**	—	Y-I	—	**1**	—	**Not covered**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
— Nebulizers	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
— Peak Flow Meters	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
—										
UV Light Box	**In Network**	—	Y-I	—	**1**	MOOP	**$0.00 copay**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Blood Glucose Monitor	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Drugs, Supplies, & Supplements										
Pharmacy - Generic Drugs	**In Network**	—	Y-I	—	**1**	MOOP	**$0.00 copay**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Medical Food Services	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Part B Clinical Administered Drugs up to $250	**In Network**	—	Y-I	—	**1**	MOOP	**$0.00 copay**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**0.00% coinsurance**	—	—	—
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	—	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Part B Clinical Administered Drugs Over $250	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**20.00% coinsurance**	—	—	—

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Part B Clinical Administered Drugs up to $250	**In Network**	—	Y-I	—	**1**	MOOP	**$0.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**0.00% coinsurance**	**—**	**—**	—
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Part B Clinical Administered Drugs Over $250	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**20.00% coinsurance**	**—**	**—**	—
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Medicare OTC	**NONCON**	KPCC NA BC TIER I QBP AND QPAA	N	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—										
		KPCC NA BC TIER I QBP AND QPAA			**Lmt**	—	**—**	**$180.00**	**$180.00**	OTC Allowance/cal yr
—										
	N/A	—	N	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—										
		—			**Lmt**	—	**—**	**$180.00**	**$180.00**	OTC Allowance/cal yr
—										
Emergency Services										
Emergency Services	**In Network**	—	Y-I	—	**1**	MOOP	**$115.00 copay**	**—**	**—**	—
—										

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
General Exclusions										
Custodial Care Services	**In Network**	—	Y-I	—	**1**	—	**Not covered**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Personal Convenience Items	**In Network**	—	Y-I	—	**1**	—	**Not covered**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Laser Vision Correction	**In Network**	—	Y-I	—	**1**	—	**Not covered**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Sterilization Reversal	**In Network**	—	Y-I	—	**1**	—	**Not covered**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Hearing Services										
Hearing Aid Exam	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
One Hearing Aid, Left Ear	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	—	—	—
—										
		—			**Lmt**	—	—	**1 Units**	**1 Units**	Hearing Aid (left)/3 years

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
—										
		—			**Lmt**	—	**—**	**$1000.00**	**$1000.00**	Hearing Aid (left) $max/3yrs
—										
	NONCON	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
One Hearing Aid, Right Ear	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—										
		—			**Lmt**	—	**—**	**1 Units**	**1 Units**	Hearing Aid (right)/3 years
—										
		—			**Lmt**	—	**—**	**$1000.00**	**$1000.00**	Hearing Aid (right) $max/3yrs
—										
	NONCON	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Hearing Aid Batteries	**In Network**	—	Y-I	—	**1**	—	**Not covered**	**—**	**—**	—
—										
	NONCON	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Home Health/Hospice Svcs										
Home Health	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Hospice	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Hospital Services, IP										

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
Hospital Services Inpatient	**In Network**	—	Y-I	—	**1**	MOOP	**$375.00 per unit**	**5 Units**	**5 Units**	Inpatient copay mx/admit (qty) IPD
—		—			**2**	MOOP	**$0.00 copay**	**—**	**—**	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Hospital Services Inpatient Visit	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Imaging, Lab Tests & Special Procedures										
Lab Services Outpatient	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$10.00 copay**	**—**	**—**	—
—		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Radiology Services Outpatient	**In Network**	—	Y-I	—	**1**	MOOP	**$20.00 copay**	**—**	**—**	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$50.00 copay**	**—**	**—**	—
—		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Specialty Imaging Outpatient	**In Network**	—	Y-I	—	**1**	MOOP	**$250.00 copay**	**—**	**—**	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
Sleep Lab	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Infertility Services										
Infertility Treatment Services	**In Network**	—	Y-I	—	**1**	MOOP	**$40.00 copay**	—	—	—
—										
Artificial Insemination	**In Network**	—	Y-I	—	**1**	—	**Not covered**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Infertility Treatment Services Office Visit	**In Network**	—	Y-I	—	**1**	MOOP	**$40.00 copay**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Infertility Treatment Services Outpatient Surgery	**In Network**	—	Y-I	—	**1**	MOOP	**$325.00 copay**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Infertility IVF Services	**In Network**	—	Y-I	—	**1**	—	**Not covered**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Infertility Ovum Procedures	**In Network**	—	Y-I	—	**1**	—	**Not covered**	—	—	—
—										

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
Infertility Ovum Procedures DC/MD	**In Network**	—	Y-I	—	**1**	—	**Not covered**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Fertility Preservation for Iatrogenic Infertility	**In Network**	—	Y-I	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Maternity Services										
Delivery Services, Inpatient	**In Network**	—	Y-I	—	**1**	MOOP	**$375.00 per unit**	**5 Units**	**5 Units**	Inpatient copay mx/admit (qty) IPD
—										
		—			**2**	MOOP	**$0.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Maternity Care	**In Network**	—	Y-I	—	**1**	MOOP	**$40.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Office Visits										
Primary Care Office Visit	**In Network**	—	Y-I	—	**1**	MOOP	**$5.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$25.00 copay**	**—**	**—**	—
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Specialty Office Visit	**In Network**	—	Y-I	—	**1**	MOOP	**$40.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$65.00 copay**	**—**	**—**	—

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Elective Abortion	**In Network**	—	Y-I	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Therapeutic Abortion	**In Network**	—	Y-I	—	**1**	MOOP	**$325.00 copay**	**—**	**—**	—
—										
Travel Immunizations	**In Network**	—	Y-I	—	**1**	MOOP	**$0.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Outpatient Services										
Surgical Services Outpatient	**In Network**	—	Y-I	—	**1**	MOOP	**$325.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Elective Abortion, OP/ASC	**In Network**	—	Y-I	—	**1**	—	**Not covered**	**—**	**—**	—
—										
	NONCON	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Therapeutic Abortion, OP/ASC	**In Network**	—	Y-I	—	**1**	MOOP	**$325.00 copay**	**—**	**—**	—
—										
	NONCON	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Surgical Services, Physician Serv	**In Network**	—	Y-I	—	**1**	MOOP	**$0.00 copay**	**—**	**—**	—
—										

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Outpatient Facility Services	**In Network**	—	Y-I	—	**1**	MOOP	**$325.00 copay**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Dialysis	**In Network**	—	Y-I	—	**1**	MOOP	**20.00% coinsurance**	—	—	—
—										
Chemotherapy	**In Network**	—	Y-I	—	**1**	MOOP	**$40.00 copay**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Radiation Therapy	**In Network**	—	Y-I	—	**1**	MOOP	**$40.00 copay**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Preventive Care Services										
Preventive Care	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$0.00 copay**	—	—	—
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	—	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Preventive Care Screenings (colonoscopy & flexible sigmoidoscopy)	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	—	—	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$0.00 copay**	—	—	—

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Immunizations	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Mammogram Screening	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Diabetes Prevention Program	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Physical, Occupational, Speech Therapy & Multidisciplinary Rehabilitation										
Physical Therapy	**In Network**	—	Y-I	—	**1**	MOOP	**$40.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$65.00 copay**	**—**	**—**	—
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Occupational Therapy	**In Network**	—	Y-I	—	**1**	MOOP	**$35.00 copay**	**—**	**—**	—
—										

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$65.00 copay**	**—**	**—**	—
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Speech Therapy	**In Network**	—	Y-I	—	**1**	MOOP	**$40.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$65.00 copay**	**—**	**—**	—
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Cardiac Rehabilitation	**In Network**	—	Y-I	—	**1**	MOOP	**$30.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$65.00 copay**	**—**	**—**	—
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Intensive Cardiac Rehab	**In Network**	—	Y-I	—	**1**	MOOP	**$40.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**$65.00 copay**	**—**	**—**	—
—										
		MASBC MEDICARE TRAVEL			**Lmt**	—	**—**	**$1200.00**	**$1200.00**	MASBC POS Travel $max/cal yr
—										
Pulmonary Rehab OP	**In Network**	—	Y-I	—	**1**	MOOP	**$25.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
Video Visit Occupational Therapy	**In Network**	—	Y-I	—	**1**	MOOP	**$0.00 copay**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Video Visit Physical Therapy	**In Network**	—	Y-I	—	**1**	MOOP	**$0.00 copay**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Video Visit Speech Therapy	**In Network**	—	Y-I	—	**1**	MOOP	**$0.00 copay**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Skilled Nursing Admission										
Skilled Nursing Facility Services	**In Network**	—	Y-I	—	**1**	MOOP	**$0.00 copay**	**20 Units**	**20 Units**	SNF copay mx/admit (qty)
—		—			**2**	MOOP	**$218.00 copay**	**80 Units**	**80 Units**	SNF copay mx/admit (qty)
—		—			**3**	MOOP	**Not Covered**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Urgent Care Services										
Urgent Care	**In Network**	—	Y-I	—	**1**	MOOP	**$40.00 copay**	—	—	—
—	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	—	—	—
—										
Virtual Services										
Televideo Consults	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	—	—	—

Component Group	Net	Tier	Aut	Ben Ref Clsfr	Level	MOOP/Ded	Patient Portion	Limit	Left	Benefit Bucket
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Telephone Consults	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Vision Services										
Eye Exams	**In Network**	—	Y-I	—	**1**	MOOP	**$5.00 copay**	**—**	**—**	—
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Lenses & Frames	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—										
		—			**Lmt**	—	**—**	**$200.00**	**$200.00**	KP SRA Contacts/Lens/Frames $mx/2 years
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Contact Lenses	**In Network**	—	Y-I	—	**1**	—	**$0.00 copay**	**—**	**—**	—
—										
		—			**Lmt**	—	**—**	**$200.00**	**$200.00**	KP SRA Contacts/Lens/Frames $mx/2 years
—										
	Out	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										
Contact Lenses Medical Necessary	**Out**	MASBC MEDICARE TRAVEL	N	—	**1**	—	**Not covered**	**—**	**—**	—
—										