## **Disclosure Form Part One**

702476 ADDEPAR INC Home Region: Northern California 1/1/24 through 12/31/24

## Principal benefits for Kaiser Permanente Traditional HMO Plan

## **Accumulation Period**

The Accumulation Period for this plan is January 1 through December 31.

## **Out-of-Pocket Maximums and Deductibles**

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Plan Dut-of-Pocket Maximum   \$1,500   \$1,500   \$3,000     Plan Deductible   None   None   None   None     Drug Deductible   None   None   None   None     Plan Deductible   None   None   None   None     Most Primary Care Visits and most Non-Physician Specialist Visits.   \$15 per visit     Most Primary Care Visits and most Non-Physician Specialist Visits.   \$15 per visit     Routine physical maintenance exams, including well-woman exams.   No charge     Scheduled prenatal care exams.   No charge     Routine eye exams with a Plan Optometrist.   No charge     Urgent care consultations, evaluations, and treatment.   \$15 per visit     Telehealth Visits   You Pay     Primary Care Visits and Non-Physician Specialist Visits by interactive video.   No charge     Physician Specialist Visits by interactive video.   No charge     Phrimary Care Visits and Non-Physician Specialist Visits by telephone.   No charge     Outpatient Surgery and certain other outpatient procedures.   No charge     Most X-rays and laboratory tests.   No charge     Most X-rays and laboratory tests.   No charge     Hospital Inpatient Services   You Pa	Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members	
Plan Deductible     None     None     None     None       Drug Deductible     None     None     None     None     None       Plan Provider Office Visits     Most Primary Care Visits and most Non-Physician Specialist Visits.     \$15 per visit     Stoper visit       Most Physician Specialist Visits     \$15 per visit     Stoper visit     Stoper visit       Routine physical maintenance exams, including well-woman exams.     No charge     No charge       Well-child preventive exams (through age 23 months)     No charge     No charge       Routine eye exams with a Plan Optometrist     No charge     No charge       Primary Care Visits and Non-Physician Specialist Visits by interactive     You Pay     You Pay       Primary Care Visits and Non-Physician Specialist Visits by interactive video     No charge     No charge       Physician Specialist Visits by interactive video     No charge     No charge       Outpatient Services     You Pay     Outpatient Services     You Pay       Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs     \$15 per visit     \$250 per admission       Emergency Vepartment visits     \$100 per visit     \$250 per admission     \$250 per admission <	Plan Out-of-Pocket Maximum	\$1,500			
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	ואוטטו שרכומונץ ונפוווט (דופו 4) מג מ רומון רומוווומטץ				
	Durable Medical Equipment (DME)		You Pay		
Mental Health Services You Pay	DME items as described in the EOC		20% Coinsurance	20% Coinsurance	
	Mental Health Services		You Pay	You Pay	
Mental Health Services     You Pay       Inpatient psychiatric hospitalization     \$250 per admission	Inpatient psychiatric hospitalization		\$250 per admission	\$250 per admission	

(continued)
You Pay
\$15 per visit \$7 per visit
You Pay
\$250 per admission
\$15 per visit
\$5 per visit
You Pay
No charge
You Pay
No charge
No charge
-
50% Coinsurance
Not covered
No charge

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-ofpocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).