Disclosure Form Part One

421 CHABOT LAS POSITAS COMMUNITY COLLEGE DISTRICT

Home Region: Northern California

7/1/23 through 6/30/24

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	vou have reached the	amounts listed below.	

Amounts Per Accumulation Period (a Family of one Member) Each Member in a Family of two or more Members Plan Out-of-Pocket Maximum \$1,500 \$1,500 \$3,000 \$1,500 \$3,000 \$1,000		Self-Only Coverage	Family Coverage	Family Coverage		
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Plan Deductible		,				
Drug Deductible None None None None Plan Provider Office Visits						
Plan Provider Office Visits You Pay						
Most Primary Care Visits and most Non-Physician Specialist Visits	Drug Deductible	None	None	None		
Most Physician Specialist Visits	Plan Provider Office Visits		You Pay			
Routine physical maintenance exams, including well-woman exams. No charge Well-child preventive exams (through age 23 months). No charge Scheduled prenatal care exams. No charge Routine eye exams with a Plan Optometrist. No charge No charge Urgent care consultations, evaluations, and treatment. \$20 per visit Most physical, occupational, and speech therapy. \$20 per visit Telehealth Visits Primary Care Visits and Non-Physician Specialist Visits by interactive video. No charge Physician Specialist Visits by interactive video No charge Physician Specialist Visits by interactive video. No charge Physican Specialist Visits by telephone. No charge Physican Specialist Visits by telephone. No charge Physican Specialist Visits by telephone. No charge Physican Specialist Visits by telephone. No charge You Pay Emergency Health Coverage You Pay Emergency Department visits Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share) Ambulance Services No charge You Pay Covered outpatient items in accord with our drug formulary guidelines: Most generic (Tier 1) refills through our mail-order service Sol for up to a 30-day supply Nost brand-name items (Tier 2) at a Plan Pharmacy. Sol for up to a 30-day supply Most brand-name items (Tier 2) at a Plan Pharmacy. Sol for up to a 30-day supply Most brand-name items (Tier 2) at a Plan Pharmacy. Sol for up to a 30-day supply Most brand-nam	Most Primary Care Visits and most Non-Physician Specialist Visits					
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Ambulance Services						
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Inpatient psychiatric hospitalization						
Individual outpatient mental health evaluation and treatment \$20 per visit	Inpatient psychiatric hospitalization					
	Individual outpatient mental health eva	luation and treatment	\$20 per visit			

Disclosure Form Part One	(continued)	
Mental Health Services	You Pay	
Group outpatient mental health treatment	\$10 per visit	
Substance Use Disorder Treatment	You Pay	
Inpatient detoxification	\$500 per admission	
Individual outpatient substance use disorder evaluation and treatment	\$20 per visit	
Group outpatient substance use disorder treatment	\$5 per visit	
Home Health Services	You Pay	
Home health care (up to 100 visits per Accumulation Period)	No charge	
Other	You Pay	
Skilled nursing facility care (up to 100 days per benefit period)	No charge	
Prosthetic and orthotic devices as described in the EOC	No charge	
Services to diagnose or treat infertility and artificial insemination (such		
as outpatient procedures or laboratory tests) as described in the	the Cost Share you would pay if the Services were	
EOC	to treat any other condition	
Assisted reproductive technology ("ART") Services		
Hospice care	No charge	

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket 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).