Disclosure Form Part One

CSEBA – PLAN 8

Home Region: Southern California 7/1/24 through 6/30/25

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.

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Most generic items (Tier 1) at a Plan Pharmacy\$10 for up to a 30-day supplyMost generic (Tier 1) refills through our mail-order service\$20 for up to a 100-day supplyMost brand-name items (Tier 2) at a Plan Pharmacy\$20 for up to a 30-day supplyMost brand-name (Tier 2) refills through our mail-order service\$40 for up to a 100-day supplyMost specialty items (Tier 4) at a Plan Pharmacy\$20 for up to a 30-day supplyDurable Medical Equipment (DME)You PayDME items as described in the EOCNo charge					
Most generic (Tier 1) refills through our mail-order service \$20 for up to a 100-day supply Most brand-name items (Tier 2) at a Plan Pharmacy \$20 for up to a 30-day supply Most brand-name (Tier 2) refills through our mail-order service \$40 for up to a 100-day supply Most specialty items (Tier 4) at a Plan Pharmacy \$20 for up to a 30-day supply Durable Medical Equipment (DME) You Pay DME items as described in the EOC No charge					
Most brand-name items (Tier 2) at a Plan Pharmacy					
Most brand-name (Tier 2) refills through our mail-order service \$40 for up to a 100-day supply Most specialty items (Tier 4) at a Plan Pharmacy \$20 for up to a 30-day supply Durable Medical Equipment (DME) You Pay DME items as described in the EOC No charge					
Most specialty items (Tier 4) at a Plan Pharmacy \$20 for up to a 30-day supply Durable Medical Equipment (DME) You Pay DME items as described in the EOC No charge Mantal Health Services You Pay					
Durable Medical Equipment (DME) You Pay DME items as described in the EOC No charge					
DME items as described in the EOC			\$20 for up to a 30-day	supply	
Martial Lagith Company	Durable Medical Equipment (DME)		You Pay		
Mental Health Services You Pay			No charge		
Inpatient psychiatric bespitalization	Mental Health Services		You Pay		
inpatient psychiatic hospitalization	Inpatient psychiatric hospitalization		No charge		
Individual outpatient mental health evaluation and treatment \$20 per visit	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 Individual outpatient substance use disorder evaluation and treatment Group outpatient substance use disorder treatment	\$20 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 Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the	No charge
EOC	50% Coinsurance
Assisted reproductive technology ("ART") Services	Not covered
Hospice care	

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).