Accumulation Period

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

Kaiser Permanente Traditional HMO Plan

Principal benefits for Kaiser Permanente Traditional HMO Plan

Accumulation Period (2021/2022 Plan Year)

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

Out-of-Pocket Maximum(s) and Deductible(s)

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.

<table>
<thead>
<tr>
<th>Amounts Per Accumulation Period</th>
<th>Self-Only Coverage (Family of one Member)</th>
<th>Family Coverage Each Member in a Family of two or more Members</th>
<th>Family Coverage Entire Family of two or more Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Out-of-Pocket Maximum</td>
<td>$2,500</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>Plan Deductible</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Drug Deductible</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

Professional Services (Plan Provider office visits)

Most Primary Care Visits and most Non-Physician Specialist Visits
$20 per visit

Most Physician Specialist Visits
$20 per visit

Routine physical maintenance exams, including well-woman exams
No charge

Well-child preventive exams (through age 23 months)
No charge

Family planning counseling and consultations
No charge

Scheduled prenatal care exams
No charge

Routine eye exams with a Plan Optometrist
No charge

Urgent care consultations, evaluations, and treatment
$20 per visit

Most physical, occupational, and speech therapy
$20 per visit

Outpatient Services

Outpatient surgery and certain other outpatient procedures
$250 per procedure

Allergy antigens (including administration)
$15 per visit

Most immunizations (including the vaccine)
No charge

Most X-rays and laboratory tests
No charge

MRI, most CT, and PET scans
$100 per procedure

Hospitalization Services

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs
$500 per admission

Emergency Department visits
$100 per visit

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

Ambulance Services
$100 per trip

Prescription Drug Coverage

You Pay

DME items as described in the EOC
10% Coinsurance

Mental Health Services

Inpatient psychiatric hospitalization
$500 per admission

Individual outpatient mental health evaluation and treatment
$20 per visit

Group outpatient mental health treatment
$10 per visit

Substance Use Disorder Treatment

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

(continues)
<table>
<thead>
<tr>
<th>Home Health Services</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health care (up to 100 visits per Accumulation Period)</td>
<td>No charge</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Skill nursing facility care (up to 100 days per benefit period)</td>
<td>No charge</td>
</tr>
<tr>
<td>Prosthetic and orthotic devices as described in the <strong>EOC</strong></td>
<td>No charge</td>
</tr>
<tr>
<td>Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the <strong>EOC</strong></td>
<td>50% Coinsurance</td>
</tr>
<tr>
<td>Assisted reproductive technology (&quot;ART&quot;) Services</td>
<td>Not covered</td>
</tr>
<tr>
<td>Hospice care</td>
<td>No charge</td>
</tr>
</tbody>
</table>

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).