## Silver 70 HMO 1900/65\* + Child Dental ALT<sup>†</sup> Copay HMO Plan

## For effective dates January 1-December 1, 2024

| IN THE MEDICAL OFFICE Primary care visits Jirgent care visits Specially office   | FEATURES  | MEMBER PAYS   |
|--|---|---|
| DUTO-FOCKET MAXIMUM (Embedded)  NITH MEDICAL OFFICE  Primary care visits  Se5  Specially office visits  Se6  Specially office visits  Se7  Septically office visits  Se7  Not covered <sup>5</sup> Physical occupational, and speech therapy  Se5  Most Alony and diagnostic testing  Se75  Most MRT / CT / PET axans  Se7  Most MRT / CT / PET axans  Se7  Most MRT / CT / PET axans  Se7  Most Will will will be visit (waive di if admitted directly to hospital)  Minublance  MERGENCY SERVICES  Intergency department visits (waive di if admitted directly to hospital)  Minublance  MERGENCY SERVICES  Intergency department visit (waive di if admitted directly to hospital)  Minublance  MERGENCY SERVICES  Intergency department visits (waive di if admitted directly to hospital)  Minublance  MERGENCY SERVICES  Intergency department visit (waive di if admitted directly to hospital)  Minublance  MERGENCY SERVICES  Intergency (Septically drugs (Ipic 4)  Septically drugs (Ipic 4)  Septically drugs (Ipic 4)  Septically drugs (Ipic 4)  MOSPITAL INPATIENT CARE  Hybriciant's services, room and board, tests, medications, supplies, here benefits period)  MERGENTIAL INPATIENT CARE  Septically drugs (Ipic 4)  SUBSTANCE USE DISORDER SERVICES  Dutpatient (In the hospital)  MERCENTIAL INPATIENT CARE  SOUTH (In the hospital)  SUBSTANCE USE DISORDER SERVICES  Dutpatient (In the hospital)  JURISH (In the hospital)  Most covered ''  South (In the hospital)  Most covered ''  South (In the hospital)  Most covered ''  Most covered ''  Most diduit visit on soan for eye effaction)  Hours health care (up to 100 visits per year)  South of the repart of the covered ''  Most diduit visits on soan for eye effaction)  Hours health care (up to 100 visits per year)  Sou  | PLAN DEDUCTIBLE (Embedded)  | Individual \$1,900 <sup>1</sup> / Family \$3,800 <sup>1</sup> |
| Primary care wisits   \$65   | OUT-OF-POCKET MAXIMUM (Embedded)  | •   |
| Jugent care visits 5 specially office visits 6 specially office visits   | IN THE MEDICAL OFFICE   |   |
| Specialty office visits  Preventive services (for example: screening exams, prenatal and postpartum visits, and immunizations)  Well-child preventive care visits  So through age 23 months  Alterry injections  So per visit  Soprisit  Sop   | •   |   |
| Preventive services (for example: screening exams, prenatal and postpartum visits, and immunizations)  Well-child preventive care visits  So through age 23 months  Stoper visit  Spervisit  Not covered*  Not covered*  Not covered*  Not screening age 23 months  Stoper visit  Not covered*  Not covered*  Not stoper share and speech therapy  So 56  Most X-rays and diagnostic testing  Most MR/ CT /PET scans  Suburbation surgery (per procedure)  MERCEKEV SERVICES  Immergency department visits (waived if admitted directly to hospital)  Admit and the stope of the sto   | -   | \$65  |
| well-child preventive care visits  \$0 through age 23 months  \$0 through age 23 months  \$1 through age 23 months  \$2 per visit  \$3 per visit  \$3 per visit  \$3 per visit  \$3 per visit  \$4 to covered \$5 per visit  \$4 to covered \$5 per visit  \$6 per per per per visit  \$6 per per per per per visit  \$6 per per per per visit  \$6 per   | 1 2   | \$100   |
| Allergy injections  \$55 per visit  Not covered?  Physical, occupational, and speech therapy  \$65  Most Nary and diagnostic testing  Most Nary and diagnostic testing  \$756  Most Narl / CT / PET scans  \$400 (after plan deductible)*  Dutpatient surgery (per procedure)  ###################################   | Preventive services (for example: screening exams, prenatal and postpartum visits, and immunizations)                 | \$0 <sup>3,4</sup>  |
| Fertility services Physical, occupational, and speech therapy \$65  Wost laboratory tests \$30°  Most Most X-rays and diagnostic testing \$75°  Most MRI / CT / PET scans \$400 (after plan deductible)°  Dutpatient surgery (per procedure) #5% (after plan deductible)  ### Most MRI / CT / PET scans  Dutpatient surgery (per procedure) #5% (after plan deductible)  #### Most MRI / CT / PET scans  Dutpatient surgery (per procedure) #5% (after plan deductible)  #### Most MRI / CT / PET scans  Dutpatient using the plan deductible)  #### Most MRI / CT / PET scans  #5% (after plan deductible)  #### Most MRI / CT / PET scans  #5% (after plan deductible)  #### Most May May Surphy  #500*** #5% (after plan deductible)  #### Most May May Surphy  #5% (after plan deductible)  #5% (a   | Well-child preventive care visits   | \$0 through age 23 months                                     |
| Physical, occupational, and speech therapy  Most Natary and diagnostic testing  Most Natary and deductible)  Most Natary and deductible and deducti   | Allergy injections  | \$5 per visit   |
| Most Most Jaboratory tests  Most X-rays and diagnostic testing  Most MM / CT / PET scans  \$400 (after plan deductible)*  Outpatient surgery (per procedure)  MERGENCY SERVICES  Emergency department visits (waived if admitted directly to hospital)  Affice plan deductible)  MERGENCY SERVICES  Emergency department visits (waived if admitted directly to hospital)  Affice plan deductible)  MPESCRIPTIONS (up to a 30-day supply)  Serveric (lier 1)  Sanad-name (lier 2)  Specially drugs (lier 4)  HOSPITAL INPATIENT CARE  Hylysician's services, room and board, tests, medications, supplies, therapies, birth services  Skilled nursing facility care (up to 100 days per benefit period)  MENTAL HEALTH SERVICES  Duptatient (in the medical office)  Inpatient (in the hospital)  SUBSTANCE USE DISORDER SERVICES  Outpatient (in the hospital) - detoxification only  OUTHER  Affitual care  So  Certain durable medical equipment (DME) (supplemental and base)  Certain durable medical equipment (DME) (supplemental and base)  Certain prosthetic and orthotic devices  So  Rediatric optical (eyewear)  Adult optical (eyewear)  Hoth or the solution of the control   | Fertility services  | Not covered <sup>5</sup>                                      |
| Most X-rays and diagnostic testing  Most MRI / CT / PET scans  S400 (after plan deductible) <sup>6</sup> Dutpatient surgery (per procedure)  MERGENCY SERVICES  mergency department visits (waived if admitted directly to hospital)  Ambulance  Ambulance  PRESCRIPTIONS (up to a 30-day supply)  Seneric (Fier 1)  Sand-name (Fier 2)  Specialty drugs (Fier 4)  HOSPITAL INPATIENT CARE  Physicians' services, room and board, tests, medications, supplies, therapies, birth services  Subtlact In the medical office)  Substance (up to 100 days per benefit period)  MENTAL HEALTH SERVICES  Dutpatient (in the medical office)  Substance Use DISORDER SERVICES  Dutpatient (in the medical office)  Substance Use DISORDER SERVICES  Dutpatient (in the medical office)  Substance Use DISORDER SERVICES  Dutpatient (in the hospital)  Substance Use Disorder Services  Substance Use Disorder Services  Certain durable medical equipment (DME) (supplemental and base)  Certain prosthetic and orthotic devices  So  Certain prosthetic and orthotic devices  So  Pediatric optical (eyewear)  Adult optical (eyewear)  Adult optical (eyewear)  Home health care (up to 100 visits per year)  So  Home health care (up to 100 visits per year)  So  Home health care (up to 100 visits per year)   | Physical, occupational, and speech therapy  | \$65  |
| Most MRI / CT / PET scans  \$400 (after plan deductible)*  Dutpatient surgery (per procedure)  ### MERGENCY SERVICES  Emergency department visits (waived if admitted directly to hospital)  #### Most factor plan deductible)  ##### Most factor plan deductible)  ##### Most factor plan deductible)  ###################################   | Most laboratory tests   | \$30 <sup>6</sup>   |
| Dutpatient surgery (per procedure)  EMERGENCY SERVICES Imergency department visits (waived if admitted directly to hospital)  Ambulance  Associater plan deductible)  Associater plan deductible  Associater plan deductible  Associater plan deductible  Associate   | Most X-rays and diagnostic testing  | \$75 <sup>6</sup>   |
| Dupatient surgery (per procedure)  EMERGENCY SERVICES Emergency department visits (waived if admitted directly to hospital)  A5% (after plan deductible)  A5% (after plan deductible)  A5% (after plan deductible)  PRESCRIPTIONS (up to a 30-day supply)  Generic (Tier 1)  S2078  Seneric (Tier 1)  S2078  S10078  Specially drugs (Tier 4)  HOSPITAL INPATIENT CARE  Hysicians' services, room and board, tests, medications, supplies, therapies, birth services  Scilled nursing facility care (up to 100 days per benefit period)  MENTAL HEALTH SERVICES  Dutpatient (in the medical office)  supplient (in the hospital)  SUBSTANCE USE DISORDER SERVICES  Dutpatient (in the medical office)  supplient (in the medical office)  supplient (in the hospital) - detoxification only  DTHER  Wirtual care  Chiropractic and acupuncture  Certain durable medical equipment (DME) (supplemental and base)  Certain prosthetic and orthotic devices  S0  Rediatric optical (eyewear)  Adult optical (eyewear)  Adult vision exam (for eye refraction)  Home health care (up to 100 visits per year)  Adult vision exam (for eye refraction)  Home health care (up to 100 visits per year)   | Most MRI / CT / PET scans   | \$400 (after plan deductible) <sup>6</sup>                    |
| EMERGENCY SERVICES intergency department visits (waived if admitted directly to hospital)  45% (after plan deductible)  Aphabulance  45% (after plan deductible)  SERESCRIPTIONS (up to a 30-day supply)  Generic (Tier 1)  Stand-name (Tier 2)  Specially drugs (Tier 4)  20% per prescription up to \$250 maximum (after plan deductible) <sup>7,8</sup> HOSPITAL INPATIENT CARE  Hysicians' services, room and board, tests, medications, supplies, therapies, birth services  Skilled nursing facility care (up to 100 days per benefit period)  45% (after plan deductible)  MENTAL HEALTH SERVICES  Outpatient (in the medical office)  suppatient (in the hospital) – detoxification only  DTHER  Wirtual care  Chiropractic and acupuncture  Certain durable medical equipment (DME) (supplemental and base)  Certain prosthetic and orthotic devices  50  Pediatric vision exam  Adult optical (eyewear)  Adult vision exam (for eye refraction)  Home health care (up to 100 visits per year)  Adult vision exam (for eye refraction)  Home health care (up to 100 visits per year)  | Outpatient surgery (per procedure)  | · · · · · · · · · · · · · · · · · · ·                         |
| Ambulance 45% (after plan deductible)  PRESCRIPTIONS (up to a 30-day supply)  Seneric (Fier 1) \$20.78  Sand-name (Fier 2) \$100.78  Specialty drugs (Fier 4) 20% per prescription up to \$250 maximum (after plan deductible).  Physicians' services, room and board, tests, medications, supplies, therapies, birth services  Skilled nursing facility care (up to 100 days per benefit period) 45% (after plan deductible)  MENTAL HEALTH SERVICES  Dutpatient (in the medical office) \$0  Impatient (in the medical office) \$0  Impatient (in the hospital) 45% (after plan deductible)  SUBSTANCE USE DISORDER SERVICES  Outpatient (in the medical office) \$0  Impatient (in the hospital) - detoxification only 45% (after plan deductible)  OTHER  OTHER  OCERTIAN DESCRIPTION OF SERVICES \$0  Certain durable medical equipment (DME) (supplemental and base) 45%?  Certain durable medical equipment (DME) (supplemental and base) 45%?  Pediatric optical (eyewear) 1 pair of eyeglasses or contact lenses per year 10  Pediatric vision exam \$0  Adult optical (eyewear) Not covered 11  Adult vision exam (for eye refraction) \$0  Home health care (up to 100 visits per year) \$0   | EMERGENCY SERVICES  | ,   |
| PRESCRIPTIONS (up to a 30-day supply) Seneric (Fier 1) Seneric (Fier 1) Seneric (Fier 2) Sepecialty drugs (Fier 4) HOSPITAL INPATIENT CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services Skilled nursing facility care (up to 100 days per benefit period)  MENTAL HEALTH SERVICES Outpatient (in the medical office) Substance USE DISORDER SERVICES Outpatient (in the medical office) Substance USE DISORDER SERVICES Outpatient (in the hospital) Substance USE DISORDER SERVICES Outpatient (in the hospital) - detoxification only OTHER Virtual care Substance USE DISORDER SERVICES Outpatient (in the medical office) Substance USE DISORDER SERVICES Outpatient (in the medical office) Substance USE DISORDER SERVICES Outpatient (in the hospital) - detoxification only OTHER Virtual care Substance USE DISORDER SERVICES Substance USE DISORDER SERVICES OUtpatient (in the medical office) Substance USE DISORDER SERVICES OUTPATION SUBSTANCE USE DISORDER SERVICES   | Emergency department visits (waived if admitted directly to hospital)   | 45% (after plan deductible)                                   |
| Seneric (Tier 1) \$207.8 \$1007. | Ambulance   | 45% (after plan deductible)                                   |
| Brand-name (Tier 2) Specialty drugs (Tier 4) Septiciant's services, room and board, tests, medications, supplies, therapies, birth services Skilled nursing facility care (up to 100 days per benefit period)  MENTAL HEALTH SERVICES Dutpatient (in the medical office) Suppatient (in the hospital) SUBSTANCE USE DISORDER SERVICES Dutpatient (in the medical office) Suppatient (in the nespital) SUBSTANCE USE DISORDER SERVICES Dutpatient (in the nospital) SUBSTANCE USE DISORDER SERVICES SUBSTANCE USE DISORDER SERVICES Dutpatient (in the nospital) SUBSTANCE USE DISORDER SERVICES SUBSTANCE USE DISORDER SERVICES Dutpatient (in the nospital) SUBSTANCE USE DISORDER SERVICES SUBSTANCE USE DISO   | PRESCRIPTIONS (up to a 30-day supply)   | 44470   |
| Specialty drugs (Tier 4)  20% per prescription up to \$250 maximum (after plan deductible)**  HOSPITAL INPATIENT CARE  Physicians' services, room and board, tests, medications, supplies, therapies, birth services  Skilled nursing facility care (up to 100 days per benefit period)  MENTAL HEALTH SERVICES  Dutpatient (in the medical office)  Inpatient (in the nospital)  SUBSTANCE USE DISORDER SERVICES  Dutpatient (in the medical office)  Suppatient (in the hospital)  SUBSTANCE USE DISORDER SERVICES  Dutpatient (in the hospital) – detoxification only  45% (after plan deductible)  SUBSTANCE USE DISORDER SERVICES  Dutpatient (in the hospital) – detoxification only  45% (after plan deductible)  SUBSTANCE USE DISORDER SERVICES  Dutpatient (in the medical office)  Suppatient (in the hospital) – detoxification only  45% (after plan deductible)  SUBSTANCE USE DISORDER SERVICES  Dutpatient (in the medical eductible)  SUBSTANCE USE DISORDER SERVICES  Dutpatient (in the medical effice)  \$0  Chiral medical fire plan deductible)  Suppatient (in the hospital) – detoxification only  45% (after plan deductible)  \$0  Contact (in the medical effice)  \$0  Chiral medical effice plan deductible)  Suppatient (in the hospital) – detoxification only  45% (after plan deductible)  \$0  Contact (in the medical effice)  \$0  Chiral medical effice plan deductible)  Suppatient (in the hospital)  \$0  Chiral medical effice plan deductible)  \$0  Chiral medical effice plan deductible  \$0  Chiral   |   |   |
| HOSPITAL INPATIENT CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services Skilled nursing facility care (up to 100 days per benefit period)  MENTAL HEALTH SERVICES Outpatient (in the medical office)  Inpatient (in the hospital)  SUBSTANCE USE DISORDER SERVICES Outpatient (in the medical office)  Inpatient (in the medical office)  Inpatient (in the hospital) - detoxification only  OTHER Virtual care  So Chiropractic and acupuncture  Certain durable medical equipment (DME) (supplemental and base)  Pediatric optical (eyewear)  Pediatric vision exam  Adult optical (eyewear)  Home health care (up to 100 visits per year)  So Home health care (up to 100 visits per year)  So Home health care (up to 100 visits per year)   |   | · · · · · ·   |
| MENTAL HEALTH SERVICES Outpatient (in the medical office) Inpatient (in the hospital) SUBSTANCE USE DISORDER SERVICES Outpatient (in the medical office) Inpatient (in the mospital) — detoxification only Inpatient (in the hospital) — detoxification only OTHER Virtual care Chiropractic and acupuncture Certain durable medical equipment (DME) (supplemental and base) Certain prosthetic and orthotic devices Pediatric optical (eyewear) Adult optical (eyewear) Adult vision exam (for eye refraction) Home health care (up to 100 visits per year)  \$0  **O  **O  **O  **O  **O  **O  **O   | HOSPITAL INPATIENT CARE Physicians' services, room and board, tests, medications, supplies, therapies, birth services |   |
| Dutpatient (in the medical office)  Inpatient (in the hospital)  SUBSTANCE USE DISORDER SERVICES Outpatient (in the medical office)  Inpatient (in the hospital)   | Skilled nursing facility care (up to 100 days per benefit period)   | 45% (after plan deductible)                                   |
| SUBSTANCE USE DISORDER SERVICES Outpatient (in the medical office) Inpatient (in the hospital) – detoxification only  OTHER Virtual care  Chiropractic and acupuncture  Certain durable medical equipment (DME) (supplemental and base)  Certain prosthetic and orthotic devices  Pediatric optical (eyewear)  Pediatric vision exam  Adult optical (eyewear)  Adult vision exam (for eye refraction)  Home health care (up to 100 visits per year)  \$0  Assignment (DME) (supplemental and base)   | MENTAL HEALTH SERVICES Outpatient (in the medical office)   | ·   |
| Outpatient (in the medical office) Inpatient (in the hospital) – detoxification only  OTHER Virtual care Virtual care Virtual care So Chiropractic and acupuncture Certain durable medical equipment (DME) (supplemental and base) Certain prosthetic and orthotic devices Vediatric optical (eyewear) Pediatric vision exam Adult optical (eyewear) Adult vision exam (for eye refraction) Home health care (up to 100 visits per year)  45% (after plan deductible) 45% (after plan deductible)  45% (after plan deductible   | Inpatient (in the hospital)   | 45% (after plan deductible)                                   |
| DTHER Virtual care \$0  Chiropractic and acupuncture \$15 per visit (self-referral; 20 combined visits per year)  Certain durable medical equipment (DME) (supplemental and base)  Certain prosthetic and orthotic devices \$0  Pediatric optical (eyewear)  Pediatric vision exam \$0  Adult optical (eyewear)  Adult vision exam (for eye refraction)  Home health care (up to 100 visits per year)  \$0  **Podiatric visits per year of the covered of the   | SUBSTANCE USE DISORDER SERVICES Outpatient (in the medical office)  | \$0   |
| Virtual care \$0  Chiropractic and acupuncture \$15 per visit (self-referral; 20 combined visits per year)  Certain durable medical equipment (DME) (supplemental and base) 45%9  Certain prosthetic and orthotic devices \$0  Pediatric optical (eyewear) 1 pair of eyeglasses or contact lenses per year¹0  Pediatric vision exam \$0  Adult optical (eyewear) Not covered¹¹  Adult vision exam (for eye refraction) \$0  Home health care (up to 100 visits per year) \$0   | Inpatient (in the hospital) – detoxification only   | 45% (after plan deductible)                                   |
| Certain durable medical equipment (DME) (supplemental and base)  Certain prosthetic and orthotic devices  Pediatric optical (eyewear)  Pediatric vision exam  So  Adult optical (eyewear)  Adult vision exam (for eye refraction)  Home health care (up to 100 visits per year)  45%  45%  So  1 pair of eyeglasses or contact lenses per year <sup>10</sup> Not covered <sup>11</sup> \$0  Home health care (up to 100 visits per year)  \$0  | OTHER Virtual care  | \$0   |
| Certain prosthetic and orthotic devices  Pediatric optical (eyewear)  Pediatric vision exam  So  Adult optical (eyewear)  Adult vision exam (for eye refraction)  Home health care (up to 100 visits per year)  \$0  \$0  \$0  \$0  \$0  | Chiropractic and acupuncture  | \$15 per visit (self-referral; 20 combined visits per year)   |
| Pediatric optical (eyewear)  Pediatric vision exam  Adult optical (eyewear)  Adult vision exam (for eye refraction)  Home health care (up to 100 visits per year)  1 pair of eyeglasses or contact lenses per year <sup>10</sup> Not covered <sup>11</sup> \$0  \$0  | Certain durable medical equipment (DME) (supplemental and base)   | 45% <sup>9</sup>  |
| Pediatric vision exam \$0  Adult optical (eyewear) Not covered 11  Adult vision exam (for eye refraction) \$0  Home health care (up to 100 visits per year) \$0  | Certain prosthetic and orthotic devices   | \$0   |
| Adult optical (eyewear)  Adult vision exam (for eye refraction)  Home health care (up to 100 visits per year)  Not covered 11  \$0  \$0  | Pediatric optical (eyewear)   | 1 pair of eyeglasses or contact lenses per year <sup>10</sup> |
| Adult vision exam (for eye refraction) \$0 Home health care (up to 100 visits per year) \$0  | Pediatric vision exam   | \$0   |
| Home health care (up to 100 visits per year) \$0   | Adult optical (eyewear)   | Not covered <sup>11</sup>                                     |
|  | Adult vision exam (for eye refraction)  | \$0   |
| Hospice care \$0   | Home health care (up to 100 visits per year)  | \$0   |
|  | Hospice care  | \$0   |

(continues)



## For effective dates January 1-December 1, 2024

## (continued)

\*This plan is also offered at Covered California for Small Business and CaliforniaChoice®.

<sup>†</sup>The abbreviation "ALT," in certain plan names, designates Kaiser Permanente developed plans that are different from the standard plans and are available through Covered California for Small Business.

1. This plan has an embedded deductible and out-of-pocket maximum. Each family member will begin paying copays or coinsurance after meeting his or her individual deductible or out-of-pocket maximum (depending on the benefit), or when the family deductible or out-of-pocket maximum is satisfied. Individual family members aren't subject to cost sharing when they reach their individual out-of-pocket maximum, or when the family out-of-pocket maximum is met. 2. Out-of-pocket maximum is the maximum amount an individual or family will pay for certain services in a year. 3. Preventive lab tests, X-rays, and immunizations are covered as part of the preventive exam. 4. Scheduled prenatal visits and postpartum visits. 5. Fertility benefits may be added to this plan for an additional cost. For more information, contact your broker or Kaiser Permanente representative. 6. Laboratory and diagnostic test, X-rays and MRI/CT/PET scans related to preventive services are no charge. 7. Prescription drugs are covered in accordance with our formulary when prescribed by a Plan physician and obtained at Plan pharmacies. A few drugs have different copays. For information on our formulary, including the drugs on the specialty tier, go to kp.org/formulary or call our Member Service Contact Center. 8. Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply. 9. Both base and supplemental DME are covered. Supplemental DME is limited to a combined maximum benefit of \$2,000 per year for services (after plan deductible). Refer to the Evidence of Coverage for information on what's included in your DME benefit. 10. Under age 19. One pair of eyeglasses from a limited selection. 11. Kaiser Permanente members are entitled to a discount on eyeglasses and contact lenses purchased at Kaiser Permanente optical centers. These discounts can't be combined with any other Health Plan vision benefit. The discounts won't apply to any sale, promotion, or packaged eyewear program; for any contact lens extended purchase agreement; or to low-vision aids or devices. Visit kp2020.org for Kaiser Permanente optical locations.

This is a summary of benefits only and is subject to change. The KFHP <u>Evidence of Coverage</u> and the KPIC <u>Certificate of Insurance</u> contain a complete explanation of benefits, exclusions, and limitations. The information provided isn't intended to describe all the benefits included in each plan, nor is it designed to serve as the <u>Evidence of Coverage</u> or <u>Certificate of Insurance</u>.