Proposed Benefit Summary

Benefit Plan 12167 CS \$2,800 DED, \$0 OV, \$0 IP, \$0/\$0/\$0 RX

Principal Benefits for

Kaiser Permanente HSA-Qualified High Deductible Health Plan ("HDHP") HMO (1/1/22—12/31/22)

"Kaiser Permanente HSA-Qualified High Deductible Health Plan ("HDHP") HMO" is a health benefit plan that meets the requirements of Section 223(c)(2) of the Internal Revenue Code. For a complete explanation, please refer to the *EOC*.

Accumulation Period

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

25864.220.2.CPS - Cs: Hc2: Hsa3; \$2800 Ded;\$0 Op;\$0 lp; \$0 Rx

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.

For Services that are subject to the Plan Deductible or the Drug Deductible, you must pay Charges for covered Services you receive during the Accumulation Period until you reach the deductible amounts listed below. All payments you make toward your deductible(s) apply to the Plan Out-of-Pocket Maximum amounts listed below.

Family Coverage

Family Coverage

(continues)

Note: The Plan Deductible amount is subject to increase if the U.S. Department of the Treasury changes the minimum deductible required in High Deductible Health Plans.

Self-Only Coverage

Plan Out-of-Pocket Maximum \$2,800 \$2,800 \$5,600 Plan Deductible \$2,800 \$2,800 \$5,600 Plan Deductible Not applicable Professional Services (Plan Provider office visits) Professional Services (Plan Provider office visits) Wast Primary Care Visits and most Non-Physician Specialist Visits No charge after Plan Deductible Nost Physician Specialist Visits No charge after Plan Deductible Nost Physician Specialist Visits No charge (Plan Deductible doesn't apply) Well-child preventive exams (through age 23 months). No charge (Plan Deductible doesn't apply) Well-child preventive exams (through age 23 months). No charge (Plan Deductible doesn't apply) Scheduled prenatal care exams. No charge (Plan Deductible doesn't apply) Scheduled prenatal care exams. No charge (Plan Deductible doesn't apply) Urgent care consultations, evaluations, and treatment. No charge (Plan Deductible doesn't apply) Urgent care consultations, evaluations, and treatment. No charge after Plan Deductible Most physical, occupational, and speech therapy. No charge after Plan Deductible Most physical, occupational, and speech therapy. No charge after Plan Deductible Nost physical, occupational, and speech therapy. No charge after Plan Deductible Nost physical, occupational, and speech therapy. No charge after Plan Deductible Nost instructions (including administration). No charge after Plan Deductible Nost instructions (including the vaccine). No charge after Plan Deductible Nost instructions (including the vaccine). No charge after Plan Deductible Nost instructions (including the vaccine). No charge after Plan Deductible Nost instructions (including the vaccine). No charge after Plan Deductible Nost instructions (including the vaccine). No charge after Plan Deductible Nost instructions (including the vaccine). No charge after Plan Deductible Nost instructions are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cos	Amounts Per Accumulation Period	(a Family of one Member)	Each Member in a Family of	Entire Family of two or more	
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Base DME items as described in the EOC	Durable Medical Equipment (DME)		You Pay	You Pay	
	Base DME items as described in the EOC.		No charge after Plan	Deductible	

Proposed Benefit Summary	(contin	iued)
Durable Medical Equipment (DME)	You Pay	
Supplemental DME items up to a \$2,500 benefit limit per Accumulation Period as described in the <i>EOC</i>	No charge after Plan Deductible	
Mental Health Services	You Pay	
Inpatient psychiatric hospitalization	No charge after Plan Deductible	
Substance Use Disorder Treatment	You Pay	
Inpatient detoxification	No charge after Plan Deductible	
Home Health Services	You Pay	
Home health care (up to 100 visits per Accumulation Period)	No charge after Plan Deductible	
Other	You Pay	
Skilled nursing facility care (up to 100 days per benefit period) Prosthetic and orthotic devices as described in the EOC Diagnosis and treatment of infertility and artificial insemination Assisted reproductive technology ("ART") Services Hospice care	No charge after Plan Deductible Not covered Not covered	
nospice care	No charge after Plan Deductible	

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).