Proposed Benefit Summary

Benefit Plan 14602 \$20/\$40 OV, \$250 DAY-3, \$100 ER, \$10/\$30/20% RX

Principal Benefits for Kaiser Permanente Traditional HMO Plan (1/1/23—12/31/23)

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.

Most Primary Care Visits and most Non-Physician Specialist Visits	Accumulation Period once you have re	eached the amounts listed be			
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Proposed Benefit Summary	(continued)	
Durable Medical Equipment (DME)	You Pay	
DME items as described in the EOC	50% Coinsurance	
Mental Health Services	You Pay	
Inpatient psychiatric hospitalization	\$250 per day up to a maximum of \$750 per admission	
Individual outpatient mental health evaluation and treatment		
Group outpatient mental health treatment		
Substance Use Disorder Treatment	You Pay	
Inpatient detoxification	\$250 per day up to a maximum of \$750 per admission	
Individual outpatient substance use disorder evaluation and treatment		
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)		
Prosthetic and orthotic devices as described in the EOC	No charge	
Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the		
EOC		
Assisted reproductive technology ("ART") Services		
Hospice care	No charge	

This proposal is a summary and does not include all benefits, member cost share, out-of-pocket maximums, exclusions, or limitations. For a complete description, please refer to the *Evidence of Coverage*.