Disclosure Form Part One

236261 Novogradac & Company LLP Home Region: Southern California

10/1/24 through 9/30/25

Principal benefits for Kaiser Permanente Traditional HMO Plan

Health Plan believes this coverage is a "grandfathered health plan" under the Patient Protection and Affordable Care Act. If you have questions about grandfathered health plans, please call Member Services.

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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Disclosure Form Part One	(continued)
Mental Health Services	You Pay
Inpatient psychiatric hospitalization	
Individual outpatient mental health evaluation and treatment	
Substance Use Disorder Treatment	You Pay
Inpatient detoxificationIndividual outpatient substance use disorder evaluation and treatment	\$250 per admission \$15 per visit
Group outpatient substance use disorder treatment	
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)	\$100 per admission
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	see EOC for Cost Share
Assisted reproductive technology ("ART") Services	
Hospice care	

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).