

### Summary of Kaiser HMO 20, DHMO 500, HMO MVP & DHMO HSA Plans - All Employees

Effective Date Carrier	7/1/2024	7/1/2024	7/1/2024	7/1/2024
	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name	HMO 20	DHMO 500	HMO MVP	DHMO HSA
Benefit Summary	Eligible Employees	Eligible Employees	Eligible Employees	Eligible Employees
<b>General Plan Information</b>				
Annual Deductible/Individual	\$0	\$500	\$4,500	\$1,600 medical/prescription combined
Annual Deductible/Family	\$0	\$1,000	\$9,000	\$3,200 medical/prescription combined
Coinsurance	100%	80%	60%	90%
Office Visit/Exam	\$20 copay	\$20 copay	\$50 copay; after deductible	90% after deductible
Outpatient Specialist Visit	\$20 copay	\$20 copay	\$50 copay; after deductible	90% after deductible
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$6,000	\$3,200
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000	\$12,000	\$6,400
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
<b>Inpatient Hospital Services</b>				
Inpatient Hospitalization	100%	80% after deductible	60% after deductible	90% after deductible
Semi-Private Room & Board; Including Services and Supplies	100%	80% after deductible	60% after deductible	90% after deductible
<b>Emergency Services</b>				
Emergency Room	\$100 copay waived if admitted	80% after deductible	\$250 copay; after deductible	90% after deductible
<b>Mental Health Benefits</b>				
Inpatient Care	100%	80% after deductible	60% after deductible	90% after deductible
Outpatient Care	\$20 copay	\$20 copay; deductible waived	\$50 copay; after deductible	90% after deductible
<b>Substance Abuse</b>				
<b>Inpatient Care</b>				
Inpatient Hospitalization	100%	80% after deductible	60% after deductible	90% after deductible
Inpatient Detoxification Services	100%	80% after deductible	60% after deductible	90% after deductible
<b>Outpatient Care</b>				
Outpatient Services	\$20 copay	\$20 copay; deductible waived	\$50 copay; after deductible	90% after deductible
<b>Prescription Drug Benefits</b>				
Prescription Drug Deductible		\$100 per Member/calendar year	\$250 per Member/calendar year	\$1,600 ind/\$3,200 fam; medical/prescription combined
Generic	\$10 copay	\$10 copay; deductible waived	\$15 copay; deductible waived	\$10 copay; after deductible
Brand (Formulary/Preferred)	\$20 copay	\$30 copay; after \$100 prescription deductible	\$35 copay; after prescription deductible	\$30 copay; after deductible
Brand (Non-Formulary/Non-preferred)				
Number of Days Supply	30 days	30 days	30 days	30 days
<b>Mail Order</b>				
Generic	\$20 copay	\$20 copay; deductible waived	\$30 copay; deductible waived	\$20 copay; after deductible
Brand (Formulary/Preferred)	\$40 copay	\$60 copay; after \$100 prescription deductible	\$70 copay; after prescription deductible	\$60 copay; after deductible
Brand (Non-Formulary/Non-preferred)				
Number of Days Supply for Mail Order	100 days	100 days	100 days	100 days
<b>Other Services and Supplies</b>				
Chiropractic Services	Not covered	Not covered	Not covered	Not covered