4 MMO Tier (Kalser Providers) Participating Provider Tier(%) Non-Participating Provider Tier(%) Accompliance of the provider Tier(%) Accompliance Tier(%) A		Kaiser Permanente Point-of-Service Plan 17851 NCR / 17852 SCR			
The Accumulation	2025 Benefit Summary	Permanente Plan	Participating Provider Tier ⁽¹⁸⁾ *		
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Deductible per accumulation period(**)	Maximum benefit while insured		Unlimited		
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Medically Necessary Non-emergency	(Copayment waived if admitted directly to				
	Emergency Ambulance Service	Covered under the HMO Tier, subject to a \$150 charge			
		\$150 ⁽³⁾	50%	50%	
Urgent Care\$30 Copayment(3)30%50%	Urgent Care	\$30 Copayment ⁽³⁾	30%	50%	

		Kaiser Permanente Point-of-Service Plan 17851 NCR / 17852 SCR		
2025 Benefit Summary	HMO Tier (Kaiser Permanente Plan Providers)	Participating Provider Tier (18)*	Non-Participating Provider Tier*	
		Precertification is required for certain services [†]		
		Member pays		
Prescriptions ⁽⁹⁾	Kaiser Permanente	MedImpact Non-Participating		
(30-day supply)	Pharmacies	Pharmacies ⁽¹⁰⁾⁽¹⁹⁾	Pharmacies	
Generic preferred tier	\$15 Copayment	\$30 Copayment	Not covered	
Generic non-preferred tier	\$15 Copayment ⁽¹⁷⁾	\$55 Copayment	Not covered	
Brand preferred tier	\$35 Copayment	\$45 Copayment	Not covered	
Brand non-preferred tier	\$35 Copayment (17)	\$55 Copayment	Not covered	
Specialty tier ⁽¹⁶⁾	30% with \$250 per prescription maximum	40% with \$250 per prescription maximum	Not covered	
Mail-order Prescriptions			l.	
Generic drugs (maximum 100-day supply)	\$30 Copayment	Most prescriptions from Participating/Non-Participating Providers may be filled at Kaiser Permanente Pharmacies and refilled through mail- order. Mail-order service is not available at MedImpact Pharmacies.		
Brand preferred drugs (maximum 100- day supply)	\$70 Copayment			
Mental health services				
Inpatient hospitalization	20%	\$500 Copayment	\$1,000 Copayment	
		per admission, then 30%	per admission, then 50%	
Outpatient individual therapy visits	\$30 Copayment(3)	30%	50%	
Outpatient group therapy visits	\$15 Copayment ⁽³⁾	30%	50%	
Substance use disorder treatment				
Inpatient hospitalization	20%	\$500 Copayment	\$1,000 Copayment	
		per admission, then 30%	per admission, then 50%	
Outpatient individual therapy visits	\$30 Copayment ⁽³⁾	30%	50%	
Outpatient group therapy visits	\$5 Copayment ⁽³⁾	30%	50%	
Durable medical equipment	30%(3)	30%(13)	50%(13)	
Diabetic Equipment and Supplies(14)	30%(3)	30%	30%	
Prosthetics, orthotics, and special footwear ⁽¹⁵⁾	No charge	30%	50%	
Additional benefits				
Skilled nursing facility care ⁽²⁰⁾	20%	\$500 Copayment	\$1,000 Copayment	
	(100-day limit per benefit period)	per admission, then 30% ⁽¹¹⁾	per admission, then 50% ⁽¹¹⁾	
Home health care (100-day limit per accumulation period) ⁽²⁰⁾	No charge ⁽³⁾	20%(3)(12)	20%(3)(12)	
Hospice care	No charge	30%	50%	
Fertility services	50%	Not covered	Not covered	

Note: These benefits are subject to regulatory approval.

This chart only describes a summary of the benefits. For a complete understanding of benefits, please read the Kaiser Permanente Point-of-Service Disclosure Form and Evidence of Coverage and the Kaiser Permanente Insurance Company Schedule of Coverage and Certificate of Insurance. The Disclosure Form, Evidence of Coverage, Schedule of Coverage, and the Certificate of Insurance together contain a complete explanation of benefits, exclusions, and limitations. The information provided in this chart is not intended for use as a Summary Plan Description, the Disclosure Form, Evidence of Coverage, Schedule of Coverage, or the Certificate of Insurance.

Footnotes

- (1) Deductible amounts are separate for services provided by HMO in-network Provider, Participating Providers and Non-Participating Providers. This plan carries an embedded Deductible and Out-of-Pocket Maximum. Benefits become payable for each family member after their individual annual Deductible is met, or when the family Deductible is satisfied. Deductibles contribute towards satisfying the Out-of-Pocket Maximum. A family member can meet the individual annual Out-of-Pocket Maximum before the family Out-of-Pocket Maximum is satisfied.
- (2) Covered Charges applied to satisfy the Out-of-Pocket Maximum at the HMO in-network Provider Tier will not apply toward satisfaction of the Out-of-Pocket Maximum at the Participating Provider Tier or the Non-Participating Provider Tier. Likewise, Covered Charges applied to satisfy the Out-of-Pocket Maximum at the Participating Provider Tier will not apply toward satisfaction of the Out-of-Pocket Maximum at the HMO in-network Provider Tier or the Non-Participating Provider Tier. Likewise, Covered Charges applied to satisfy the Out-of-Pocket Maximum at the Non-Participating Provider Tier will not apply toward satisfaction of the Out-of-Pocket Maximum at the HMO in-network Provider Tier or the Participating Provider Tier.
- (3) Exempt from Deductible.
- (4) Routine adult physical exams are limited to one exam every 12 months.
- (5) Routine prenatal care office visits are covered as required under the Patient Protection Affordable Care Act (PPACA). This includes the initial and subsequent histories, physical examinations, recording of weight, blood pressures, fetal heart tones, and routine chemical urinalysis.
- (6) Birth Services including delivery and inpatient care for mother and baby are covered under your inpatient services benefit.
- (7) Emergency medical services are covered under the HMO Tier. Non-emergency medical services received in an emergency care setting that are not covered under the HMO Tier may be eligible for coverage under the Participating Provider or Non-Participating Provider Tiers.
- (8) Telehealth care is provided where applicable and available via communication methods such as telephone, video, or email. Cost shares vary depending on the type of service provided and are equivalent to an in-person visit specific to that service except when using the HMO tier where the cost share is \$0 (no charge).
- (9) MedImpact Pharmacy Copayment and Coinsurance are not subject to, nor do they contribute toward satisfaction of the Deductible. However, they do contribute toward the satisfaction of the Out-of-Pocket Maximum. Select prescription drugs are excluded from coverage.
- (10) Member is responsible for paying the brand name Copayment plus the difference in cost between the generic drug and the brand name drug when patient requests brand name drug and a generic version is prescribed by the physician.
- (11) Skilled Nursing Facility care is limited to a maximum of 60 days per benefit period combined for services provided by Participating Providers and Non-Participating Providers.
- (12) Home Health Care is limited to a maximum of 100 visits per accumulation period combined for services provided by Participating Providers and Non-Participating Providers.
- (13) Benefits payable for treatment of infertility are limited to \$1,000 per accumulation period combined for services provided by Participating Providers and Non-Participating Providers. In vitro fertilization is not covered. Benefits payable for diagnosis of infertility will be covered on the same basis as a sickness.

- Covered Charges for infertility services do not accumulate towards satisfaction of the Out-of-Pocket Maximum.
- (14) Certain Durable Medical Equipment is limited to a maximum of \$2,000 per accumulation period combined for services provided by Participating Providers and Non-Participating Providers. Certain Durable Medical Equipment is not subject to the Deductible nor contributes to the Out-of-Pocket Maximum.
- (15) Some diabetic equipment and supplies such as: infusion set and syringe with needle for external insulin pumps, testing strips, lancets, skin barrier, adhesive remover wipes and transparent film are payable based on actual billed charges and are not subject to the DME annual maximum of \$2,000 per accumulation period.
- (16) Most items are not covered.
- (17) Specialty drugs are not eligible for mail order incentive and may not be available under the mail order service.
- (18) Non-preferred drugs are covered at a Kaiser Permanente pharmacy only when prescribed by Kaiser Permanente Plan Providers through exception process or when related to emergency care, out-of-area urgent care, or an authorized referral.
- (19) Online directories of Participating Providers available to you can be found by visiting kp.org/kpic/pos.
- (20) An online directory of Pharmacies available to you can be found by visiting kp.org/pharmacylocator/pos.
- (21) The visit maximum does not apply to medically necessary treatment of Mental Health and Substance Use Disorder.

†Precertification of services provided by Participating Providers and Non-Participating Providers

Precertification is required for all hospital confinements, including preadmission testing, inpatient care at a Skilled Nursing Facility, or other licensed, freestanding facilities, such as Hospice Care, Home Health Care, or care at a rehabilitation facility, or selected outpatient procedures. Failure to obtain precertification will result in a penalty of \$500 per occurrence for covered charges incurred in connection with these services. This penalty will not count toward the satisfaction of any Deductibles or Out-of-Pocket Maximums. For a complete understanding of precertification requirements, please refer to your Schedule of Coverage and Certificate of Insurance.

*Payments Based on Maximum Allowable Charge for Covered Services

Maximum Allowable charge means the lesser of: the Usual, Customary, and Reasonable Charges or the Negotiated Rate or the Actual Billed Charges. The Maximum Allowable Charge may be less than the amount actually billed by the provider. Covered Persons are responsible for payment of any amounts in excess of the Maximum Allowable Charge for a Covered Service.

The HMO Tier of the Point-of-Service (POS) plan is underwritten by Kaiser Foundation Health Plan, Inc. (KFHP) while the Participating Provider and Non-Participating Provider Tiers of the POS plan are underwritten by Kaiser Permanente Insurance Company (KPIC). KPIC is a subsidiary of KFHP.