## **Proposed Benefit Summary**

Benefit Plan 13782 \$4,000 DED, \$50 OV, 30% IP, \$15/\$50/30% RX

## Principal Benefits for Kaiser Permanente Deductible HMO Plan (1/1/24—12/31/24)

## 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.

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 deductibles apply to the Plan Out-of-Pocket Maximum amounts listed below.

Amounts Per Accumulation Period         Self-Only Coverage (a Family of one Member) (a Family of one Member)         Each Members in a Family of two or more Members         Entire Family of two or more Members           Plan Out-of-Pocket Maximum         \$7,000         \$7,000         \$14,000         \$14,000           Plan Deductible         \$4,000         \$4,000         \$8,000         \$8,000           Drug Deductible         None         None         None         None           Plan Provider Office Visits         You Pay         \$50 per visit after Plan Deductible*         \$50 per visit after Plan Deductible doesn't apply)           Most Physical an Specialist Visits         S50 per visit after Plan Deductible doesn't apply)         No charge (Plan Deductible doesn't apply)           Scheduled prenatal care exams         No charge (Plan Deductible doesn't apply)         No charge (Plan Deductible doesn't apply)           Noc tharge (Plan Deductible doesn't apply)         No charge (Plan Deductible doesn't apply)         No charge (Plan Deductible doesn't apply)           Most physical, occupational, and speech therapy         \$50 per visit after Plan Deductible doesn't apply)           Theleabth Visits         Primary Care Visits and Non-Physician Specialist Visits by interactive video         No charge (Plan Deductible doesn't apply)           Physician Specialist Visits by interactive video         No charge (Plan Deductible doesn't apply)         No charge (Plan Deductible d			Family Coverage	Family Coverage	
Iterating of one without         of two or more Members         more Members           Plan Out-of-Pocket Maximum         \$7,000         \$14,000         \$44,000         \$44,000         \$44,000         \$44,000         \$44,000         \$40,000         \$80,000         Drug Deductible         None         None <td>Amounts Per Accumulation Period</td> <td>Self-Only Coverage</td> <td></td> <td></td>	Amounts Per Accumulation Period	Self-Only Coverage			
Plan Deductible       \$4,000       \$4,000       \$8,000         Drug Deductible       None       None       None         Plan Provider Office Visits       You Pay         Most Primary Care Visits and most Non-Physician Specialist Visits       \$50 per visit after Plan Deductible*         Most Primary Care Visits and most Non-Physician Specialist Visits       \$50 per visit after Plan Deductible doesn't apply)         Well-child preventive exams (through age 23 months)       No charge (Plan Deductible doesn't apply)         Scheduled prevantive exams (through age 23 months)       No charge (Plan Deductible doesn't apply)         Routine eye exams with a Plan Optometrist.       No charge (Plan Deductible doesn't apply)         Routine eye exams with a Plan Optometrist.       No charge (Plan Deductible doesn't apply)         Routine eye exams with a Plan Optometrist.       No charge (Plan Deductible doesn't apply)         Routine privation construction of the apply to your first three visits combined for primary care, urgent care, mental health, and substance use disorder treatment Services as described in the EOC.       You Pay         Primary Care Visits and Non-Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone.       No charge (Plan Deductible doesn't apply)         Outpatient Services       You Pay         Most Iaboratory tests       \$1 per encounter (Plan Deducti		(a Family of one Member)			
Drug Deductible         None         None         None           Plan Provider Office Visits         You Pay           Most Primary Care Visits and most Non-Physician Specialist Visits         \$50 per visit after Plan Deductible           Most Primary Care Visits and most Non-Physician Specialist Visits         No charge (Plan Deductible doesn't apply)           Scheduled prenatal care exams         No charge (Plan Deductible doesn't apply)           Not hysical, occupational, and speech therapy         No charge (Plan Deductible doesn't apply)           Most primary Care Visits and Non-Physician Specialist Visits by interactive         \$50 per visit after Plan Deductible doesn't apply)           Most primary Care Visits and Non-Physician Specialist Visits by interactive video         No charge (Plan Deductible doesn't apply)           Primary Care Visits and Non-Physician Specialist Visits by interactive video         No charge (Plan Deductible doesn't apply)           No charge (Plan Deductible doesn't apply)         No charge (Plan Deductible doesn't apply)           Physician Specialist Visits by interactive video         No charge (Plan Deductible doesn't apply)           No charge (Plan Deductible doesn't apply)         No charge (Plan Deductible doesn't apply)           Physician Specialist Visits by telephone         No charge (Plan Deductible doesn't apply)           No charge (Plan Deductible doesn't apply)         No charge (Plan Deductible doesn't apply)           Outpatient Ser	Plan Out-of-Pocket Maximum				
Plan Provider Office Visits         You Pay           Most Privisita and most Non-Physician Specialist Visits         \$50 per visit after Plan Deductible*           Most Physical napecialist Visits         \$50 per visit after Plan Deductible doesn't apply)           Well-child preventive exams (through age 23 months)         No charge (Plan Deductible doesn't apply)           No charge (Plan Deductible doesn't apply)         No charge (Plan Deductible doesn't apply)           Routine eye exams with a Plan Optometrist.         No charge (Plan Deductible doesn't apply)           Most physical, occupational, and speech therapy         \$50 per visit after Plan Deductible*           Most physical, occupational, and speech therapy         \$50 per visit after Plan Deductible*           Most physical, occupational, and speech therapy         \$50 per visit after Plan Deductible*           Most privisita and Non-Physician Specialist Visits by interactive         You Pay           Primary Care Visits and Non-Physician Specialist Visits by interactive video         No charge (Plan Deductible doesn't apply)           Physician Specialist Visits by interactive video         No charge (Plan Deductible doesn't apply)           Physician Specialist Visits by telephone.         No charge (Plan Deductible doesn't apply)           Physician Specialist Visits by telephone.         No charge (Plan Deductible doesn't apply)           Outpatient Services         You Pay           Outpatient surger					
Most Primary Care Visits and most Non-Physician Specialist Visits       \$50 per visit after Plan Deductible*         Most Physical maintenance exams, including well-woman exams.       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)         Woth chysical, occupational, and speech therapy.       \$50 per visit after Plan Deductible doesn't apply)         Woth physical, occupational, and speech therapy.       \$50 per visit after Plan Deductible doesn't apply)         Telehealth Visits       You Pay         Primary Care Visits and Non-Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Outpatient surgery and certain other outpatient procedures       30% Coinsurance after Plan Deductible         Most Havers       Sto per visit after Plan Deductible doesn't apply)         Most Laboratory tests       Sto per encounter (Plan Deductible doesn't apply)	Drug Deductible	None	None	None	
Most Physician Specialist Visits       \$50 per visit after Plan Deductible         Routine physical maintenance exams, including well-woman exams.       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)         Routine eye exams with a Plan Optometrist.       No charge (Plan Deductible doesn't apply)         Woet physical, occupational, and speech therapy.       \$50 per visit after Plan Deductible doesn't apply)         The Plan Deductible doesn't apply to your first three visits combined for primary care, urgent care, mental health, and         substance use disorder treatment Services as described in the EOC.       You Pay         Telehealth Visits       You Pay         Primary Care Visits and Non-Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Primary Care Visits and Non-Physician Specialist Visits by telephone.       No charge (Plan Deductible doesn't apply)         Outpatient Surgery and certain other outpatient procedures.       30% Coinsurance after Plan Deductible doesn't apply)         Most Loratory tests       Sto per visit after Plan Deductible doesn't apply)         Most Loratory tests       Sto per encounter (Plan Deductible doesn't apply)	Plan Provider Office Visits	Plan Provider Office Visits			
Routine physical maintenance exams, including well-woman exams			\$50 per visit after Plan	\$50 per visit after Plan Deductible*	
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)         Wo charge (Plan Deductible doesn't apply)       No charge (Plan Deductible doesn't apply)         Wo thysical, occupational, and speech therapy       \$50 per visit after Plan Deductible*         "The Plan Deductible doesn't apply to your first three visits combined for primary care, urgent care, mental health, and substance use disorder treatment Services as described in the EOC.       You Pay         Primary Care Visits and Non-Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Notarge (Plan Deductible doesn't apply)       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone       No charge (Plan Deductible doesn't apply)         Notarge (Plan Deductible doesn't apply)       No charge (Plan Deductible doesn't apply)         Outpatient Surgery and certain other outpatient procedures       30% Coinsurance after Plan Deductible				\$50 per visit after Plan Deductible	
Scheduled prenatal care exams       No charge (Plan Deductible doesn't apply)         Routine eye exams with a Plan Optometrist       No charge (Plan Deductible doesn't apply)         Wost physical, occupational, and speech therapy.       \$50 per visit after Plan Deductible         *The Plan Deductible doesn't apply to your first three visits combined for primary care, urgent care, mental health, and substance use disorder treatment Services as described in the EOC.       You Pay         Primary Care Visits and Non-Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         No charge (Plan Deductible doesn't apply)       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone.       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone.       No charge (Plan Deductible doesn't apply)         Outpatient Services       You Pay         Outpatient Services       You Pay         Outpatient Surgery and certain other outpatient procedures.       30% Coinsurance after Plan Deductible         Most Laboratory tests.       Sto per encounter (Plan Deductible doesn't apply)         Most daboratory tests.       Sto per coinsurance after Plan Deductible <t< td=""><td colspan="2">Routine physical maintenance exams, including well-woman exams</td><td></td><td colspan="2"></td></t<>	Routine physical maintenance exams, including well-woman exams				
Routine eyé exams with a Plan Optometrist.       No charge (Plan Deductible doesn't apply)         Urgent care consultations, evaluations, and treatment       \$50 per visit after Plan Deductible         *The Plan Deductible doesn't apply to your first three visits combined for primary care, urgent care, mental health, and substance use disorder treatment Services as described in the EOC.       You Pay         Telehealth Visits       You Pay         Primary Care Visits and Non-Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Primary Care Visits and Non-Physician Specialist Visits by telephone.       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone.       No charge (Plan Deductible doesn't apply)         Notarge (Plan Deductible doesn't apply)       No charge (Plan Deductible doesn't apply)         Outpatient Services       You Pay         Outpatient Services       You Pay         Most Inboratory tests       Sore consurance after Plan Deductible doesn't apply)         Most Laboratory tests       Sore consurance after Plan Deductible doesn't apply)         Most Inboratory tests       Arays, screenings, and laboratory tests as described in the EOC.         Room and board, surgery, anesthesia, X-rays, laboratory tests, and furge.       30% Coinsurance after Plan Deductible	Well-child preventive exams (through age 23 months)		No charge (Plan Deduc	No charge (Plan Deductible doesn't apply)	
Urgent care consultations, evaluations, and treatment       \$50 per visit after Plan Deductible*         Most physical, occupational, and speech therapy       \$50 per visit after Plan Deductible         *The Plan Deductible doesn't apply to your first three visits combined for primary care, urgent care, mental health, and substance use disorder treatment Services as described in the EOC.         Teleheatth Visits       You Pay         Primary Care Visits and Non-Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone.       No charge (Plan Deductible doesn't apply)         Poutpatient surgery and certain other outpatient procedures       30% Coinsurance after Plan Deductible doesn't apply)         Most horary tests       30% Coinsurance after Plan Deductible doesn't apply)         Most horary tests       30% Coinsurance after Plan Deductible doesn't apply)         Most aboratory tests       30% Coinsurance after Plan Deductible doesn't apply)         Most aboratory tests       30% Coinsurance after Plan Deductible doesn't apply)         Most aboratory tests       30% Coinsurance after Plan Deductible doesn't apply)         Most aboratory tests       30% Coinsurance after Plan Deductible         Kost amountizations (including the vaccine)       30% Coinsurance after Plan Deductible					
Most physical, occupational, and speech therapy       \$50 per visit after Plan Deductible         *The Plan Deductible doesn't apply to your first three visits combined for primary care, urgent care, mental health, and substance use disorder treatment Services as described in the EOC.       You Pay         Primary Care Visits and Non-Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone       No charge (Plan Deductible doesn't apply)         Outpatient Surgery and certain other outpatient procedures       30% Coinsurance after Plan Deductible         Most laboratory tests       \$15 per encounter (Plan Deductible doesn't apply)         Preventive X-rays, screenings, and laboratory tests as described in the EOC       No charge (Plan Deductible doesn't apply)         Most laborad, surgery, anesthesia, X-rays, laboratory tests, and drugs       30% Coinsurance after Plan Deductible         Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs       30% Coinsurance after Plan Deductible         Emergency Heapt the directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)       You Pay         Ambulance Services					
*The Plan Deductible doesn't apply to your first three visits combined for primary care, urgent care, mental health, and substance use disorder treatment Services as described in the EOC. Telehealth Visits Primary Care Visits and Non-Physician Specialist Visits by interactive video No charge (Plan Deductible doesn't apply) Primary Care Visits and Non-Physician Specialist Visits by interactive video No charge (Plan Deductible doesn't apply) Physician Specialist Visits by telephone. No charge (Plan Deductible doesn't apply) No cha					
substance use disorder treatment Services as described in the EOC.       You Pay         Primary Care Visits and Non-Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone       No charge (Plan Deductible doesn't apply)         Outpatient Services       You Pay         Outpatient surgery and certain other outpatient procedures       30% Coinsurance after Plan Deductible         Most laboratory tests       Stop encounter (Plan Deductible doesn't apply)         Most laboratory tests       Stop encounter (Plan Deductible doesn't apply)         Most laboratory tests       Stop encounter (Plan Deductible doesn't apply)         Most laboratory tests       Stop encounter (Plan Deductible doesn't apply)         Most laboratory tests       Stop encounter (Plan Deductible doesn't apply)         Most laboratory tests       Stop encounter (Plan Deductible doesn't apply)         Most alaboratory tests       No charge (Plan Deductible doesn't apply)         Most laboratory tests       Stop encounter (Plan Deductible doesn't apply)         Most alaboratory tests       No charge (Plan Deductible doesn't apply)         Most alaboratory tests       Stop					
Telehealth Visits         You Pay           Primary Care Visits and Non-Physician Specialist Visits by interactive video         No charge (Plan Deductible doesn't apply)           Physician Specialist Visits by interactive video         No charge (Plan Deductible doesn't apply)           Primary Care Visits and Non-Physician Specialist Visits by telephone         No charge (Plan Deductible doesn't apply)           Physician Specialist Visits by telephone         No charge (Plan Deductible doesn't apply)           Outpatient Services         You Pay           Outpatient surgery and certain other outpatient procedures         30% Coinsurance after Plan Deductible           Most immunizations (including the vaccine)         No charge (Plan Deductible doesn't apply)           Most X-rays         30% Coinsurance after Plan Deductible           Most X-rays, screenings, and laboratory tests as described in the EOC         No charge (Plan Deductible doesn't apply)           Most and board, surgery, anesthesia, X-rays, laboratory tests, and drugs         You Pay           Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs         30% Coinsurance after Plan Deductible           Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)         You Pay           Ambulance Services         You Pay         30% Coinsurance after Plan Deductible </td <td>The Plan Deductible doesn't apply to y</td> <td>yicos as described in the EQ</td> <td>a for primary care, urgent ca</td> <td>are, mental health, and</td>	The Plan Deductible doesn't apply to y	yicos as described in the EQ	a for primary care, urgent ca	are, mental health, and	
Primary Care Visits and Non-Physician Specialist Visits by interactive       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Primary Care Visits and Non-Physician Specialist Visits by telephone.       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone.       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone.       No charge (Plan Deductible doesn't apply)         Outpatient Services       You Pay         Outpatient surgery and certain other outpatient procedures       30% Coinsurance after Plan Deductible         Most laboratory tests       No charge (Plan Deductible doesn't apply)         Most Laboratory tests       \$15 per encounter (Plan Deductible         Preventive X-rays, screenings, and laboratory tests as described in the EOC       No charge (Plan Deductible doesn't apply)         Most laboratory tests       \$15 per encounter (Plan Deductible doesn't apply)         Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs       30% Coinsurance after Plan Deductible         Emergency Health Coverage       You Pay         Emergency Department visits       30% Coinsurance after Plan Deductible         Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Se					
video       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Primary Care Visits and Non-Physician Specialist Visits by telephone.       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone.       No charge (Plan Deductible doesn't apply)         Outpatient Services       You Pay         Outpatient surgery and certain other outpatient procedures       30% Coinsurance after Plan Deductible doesn't apply)         Most X-rays       30% Coinsurance after Plan Deductible doesn't apply)         Most Aboratory tests       90 Coinsurance after Plan Deductible doesn't apply)         Preventive X-rays, screenings, and laboratory tests as described in the EOC       No charge (Plan Deductible doesn't apply)         Hospitalization Services       You Pay         Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs       30% Coinsurance after Plan Deductible         Emergency Health Coverage       You Pay         Emergency Department visits       30% Coinsurance after Plan Deductible         Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)         Ambulance Services       30% Coinsurance after Plan Deductible         Prescription Drug Coverage					
Physician Specialist Visits by interactive video       No charge (Plan Deductible doesn't apply)         Primary Care Visits and Non-Physician Specialist Visits by telephone       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone       No charge (Plan Deductible doesn't apply)         Outpatient Services       You Pay         Outpatient Surgery and certain other outpatient procedures       30% Coinsurance after Plan Deductible         Most immunizations (including the vaccine)       No charge (Plan Deductible doesn't apply)         Most z-rays.       30% Coinsurance after Plan Deductible         Most laboratory tests       So charge (Plan Deductible doesn't apply)         Preventive X-rays, screenings, and laboratory tests as described in the <i>EOC</i> .       No charge (Plan Deductible doesn't apply)         Most instraction Services       You Pay         Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.       30% Coinsurance after Plan Deductible         Emergency Health Coverage       You Pay         Emergency Department visits.       30% Coinsurance after Plan Deductible         Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)       30% Coinsurance after Plan Deductible         Ambulance Services       30% Coinsurance after Plan Deductible <td></td> <td></td> <td></td> <td>tible decer't errhy)</td>				tible decer't errhy)	
Primary Care Visits and Non-Physician Specialist Visits by telephone       No charge (Plan Deductible doesn't apply)         Physician Specialist Visits by telephone	Video		No charge (Plan Deductible doesn't apply)		
Physician Specialist Visits by telephone       No charge (Plan Deductible doesn't apply)         Outpatient Services       You Pay         Outpatient surgery and certain other outpatient procedures       30% Coinsurance after Plan Deductible         Most immunizations (including the vaccine)       No charge (Plan Deductible doesn't apply)         Most Arrays       30% Coinsurance after Plan Deductible         Most laboratory tests       \$15 per encounter (Plan Deductible doesn't apply)         Preventive X-rays, screenings, and laboratory tests as described in       No charge (Plan Deductible doesn't apply)         Hospitalization Services       You Pay         Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs       30% Coinsurance after Plan Deductible         Emergency Health Coverage       You Pay         Emergency Department visits       30% Coinsurance after Plan Deductible         Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)       30% Coinsurance after Plan Deductible         Ambulance Services       You Pay       30% Coinsurance after Plan Deductible         Prescription Drug Coverage       You Pay       30% Coinsurance after Plan Deductible         Covered outpatient items in accord with our drug formulary guidelines:       You Pay       30% Coinsuran					
Outpatient Services         You Pay           Outpatient surgery and certain other outpatient procedures         30% Coinsurance after Plan Deductible           Most immunizations (including the vaccine)         30% Coinsurance after Plan Deductible           Most X-rays         30% Coinsurance after Plan Deductible           Most laboratory tests         \$15 per encounter (Plan Deductible doesn't apply)           No charge (Plan Deductible doesn't apply)         No charge (Plan Deductible doesn't apply)           Hospitalization Services         You Pay           Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs         30% Coinsurance after Plan Deductible           Emergency Health Coverage         You Pay           Bemergency Department visits         30% Coinsurance after Plan Deductible           Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)         You Pay           Ambulance Services         You Pay           Ambulance Services         30% Coinsurance after Plan Deductible           Prescription Drug Coverage         You Pay           Covered outpatient items in accord with our drug formulary guidelines:         You Pay					
Outpatient surgery and certain other outpatient procedures       30% Coinsurance after Plan Deductible         Most immunizations (including the vaccine)       No charge (Plan Deductible doesn't apply)         Most X-rays       30% Coinsurance after Plan Deductible         Most laboratory tests       \$15 per encounter (Plan Deductible doesn't apply)         Preventive X-rays, screenings, and laboratory tests as described in       No charge (Plan Deductible doesn't apply)         Hospitalization Services       You Pay         Room and board, surgery, anesthesia, X-rays, laboratory tests, and       30% Coinsurance after Plan Deductible         Emergency Health Coverage       You Pay         Emergency Department visits       30% Coinsurance after Plan Deductible         Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)       You Pay         Ambulance Services       You Pay         Ambulance Services       30% Coinsurance after Plan Deductible         Prescription Drug Coverage       You Pay         Covered outpatient items in accord with our drug formulary guidelines:       30% Coinsurance after Plan Deductible			• •		
Most immunizations (including the vaccine)       No charge (Plan Deductible doesn't apply)         Most X-rays       30% Coinsurance after Plan Deductible         Most laboratory tests       \$15 per encounter (Plan Deductible doesn't apply)         Preventive X-rays, screenings, and laboratory tests as described in the EOC       No charge (Plan Deductible doesn't apply)         Hospitalization Services       You Pay         Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs       30% Coinsurance after Plan Deductible         Emergency Health Coverage       You Pay         Emergency Department visits       30% Coinsurance after Plan Deductible         Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)       You Pay         Ambulance Services       You Pay         Ambulance Services       30% Coinsurance after Plan Deductible         Prescription Drug Coverage       You Pay         Covered outpatient items in accord with our drug formulary guidelines:       You Pay				Dian Daductible	
Most X-rays       30% Coinsurance after Plan Deductible         Most laboratory tests       \$15 per encounter (Plan Deductible doesn't apply)         Preventive X-rays, screenings, and laboratory tests as described in the EOC       No charge (Plan Deductible doesn't apply)         Hospitalization Services       You Pay         Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs       30% Coinsurance after Plan Deductible         Emergency Health Coverage       You Pay         Emergency Department visits       30% Coinsurance after Plan Deductible         Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)         Ambulance Services       You Pay         Ambulance Services       30% Coinsurance after Plan Deductible         Prescription Drug Coverage       You Pay         Covered outpatient items in accord with our drug formulary guidelines:       You Pay					
Most laboratory tests       \$15 per encounter (Plan Deductible doesn't apply)         Preventive X-rays, screenings, and laboratory tests as described in the EOC       No charge (Plan Deductible doesn't apply)         Hospitalization Services       You Pay         Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs       30% Coinsurance after Plan Deductible         Emergency Health Coverage       You Pay         Emergency Department visits       30% Coinsurance after Plan Deductible         Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)         Ambulance Services       You Pay         Ambulance Services       30% Coinsurance after Plan Deductible         Prescription Drug Coverage       You Pay         Covered outpatient items in accord with our drug formulary guidelines:       You Pay	Most X rave		30% Coinsurance after	30% Coinsurance after Plan Deductible	
Preventive X-rays, screenings, and laboratory tests as described in the EOC					
the EOCNo charge (Plan Deductible doesn't apply)Hospitalization ServicesYou PayRoom and board, surgery, anesthesia, X-rays, laboratory tests, and drugs					
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs			No charge (Plan Deductible doesn't apply)		
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs			You Pav	You Pav	
drugs	Room and board, surgery, anesthesia.	X-ravs. laboratory tests. and			
Emergency Health CoverageYou PayEmergency Department visits	drugs		30% Coinsurance after	Plan Deductible	
Emergency Department visits       30% Coinsurance after Plan Deductible         Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share         instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)         Ambulance Services       You Pay         Ambulance Services       30% Coinsurance after Plan Deductible         Prescription Drug Coverage       You Pay         Covered outpatient items in accord with our drug formulary guidelines:       You Pay			You Pav		
Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)         Ambulance Services       You Pay         Ambulance Services       30% Coinsurance after Plan Deductible         Prescription Drug Coverage       You Pay         Covered outpatient items in accord with our drug formulary guidelines:       You Pay	Emergency Department visits			Plan Deductible	
instead of the Emergency Department Cost Share (see "Hospitalization Services" for inpatient Cost Share)          Ambulance Services       You Pay         Ambulance Services       30% Coinsurance after Plan Deductible         Prescription Drug Coverage       You Pay         Covered outpatient items in accord with our drug formulary guidelines:       You Pay	Note: If you are admitted directly to the	hospital as an inpatient for o	covered Services, you will pa	y the inpatient Cost Share	
Ambulance Services       30% Coinsurance after Plan Deductible         Prescription Drug Coverage       You Pay         Covered outpatient items in accord with our drug formulary guidelines:       You Pay					
Ambulance Services       30% Coinsurance after Plan Deductible         Prescription Drug Coverage       You Pay         Covered outpatient items in accord with our drug formulary guidelines:       You Pay	Ambulance Services		You Pay	-	
Covered outpatient items in accord with our drug formulary guidelines:				Plan Deductible	
Covered outpatient items in accord with our drug formulary guidelines:	Prescription Drug Coverage		You Pav		
		h our drug formulary guidelin			
				supply (Plan Deductible	
doesn't apply)					

Proposed Benefit Summary	(continued)	
Prescription Drug Coverage	You Pay	
Most generic (Tier 1) refills through our mail-order service	\$30 for up to a 100-day supply (Plan Deductible doesn't apply)	
Most brand-name items (Tier 2) at a Plan Pharmacy	\$50 for up to a 30-day supply after Plan Deductible	
Most brand-name (Tier 2) refills through our mail-order service	\$100 for up to a 100-day supply after Plan Deductible	
Most specialty items (Tier 4) at a Plan Pharmacy	30% Coinsurance (not to exceed \$250) for up to a 30-day supply after Plan Deductible	
Durable Medical Equipment (DME)	You Pay	
DME items as described in the EOC	30% Coinsurance (Plan Deductible doesn't apply)	
Mental Health Services	You Pay	
Inpatient psychiatric hospitalization		
Individual outpatient mental health evaluation and treatment	\$50 per visit after Plan Deductible*	
Group outpatient mental health treatment	\$25 per visit after Plan Deductible*	
*The Plan Deductible doesn't apply to your first three visits combined for substance use disorder treatment Services as described in the EOC.	or primary care, urgent care, mental health, and	
Substance Use Disorder Treatment	You Pay	
Inpatient detoxification	30% Coinsurance after Plan Deductible	
Individual outpatient substance use disorder evaluation and treatment	\$50 per visit after Plan Deductible*	
Group outpatient substance use disorder treatment		
*The Plan Deductible doesn't apply to your first three visits combined for		
substance use disorder treatment Services as described in the EOC.		
Home Health Services	You Pay	
Home health care (up to 100 visits per Accumulation Period)	No charge (Plan Deductible doesn't apply)	
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 (Plan Deductible doesn't apply)	
Diagnosis and treatment of infertility and artificial insemination (such		
as outpatient procedures or laboratory tests) as described in the		
EOC	50% Coinsurance (Plan Deductible doesn't apply)	
Assisted reproductive technology ("ART") Services	Not covered	

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*.