Disclosure Form Part One

606031 City of San Jose VEBA Home Region: Northern California 1/1/25 through 12/31/25

Principal benefits for Kaiser Permanente Traditional HMO Plan

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.

Plan Deductible None \$1,500 \$1,500 \$3,000 Plan Deductible None None None None Drug Deductible None None None None Plan Provider Office Visits S25 per visit S25 per visit Most Primary Care Visits and most Non-Physician Specialist Visits. S25 per visit S25 per visit Routine physical maintenance exams, including well-woman exams. No charge Well-child preventive exams with a Plan Optometrist No charge Routine eye exams with a Plan Optometrist No charge No charge Vou Pay Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone. No charge No charge Physician Specialist Visits by interactive video or telephone. No charge No charge Outpatient Services You Pay S100 per procedure No charge Most Physician Specialist Visits by interactive video or telephone. No charge No charge Outpatient Services You Pay S100 per roisit No charge Most Physical Services You Pay S100 per visit No charge Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs. S100 per	Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members	
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Substance Use Disorder Treatment You Pay					
				You Pay	

(continued)	
You Pay	
You Pay	
No charge	
You Pay	
Amount in excess of \$500 Allowance for each ear	
No charge	
No charge	
-	
50% Coinsurance	
Not covered	

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-ofpocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*.

Disclosure Form Part Two

The *Disclosure Form Part Two* provides an overview of important features of your Health Plan membership, including how to obtain Services, principal exclusions, and important notices. To view or download a copy, go to <u>kp.org/choosekp</u> or call Member Services at 1-800-464-4000 (TTY users call 711).