Disclosure Form Part One

233406 Rakuten USA, Inc. dba Rakuten Americas

Home Region: Southern 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.

Amounts Per Accumulation Period (a Family of one Member) Carbony Order Members Carbony Order		Self-Only Coverage	Family Coverage	Family Coverage		
Plan Out-of-Pocket Maximum \$1,500 \$3,5000 \$3,0000 Plan Deductible None None None None None None None Plan Provider Office Visits None None None None None None None None	Amounts Per Accumulation Period		Each Member in a Family	Entire Family of two or		
Plan Deductible None None None None None None Plan Provider Office Visits You Pay Most Primary Care Visits and most Non-Physician Specialist Visits		, ,				
Drug Deductible None None None None None Plan Provider Office Visits						
Plan Provider Office Visits You Pay						
Most Primary Care Visits and most Non-Physician Specialist Visits. \$30 per visit	Drug Deductible	None	None	None		
Most Physician Specialist Visits						
Routine physical maintenance exams, including well-woman exams. Well-child preventive exams (through age 23 months). Routine eye exams with a Plan Optometrist. Urgent care consultations, evaluations, and treatment. Sa0 per visit Wost physical, occupational, and speech therapy. Sa0 per visit You Pay Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone. Physician Specialist Visits by interactive video or telephone. No charge No charge Vou Pay Most immunizations (including the vaccine). Most Arays and laboratory tests. Pospital Inpatient Services You Pay Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs. Prospital Inpatient Services You Pay For you Pay S75 per visit 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 "Hospital Inpatient Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see "Hospital Inpatient Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see "Hospital Inpatient Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see "Hospital Inpatient Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see "Hospital Inpatient Services, you Pay Most generic Tier 1) at a Plan Pharmacy. Most generic Tier 1) at a Plan Pharmacy.						
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Individual outpatient mental health evaluation and treatment	Mental Health Services		You Pay			
Group outpatient mental health treatment						
Substance Use Disorder Treatment You Pay						
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Inpatient detoxification\$500 per admission						
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Disclosure Form Part One	(continued)
Substance Use Disorder Treatment	You Pay
Individual outpatient substance use disorder evaluation and treatment Group outpatient substance use disorder treatment	\$30 per visit \$5 per visit
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)	No charge No charge
Assisted reproductive technology ("ART") Services (such as outpatient procedures or laboratory tests) as described in the EOC (one treatment cycle lifetime maximum)	

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*.

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 kp.org/choosekp or call Member Services at 1-800-464-4000 (TTY users call 711).