# **Disclosure Form Part One**

1880 CITY OF SACRAMENTO Home Region: Northern California

1/1/26 through 12/31/26

# **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 Out-of-Pocket Maximum   \$1,500   \$1,500   \$3,000		Self-Only Coverage	Family Coverage	Family Coverage	
Plan Out-of-Pocket Maximum \$1,500 \$3,000 \$3,000 Plan Deductible None None None None None None None Non	Amounts Per Accumulation Period		Each Member in a Family	Entire Family of two or	
Plan Deductible   None   None   None   None   None   Drug Deductible   None		<b>,</b>			
Drug Deductible   None   None   None   None   Plan Provider Office Visits		. ,			
Plan Provider Office Visits  Most Primary Care Visits and most Non-Physician Specialist Visits.  \$25 per visit  Most Physician Specialist Visits.  \$25 per visit  Routine physical maintenance exams, including well-woman exams.  No charge  Well-child preventive exams (through age 23 months).  No charge  No charge  No charge  No charge  No charge  Vou Pay  Telehealth Visits  Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone.  Physician Specialist Visits by interactive video or telephone.  No charge  Outpatient Services  Outpatient surgery and certain other outpatient procedures.  No charge  No					
Most Primary Care Visits and most Non-Physician Specialist Visits.  Most Physician Specialist Visits.  Most Physician Specialist Visits.  S25 per visit  No charge  Well-child preventive exams (through age 23 months).  No charge  No charge  No charge  No charge  Urgent care consultations, evaluations, and treatment.  S25 per visit  Most physical, occupational, and speech therapy.  Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone.  Physician Specialist Visits by interactive video or telephone.  No charge  Physician Specialist Visits by interactive video or telephone.  No charge  Physician Specialist Visits by interactive video or telephone.  No charge  Physician Specialist Visits by interactive video or telephone.  No charge  Most X-rays and laboratory tests.  Most immunizations (including the vaccine).  Most immunizations (including the vaccine).  Most immunizations (including the vaccine).  No charge  Most X-rays and laboratory tests.  Most and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.  Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.  No charge  Peregency Services and Care  Emergency Services and Care  Emergency department visits.  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" for inpatient Cost Share)  Ambulance Services  Ambulance Services  Most generic items (Tier 1) at a Plan Pharmacy.  Most brand-name (Tier 2) reflist through our mail-order service.  Most generic items (Tier 2) reflist through our mail-order service.  Most generic items (Tier 2) at a Plan Pharmacy.  S20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan Pharmacy.  S20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan Pharmacy.  S20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan Pharmacy.  S20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan	Drug Deductible	None	None	None	
Most Physician Specialist Visits.  Sutine physical maintenance exams, including well-woman exams.  No charge Well-child preventive exams (through age 23 months).  No charge No charge Routine eye exams with a Plan Optometrist.  No charge No charge Urgent care consultations, evaluations, and treatment.  S25 per visit Most physical, occupational, and speech therapy.  Telehealth Visits  Telehealth Visits  Pyou Pay  Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone.  Physician Specialist Visits by interactive video or telephone.  No charge Physician Specialist Visits by interactive video or telephone.  No charge Outpatient Services  You Pay  Outpatient surgery and certain other outpatient procedures.  No charge Nost X-rays and laboratory tests.  No charge Hospital Inpatient Services  Food mand board, surgery, anesthesia, X-rays, laboratory tests, and drugs.  No charge  Emergency Services and Care  Emergency department Visits.  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" for inpatient Cost Share)  Ambulance Services.  No charge  Prescription Drug Coverage  Covered outpatient items in accord with our drug formulary guidelines: Most generic items (Tier 1) at a Plan Pharmacy.  Most brand-name items (Tier 2) at a Plan Pharmacy.  S20 for up to a 30-day supply Most brand-name items (Tier 2) at a Plan Pharmacy.  S20 for up to a 30-day supply Most brand-name (Tier 2) at a Plan Pharmacy.  S20 for up to a 30-day supply Most brand-name (Tier 2) at a Plan Pharmacy.  S20 for up to a 30-day supply Most brand-name (Tier 2) at a Plan Pharmacy.  S20 for up to a 30-day supply Most brand-name (Tier 2) at a Plan Pharmacy.  S20 for up to a 30-day supply Most brand-name (Tier 2) at a Plan Pharmacy.  S20 for up to a 30-day supply Most brand-name (Tier 2) at a Plan Pharmacy.  S20 for up to a 30-day supply Most brand-name items (Tier 4) at					
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Well-child preventive exams (through age 23 months)					
Routine eye exams with a Plan Optometrist					
Urgent care consultations, evaluations, and treatment. \$25 per visit Most physical, occupational, and speech therapy. \$25 per visit Telehealth Visits You Pay  Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone. No charge Physician Specialist Visits by interactive video or telephone No charge  Outpatient Services  Outpatient surgery and certain other outpatient procedures. \$25 per procedure Most immunizations (including the vaccine). No charge  Hospital Inpatient Services  No charge  Hospital Inpatient Services  Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs. No charge  Emergency Services and Care  Emergency Services and Care  Emergency department visits. \$50 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" for inpatient Cost Share)  Ambulance Services  Ambulance Services  Most generic items (Tier 1) at a Plan Pharmacy. No charge  You Pay  Covered outpatient items in accord with our drug formulary guidelines:  Most generic (Tier 1) refills through our mail-order service. \$20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan Pharmacy. \$20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan Pharmacy. \$20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan Pharmacy. \$20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan Pharmacy. \$20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan Pharmacy. \$20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan Pharmacy. \$20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan Pharmacy. \$20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan Pharmacy. \$20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan Pharmacy. \$20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan Pharmacy. \$20 for up to a 30-day supply  Most brand-name (Tier 2) at a Plan					
Most physical, occupational, and speech therapy.  Telehealth Visits Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone					
Telehealth Visits Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone					
Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone	· · ·		·		
video or telephone					
Physician Specialist Visits by interactive video or telephone					
Outpatient Services       You Pay         Outpatient surgery and certain other outpatient procedures       \$25 per procedure         Most immunizations (including the vaccine)       No charge         Most X-rays and laboratory tests       No charge         Hospital Inpatient Services       You Pay         Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs       No charge         Emergency Services and Care       You Pay         Emergency department visits       \$50 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" for inpatient Cost Share)         Ambulance Services       You Pay         Ambulance Services       No charge         Prescription Drug Coverage       You Pay         Covered outpatient items in accord with our drug formulary guidelines:         Most generic items (Tier 1) at a Plan Pharmacy       \$10 for up to a 30-day supply         Most generic (Tier 1) refills through our mail-order service       \$20 for up to a 100-day supply         Most brand-name items (Tier 2) at a Plan Pharmacy       \$20 for up to a 30-day supply         Most specialty items (Tier 4) at a Plan Pharmacy       \$20 for up to a 30-day supply         Most specialty items (Tier 4) at a Plan Pharmacy       \$20 for up to a 30-day supply <t< td=""><td colspan="2">Video or telephone</td><td> No charge</td><td colspan="2"></td></t<>	Video or telephone		No charge		
Outpatient surgery and certain other outpatient procedures  Most immunizations (including the vaccine)  Most X-rays and laboratory tests.  Most Arays and laboratory tests.  Most Arays and laboratory tests.  Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.  Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.  Emergency Services and Care  Emergency department visits.  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" for inpatient Cost Share)  Ambulance Services  Ambulance Services.  Prescription Drug Coverage  Covered outpatient items in accord with our drug formulary guidelines:  Most generic items (Tier 1) at a Plan Pharmacy.  Most brand-name items (Tier 2) at a Plan Pharmacy.  Most brand-name (Tier 2) at a Plan Pharmacy.  Most specialty items (Tier 4) at a Plan Pharmacy.  Most specialty items (Tier 4) at a Plan Pharmacy.  Most specialty items (Tier 4) at a Plan Pharmacy.  Durable Medical Equipment (DME)  Mental Health Services  Inpatient psychiatric hospitalization.  Individual outpatient mental health evaluation and treatment.  \$25 per visit		e video or telepriorie	· ·		
Most immunizations (including the vaccine)		itnatient procedures			
No charge   Hospital Inpatient Services   You Pay					
No charge   Pour Pay					
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	•		· ·	•	
Benergency Services and Care		X-rays, laboratory tests, and			
Emergency Services and Care  Emergency department visits					
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" for inpatient Cost Share)  Ambulance Services  You Pay  No charge  Ambulance Services  You Pay  No charge  Mental Health Services  Inpatient psychiatric hospitalization  Ambulance Services  You Pay  No charge  Individual outpatient mental health evaluation and treatment  You Pay  No charge  10 for up to a 30-day supply  \$20 for up to a 30-day supply  \$20 for up to a 30-day supply  Ambulance Service Service Service  You Pay  No charge  You Pay  No charge  10 for up to a 100-day supply  Ambulance Service Servi	Emergency Services and Care		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 "Hospital Inpatient Services" for inpatient Cost Share)  Ambulance Services  You Pay  No charge  Mental Health Services  Inpatient psychiatric hospitalization  Ambulance Services  You Pay  No charge  No charge  Individual outpatient mental health evaluation and treatment  You Pay  No charge  1 No charge  2 N	Emergency department visits		\$50 per visit		
Ambulance ServicesYou PayAmbulance ServicesNo chargePrescription Drug CoverageYou PayCovered outpatient items in accord with our drug formulary guidelines: Most generic items (Tier 1) at a Plan Pharmacy\$10 for up to a 30-day supplyMost generic (Tier 1) refills through our mail-order service\$20 for up to a 100-day supplyMost brand-name items (Tier 2) at a Plan Pharmacy\$20 for up to a 30-day supplyMost brand-name (Tier 2) refills through our mail-order service\$40 for up to a 100-day supplyMost specialty items (Tier 4) at a Plan Pharmacy\$20 for up to a 30-day supplyDurable Medical Equipment (DME)You PayDME items as described in the EOCNo chargeMental Health ServicesYou PayInpatient psychiatric hospitalizationNo chargeIndividual outpatient mental health evaluation and treatment\$25 per visit	Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share				
Ambulance Services	instead of the emergency department Cost Share (see "Hospital Inpatient Services" for inpatient Cost Share)				
Prescription Drug Coverage Covered outpatient items in accord with our drug formulary guidelines:  Most generic items (Tier 1) at a Plan Pharmacy	Ambulance Services				
Covered outpatient items in accord with our drug formulary guidelines:  Most generic items (Tier 1) at a Plan Pharmacy			No charge		
Most generic items (Tier 1) at a Plan Pharmacy	Prescription Drug Coverage		You Pay		
Most generic (Tier 1) refills through our mail-order service	Covered outpatient items in accord with				
Most brand-name items (Tier 2) at a Plan Pharmacy					
Most brand-name (Tier 2) refills through our mail-order service					
Most specialty items (Tier 4) at a Plan Pharmacy					
Durable Medical Equipment (DME)You PayDME items as described in the EOC					
DME items as described in the EOC			\$20 for up to a 30-day s		
Mental Health ServicesYou PayInpatient psychiatric hospitalization	Durable Medical Equipment (DME)				
Inpatient psychiatric hospitalization			· ·		
Individual outpatient mental health evaluation and treatment \$25 per visit	Mental Health Services		You Pay		
	Inpatient psychiatric hospitalization		No charge	No charge	
<b>A</b>					
Group outpatient mental health treatment					
Substance Use Disorder Treatment You Pay					
Inpatient detoxification	Inpatient detoxification	No charge			

(continues)

Disclosure Form Part One	(continued)
Substance Use Disorder Treatment	You Pay
Individual outpatient substance use disorder evaluation and treatment	\$25 per visit
Group outpatient substance use disorder treatment	\$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
Prosthetic and orthotic devices as described in the EOC	No charge

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 <a href="kp.org/choosekp">kp.org/choosekp</a> or call Member Services at 1-800-464-4000 (TTY users call 711).