Disclosure Form Part One

35330 Maxar Technologies Holdings, Inc. Home Region: Northern California 1/1/24 through 12/31/24

Principal benefits for Kaiser Permanente Deductible 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.

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.

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order service doesn't apply)	Most generic items (Tier 1) at a Plan Pharmacy or through our mail-		- \$10 for up to a 100-day supply (Drug Deductible		
Most brand-name items (Tier 2) at a Plan Pharmacy or through our \$30 for up to a 100-day supply after Drug					
	Most brand-name items (Tier 2) at a Plan Pharmacy or through our		\$30 for up to a 100-day supply after Drug		
mail-order service					

Disclosure Form Part One (continue			
Prescription Drug Coverage	You Pay		
Most specialty items (Tier 4) at a Plan Pharmacy			
Durable Medical Equipment (DME)	You Pay		
DME items as described in the EOC	20% Coinsurance (Plan Deductible doesn't apply)		
Mental Health Services	You Pay		
Inpatient psychiatric hospitalization Individual outpatient mental health evaluation and treatment Group outpatient mental health treatment	\$20 per visit after Plan Deductible		
Substance Use Disorder Treatment	You Pay		
Inpatient detoxification Individual outpatient substance use disorder evaluation and treatment Group outpatient substance use disorder treatment	\$20 per visit after Plan Deductible		
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 <i>EOC</i> 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 Hospice care	No charge (Plan Deductible doesn't apply)		
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 <i>EOC</i> . Please note that we provide all benefits required by law (for example, diabetes testing supplies).			

testing supplies).