

Summary of the Kaiser Permanente DHMO 2500 Virtual Complete and DHMO HSA - Classified, Certificated, Management & Confidential Employees

Effective Date	7/1/2025	7/1/2025
Renewal Date	7/1/2026	7/1/2026
Carrier	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name	DHMO 2500 Virtual Complete w/Chiro	DHMO HSA
Eligible Class	Eligible Employees	Eligible Employees
General Plan Information		
Annual Deductible/Individual	\$2,500	\$1650 medical/prescription combined
Annual Deductible/Family	\$2,500 for each member in a family of two or more members. \$5,000 for an entire family of two or more members.	\$3300 medical/prescription combined
Coinsurance	80%	90%
Office Visit/Exam	\$40 copay after Plan Deductible (Plan Deductible doesn't apply to the first three visits combined for primary care, urgent care, mental health and substance use disorder treatment services.)	90% after deductible
Outpatient Specialist Visit	\$40 copay after Plan Deductible	90% after deductible
Annual Out-of-Pocket Limit/Individual	\$5,500	\$3,200
Annual Out-of-Pocket Limit/Family	\$5,500 for each member in a family of two or more members. \$11,000 for an entire family of two or more members.	\$6,400
Deductible Included in Out-of-Pocket Limits	Yes	Yes
Lifetime Plan Maximum		Unlimited
High Deductible Health Plan	No	Yes
Outpatient Services		
Preventive Services		
Well-Child Care	100% deductible waived through age 23 months	100% through age 23 months; deductible waived
Immunizations	100% deductible waived	100% deductible waived
Well Woman Exams	100% deductible waived	100% deductible waived
Mammograms	100% for preventive, deductible waived	100% for preventive; deductible waived for preventive
Adult Periodic Exams with Preventive Tests	100% deductible waived	100% deductible waived
Diagnostic X-Ray and Lab Tests	100% for preventive, deductible waived; all other X-rays 80% after	100% preventive X-rays deductible waived; other than preventive 90%
Maternity Care		
Pregnancy and Maternity Care (Pre-Natal Care)	100%	100%
Inpatient Hospital Services		
Inpatient Hospitalization	80% after deductible	90% after deductible
Pre-Authorization of Services Required	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	80% after deductible	90% after deductible

CONFIDENTIAL: The information in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.

Summary of the **Kaiser Permanente DHMO 2500 Virtual Complete and DHMO HSA - Classified, Certificated, Management & Confidential Employees**

Effective Date	7/1/2025	7/1/2025
Renewal Date	7/1/2026	7/1/2026
Carrier	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name	DHMO 2500 Virtual Complete w/Chiro	DHMO HSA
Eligible Class	Eligible Employees	Eligible Employees
Surgical Services		
Outpatient Facility Charge	80% after deductible	90% after deductible
Emergency Services		
Emergency Room	80% after deductible	90% after deductible
Ambulance		
Air	80% after deductible	90% after deductible
Ground	80% after deductible	90% after deductible
Urgent Care		
Urgent Care Facility	\$40 copay after deductible	90% after deductible
Mental Health Benefits		
Inpatient Care	80% after deductible	90% after deductible
Outpatient Care	After deductible, \$40 per visit for individual and \$20 per visit for group treatment	90% after deductible
Substance Abuse		
Inpatient Care		
Inpatient Hospitalization	80% after deductible	90% after deductible
Inpatient Detoxification Services	80% after deductible	90% after deductible
Outpatient Care		
Outpatient Services	After deductible, \$40 per visit for individual and \$20 per visit for group treatment	90% after deductible
Prescription Drug Benefits		
Prescription Drug Deductible	None	\$1,650 ind/\$3,300 fam; medical/prescription combined
Prescription Drug Annual Out-of-Pocket Limit/Individual		\$1,000
Prescription Drug Annual Out-of-Pocket Limit/Family		\$2,000
Generic	\$15 copay	\$10 copay; after deductible
Brand (Formulary/Preferred)	\$40 copay after plan deductible	\$30 copay; after deductible
Number of Days Supply	30 days	30 days
Mail Order		
Generic	\$30 copay	\$20 copay; after deductible
Brand (Formulary/Preferred)	\$80 copay after plan deductible	\$60 copay; after deductible
Number of Days Supply for Mail Order	100 days	100 days

CONFIDENTIAL: The information in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.

Summary of the Kaiser Permanente DHMO 2500 Virtual Complete and DHMO HSA - Classified, Certificated, Management & Confidential Employees

Effective Date	7/1/2025	7/1/2025
Renewal Date	7/1/2026	7/1/2026
Carrier	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name	DHMO 2500 Virtual Complete w/Chiro	DHMO HSA
Eligible Class	Eligible Employees	Eligible Employees
Other Services and Supplies		
Durable Medical Equipment & Prosthetic Devices	80% deductible waived	90% after deductible; limited to \$2,500 calendar year benefit
Home Health Care	100% limited to 100 visits/calendar year; deductible waived	100% after deductible; limited to 100 visits/calendar year
Skilled Nursing or Extended Care Facility	80% after deductible; limited to 100 days/benefit period	90% after deductible; limited to 100 days/benefit period
Hospice Care	100% deductible waived	100% after deductible
Chiropractic Services	\$10 copay; 30 visits/calendar year; provided through American Specialty Health	Not covered
Acupuncture	Not covered	Not covered
Infertility		
Diagnosis	See plan certificate	See plan certificate
Treatment	See plan certificate	See plan certificate
Outpatient Rehabilitative Therapy Services		
Physical	\$20 copay; after deductible	90% after deductible
Occupational	\$20 copay; after deductible	90% after deductible
Speech	\$20 copay; after deductible	90% after deductible

CONFIDENTIAL: The information in this chart is intended for the exclusive use of the recipient in connection with the recipient’s review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.