
Disclosure Form Part One

233977 PRISM - CSURMA SOUTH

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	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family
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Disclosure Form Part One**Substance Use Disorder Treatment****You Pay**

Inpatient detoxification.....	No charge
Individual outpatient substance use disorder evaluation and treatment	\$15 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
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Other**You Pay**

Eyeglasses or contact lenses every 24 months	Amount in excess of \$175 Allowance
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Prosthetic and orthotic devices as described in the	No charge
Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the	50% Coinsurance
Assisted reproductive technology ("ART") Services.....	Not covered

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 .

Disclosure Form Part Two

The 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).