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**Disclosure Form**

228843 LONG BEACH COMMUNITY COLLEGE DISTRICT  
Home Region: Southern California

**Principal benefits for  
Kaiser Permanente Traditional HMO Plan**

(7/1/18 6/30/19)

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**Accumulation Period**

The Accumulation Period for this plan is 1/1/18 through 12/31/18 (calendar year).

**Out-of-Pocket Maximum(s) and Deductible(s)**

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.

<b>Amounts Per Accumulation Period</b>	<b>Self-Only Coverage (a Family of one Member)</b>	<b>Family Coverage Each Member in a Family of two or more Members</b>	<b>Family Coverage Entire Family of two or more Members</b>
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

Routine eye exams with a Plan Optometrist ..... No charge  
Routine eye exams with a Plan Optometrist ..... No charge  
Urgent care consultations, evaluations, and treatment ..... \$p2 10.2 55-BDC q369.0 1 292.37 448.75 2t3BT/F1

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(continues)

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**Disclosure Form***(continued)***Home Health Services****You Pay**

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Home health care (up to 100 visits per Accumulation Period) .....	No charge
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**Other****You Pay**

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Eyeglasses or contact lenses every 24 months .....	Amount in excess of \$125 Allowance
Skilled nursing facility care (up to 100 days per benefit period) .....	No charge
Prosthetic and orthotic devices as described in the <i>EOC</i> .....	No charge
Hospice care .....	No charge

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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*. Please note that we provide all benefits required by law (for example, diabetes testing supplies).