

Benefit Summary

605084 Carbon, Inc.

Principal Benefits for

Kaiser Permanente HSA-Qualified High Deductible Health Plan (“HDHP”) HMO (1/1/25—12/31/25)

“Kaiser Permanente HSA-Qualified High Deductible Health Plan (“HDHP”) HMO” is a health benefit plan that meets the requirements of Section 223(c)(2) of the Internal Revenue Code. For a complete explanation, please refer to the *EOC*.

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.

Amounts Per Accumulation Period	Self-Only Coverage (a Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$3,300	\$3,300	\$6,600
Plan Deductible	\$3,300	\$3,300	\$6,600
Drug Deductible	Not applicable	Not applicable	Not applicable

Plan Provider Office Visits

You Pay

Most Primary Care Visits and most Non-Physician Specialist Visits	No charge after Plan Deductible
Most Physician Specialist Visits.....	No charge after Plan Deductible
Routine physical maintenance exams, including well-woman exams	No charge (Plan Deductible doesn't apply)
Well-child preventive exams (through age 23 months)	No charge (Plan Deductible doesn't apply)
Routine eye exams with a Plan Optometrist.....	No charge (Plan Deductible doesn't apply)
Urgent care consultations, evaluations, and treatment	No charge after Plan Deductible
Most physical, occupational, and speech therapy	No charge after Plan Deductible

Telehealth Visits

You Pay

Primary Care Visits and Non-Physician Specialist Visits by interactive video or telephone	No charge after Plan Deductible
Physician Specialist Visits by interactive video or telephone	No charge after Plan Deductible

Outpatient Services

You Pay

Outpatient surgery and certain other outpatient procedures	No charge after Plan Deductible
Most immunizations (including the vaccine)	No charge (Plan Deductible doesn't apply)
Most X-rays and laboratory tests	No charge after Plan Deductible
Preventive X-rays, screenings, and laboratory tests as described in the <i>EOC</i>	No charge (Plan Deductible doesn't apply)

Hospital Inpatient Services

You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.....	No charge after Plan Deductible
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Emergency Services

You Pay

Emergency department visits	No charge after Plan Deductible
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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 after Plan Deductible
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Prescription Drug Coverage

You Pay

Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items (Tier 1) at a Plan Pharmacy or through our mail-order service	No charge for up to a 100-day supply after Plan Deductible
Most brand-name items (Tier 2) at a Plan Pharmacy or through our mail-order service	No charge for up to a 100-day supply after Plan Deductible
Most specialty items (Tier 4) at a Plan Pharmacy	No charge for up to a 30-day supply after Plan Deductible

Benefit Summary

(continued)

Durable Medical Equipment (DME)

You Pay

Base DME items as described in the <i>EOC</i>	No charge after Plan Deductible
Supplemental DME items up to a \$2,500 benefit limit per Accumulation Period as described in the <i>EOC</i>	No charge after Plan Deductible

Mental Health Services

You Pay

Inpatient psychiatric hospitalization	No charge after Plan Deductible
Individual outpatient mental health evaluation and treatment	No charge after Plan Deductible
Group outpatient mental health treatment	No charge after Plan Deductible

Substance Use Disorder Treatment

You Pay

Inpatient detoxification	No charge after Plan Deductible
Individual outpatient substance use disorder evaluation and treatment	No charge after Plan Deductible
Group outpatient substance use disorder treatment	No charge after Plan Deductible

Home Health Services

You Pay

Home health care (up to 100 visits per Accumulation Period)	No charge after Plan Deductible
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Other

You Pay

Skilled nursing facility care (up to 100 days per benefit period)	No charge after Plan Deductible
Prosthetic and orthotic devices as described in the <i>EOC</i>	No charge after Plan Deductible
Diagnosis and treatment of infertility and artificial insemination	Not covered
Assisted reproductive technology ("ART") Services	Not covered

This proposal is a summary and does not include all benefits, member cost share, out-of-pocket maximums, exclusions, or limitations. For a complete description, please refer to the *Evidence of Coverage*.