Disclosure Form Part One

234217 Natus Medical Incorporated Home Region: Southern California

1/1/23 through 12/31/23

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 Caramily of one Members Caramily of two orms (who or more Members of two orms of two orms of two orms (who orms orms) Caramily of two orms (who orms) Caramily orms) C		Self-Only Coverage	Family Coverage	Family Coverage	
Plan Out-of-Pocket Maximum \$3,500 \$3,500 \$7,000 Plan Deductible None None None None None None None Non	Amounts Per Accumulation Period				
Plan Deductible		,			
Drug Deductible None None None None None Plan Provider Office Visits			. ,		
Plan Provider Office Visits Most Primary Care Visits and most Non-Physician Specialist Visits \$50 per visit			None	None	
Most Primary Care Visits and most Non-Physician Specialist Visits. Most Physician Specialist Visits. Most Physician Specialist Visits. Most Physician Specialist Visits. Sto per visit No charge Well-child preventive exams (through age 23 months). No charge Urgent care consultations, evaluations, and treatment. Sto per visit Most physical, occupational, and speech therapy. Telehealth Visits You Pay Primary Care Visits and Non-Physician Specialist Visits by interactive video. Physician Specialist Visits by interactive video. Physician Specialist Visits by interactive video. No charge Primary Care Visits and Non-Physician Specialist Visits by telephone. Physician Specialist Visits by interactive video. No charge Primary Care Visits and Non-Physician Specialist Visits by telephone. No charge Primary Care Visits and Non-Physician Specialist Visits by telephone. No charge Primary Care Visits and Non-Physician Specialist Visits by telephone. No charge Primary Care Visits and Non-Physician Specialist Visits by telephone. No charge Vou Pay Outpatient Services You Pay Outpatient Services And I per encounter No charge No charg	Drug Deductible	None	None	None	
Most Physician Specialist Visits	Plan Provider Office Visits		You Pay		
Most Physician Specialist Visits	Most Primary Care Visits and most No	n-Physician Specialist Visits	\$30 per visit		
Routine physical maintenance exams, including well-woman exams. No charge You Pay No charge No					
Scheduled prenatal care exams				No charge	
Routine eye exams with a Plan Optometrist. Urgent care consultations, evaluations, and treatment. S30 per visit Felhealth Visits Primary Care Visits and Non-Physician Specialist Visits by interactive video. Physician Specialist Visits by interactive video. Physician Specialist Visits by interactive video. No charge Physician Specialist Visits by interactive video. No charge Physician Specialist Visits by telephone. No charge Outpatient Services Outpatient Services Outpatient surgery and certain other outpatient procedures No charge Most X-rays and laboratory tests. Preventive X-rays, screenings, and laboratory tests as described in the ECC. No charge MRI, most CT, and PET scans. Hospitalization Services Own and board, surgery, anesthesia, X-rays, laboratory tests, and drugs. Emergency Health Coverage Emergency Department visits. 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 "Hospitalization Services" for inpatient Cost Share) Ambulance Services. Ambulance Services. Prescription Drug Coverage Covered outpatient items in accord with our drug formulary guidelines: Most generic (Tier 1) at a Plan Pharmacy. Most brand-name (Tier 2) refills through our mail-order service. \$30 for up to a 30-day supply Most brand-name (Tier 2) refills through our mail-order service. \$70 for up to a 100-day supply Most brand-name (Tier 2) refills through our mail-order service. \$70 for up to a 100-day supply Most specialty items (Tier 4) at a Plan Pharmacy. \$30 coinsurance (not to exceed \$250) for up to a 30-day supply Most specialty items (Tier 4) at a Plan Pharmacy. \$70 or up to a 100-day supply			No charge	No charge	
Urgent care consultations, evaluations, and treatment	Scheduled prenatal care exams		No charge	No charge	
Most physical, occupational, and speech therapy	Routine eye exams with a Plan Optometrist		No charge		
Telehealth Visits Primary Care Visits and Non-Physician Specialist Visits by interactive video	Urgent care consultations, evaluations	, and treatment	\$30 per visit	\$30 per visit	
Primary Care Visits and Non-Physician Specialist Visits by interactive video			\$30 per visit	\$30 per visit	
video			You Pay	You Pay	
Physician Specialist Visits by interactive video Primary Care Visits and Non-Physician Specialist Visits by telephone. No charge No charge No charge Outpatient Services Outpatient Surgery and certain other outpatient procedures. Most immunizations (including the vaccine). Most X-rays and laboratory tests. Preventive X-rays, screenings, and laboratory tests as described in the EOC. MRI, most CT, and PET scans. Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs. Emergency Health Coverage Emergency Department visits. 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 "Hospitalization Services. Ambulance Services. Ambulance Services. Prescription Drug Coverage Covered outpatient items in accord with our drug formulary guidelines: Most generic (Tier 1) refills through our mail-order service. Most pencial yitems (Tier 2) at a Plan Pharmacy. Most brand-name (Tier 2) refills through our mail-order service. Surgery Surgery Durable Medical Equipment (DME) No charge No charg	Primary Care Visits and Non-Physician Specialist Visits by interactive				
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Physician Specialist Visits by telephone	Physician Specialist Visits by interactive video			No charge	
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Outpatient surgery and certain other outpatient procedures	Physician Specialist Visits by telephone		No charge		
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Most X-rays and laboratory tests					
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the EOC					
MRI, most CT, and PET scans					
You Pay					
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	MRI, most CT, and PET scans		\$100 per procedure		
drugs	Hospitalization Services		You Pay		
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Emergency Department visits	drugs		•		
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Ambulance ServicesYou PayAmbulance Services\$150 per tripPrescription Drug CoverageYou PayCovered outpatient items in accord with our drug formulary guidelines: Most generic items (Tier 1) at a Plan Pharmacy\$15 for up to a 30-day supplyMost generic (Tier 1) refills through our mail-order service\$30 for up to a 100-day supplyMost brand-name items (Tier 2) at a Plan Pharmacy\$35 for up to a 30-day supplyMost specialty items (Tier 2) refills through our mail-order service\$70 for up to a 100-day supplyMost specialty items (Tier 4) at a Plan Pharmacy30% Coinsurance (not to exceed \$250) for up to a 30-day supplyDurable Medical Equipment (DME)You Pay					
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Covered outpatient items in accord with our drug formulary guidelines: Most generic items (Tier 1) at a Plan Pharmacy					
Most generic items (Tier 1) at a Plan Pharmacy					
Most generic (Tier 1) refills through our mail-order service				and the	
Most brand-name items (Tier 2) at a Plan Pharmacy					
Most brand-name (Tier 2) refills through our mail-order service					
Most specialty items (Tier 4) at a Plan Pharmacy					
Durable Medical Equipment (DME) 30-day supply You Pay					
Durable Medical Equipment (DME) You Pay	iviosi specially items (Tier 4) at a Pla	n Fharmacy		to exceed \$250) for up to a	
DME items as described in the <i>EOC</i>					
	DME items as described in the EOC		50% Coinsurance		

(continues)

Disclosure Form Part One	(continued)
Mental Health Services	You Pay
Inpatient psychiatric hospitalization	\$30 per visit
Substance Use Disorder Treatment	You Pay
Inpatient detoxification Individual outpatient substance use disorder evaluation and treatment Group outpatient substance use disorder treatment	\$30 per visit
Home Health Services	You Pay
Home health care (up to 100 visits per Accumulation Period)	No charge
Other	You Pay
Skilled nursing facility care (up to 100 days per benefit period)	No charge No charge
EOC	
Assisted reproductive technology ("ART") Services	
Hospice care	

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).