

Starr Insurance Holdings, Inc

Customer/Group #: 10596

Kaiser Permanente Multi-State HMO \$10/\$1500 Plan* (01/01/26)
Out-of-Pocket Maximum(s) and Deductible(s)

For covered services that apply to the Plan out-of-pocket maximum, you may not pay any more copays, coinsurance, or deductibles for the rest of the year once you have reached the amounts listed below.

Amounts Per Year	Self-Only Coverage (Individual)	Family Coverage Entire family of 2 or more members
Plan deductible	None	None
Plan out-of-pocket maximum	\$1,500	\$3,000

Professional Services		You Pay
Primary care office visit ¹		\$20 copay
Specialty care office visit		\$20 copay
Telemedicine / Virtual care (phone/video)		\$0 copay
Preventive Services		You Pay
Preventive examinations (including immunizations, well-child, women's health care)		\$0 copay
Hospital Inpatient Services		You Pay
Inpatient hospital services		\$250 copay per admission
Delivery and inpatient maternity care		\$250 copay per admission
Mental Health & Substance Use Services		You Pay
Inpatient hospital and residential services		\$250 copay per admission
Individual outpatient services		\$20 copay
Group outpatient services		\$10 copay
Outpatient Services		You Pay
Outpatient surgery in a hospital or ambulatory surgical facility		\$20 copay
Laboratory services		\$0 copay
Diagnostic X-rays		\$0 copay
Specialty imaging (MRI, CT, and PET scans)		\$20 copay
Emergency Health Coverage		You Pay
Urgent care		\$20 copay
Emergency Department visits Note: This copay does not apply if you are admitted directly to the hospital as an inpatient for covered services (see "Inpatient hospital services" for inpatient copay)		\$100 copay
Prescription Drug Coverage		You Pay
Covered outpatient items in accord with our drug formulary guidelines:		
Prescription drugs: Generic		\$10 copay for up to a 30-day supply
Prescription drugs: Preferred brand		\$30 copay for up to a 30-day supply

Prescription Drug Coverage	You Pay
Prescription drugs: Specialty	20% (not to exceed \$300) for up to a 30-day supply
Mail order	\$40 copay generic preferred brand \$80 copay for a 90-day supply

This is a summary of the most frequently asked about benefits. This chart does not explain benefits, copays, coinsurance, deductibles, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and copay, coinsurance, or deductible amounts. For a complete explanation, please refer to the *Evidence of Coverage*.