

Find your healthy place

With care for all that is you



Go where you feel like your best self

We can help you get to your healthy place – no matter where it is. Care at Kaiser Permanente feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind, body, and spirit. Welcome to care for all that is you.

Important open enrollment dates for 2023

- The open enrollment period for 2023 coverage runs from November 1, 2022, through January 15, 2023.
- You can apply for coverage at buykp.org/apply.
- If you already have coverage through Kaiser Permanente and would like to make a change to your plan, visit kp.org/compareplans or call **1-800-966-5955**.
- For coverage that starts on January 1, 2023, we must receive your Application for health coverage no later than December 15, 2022.

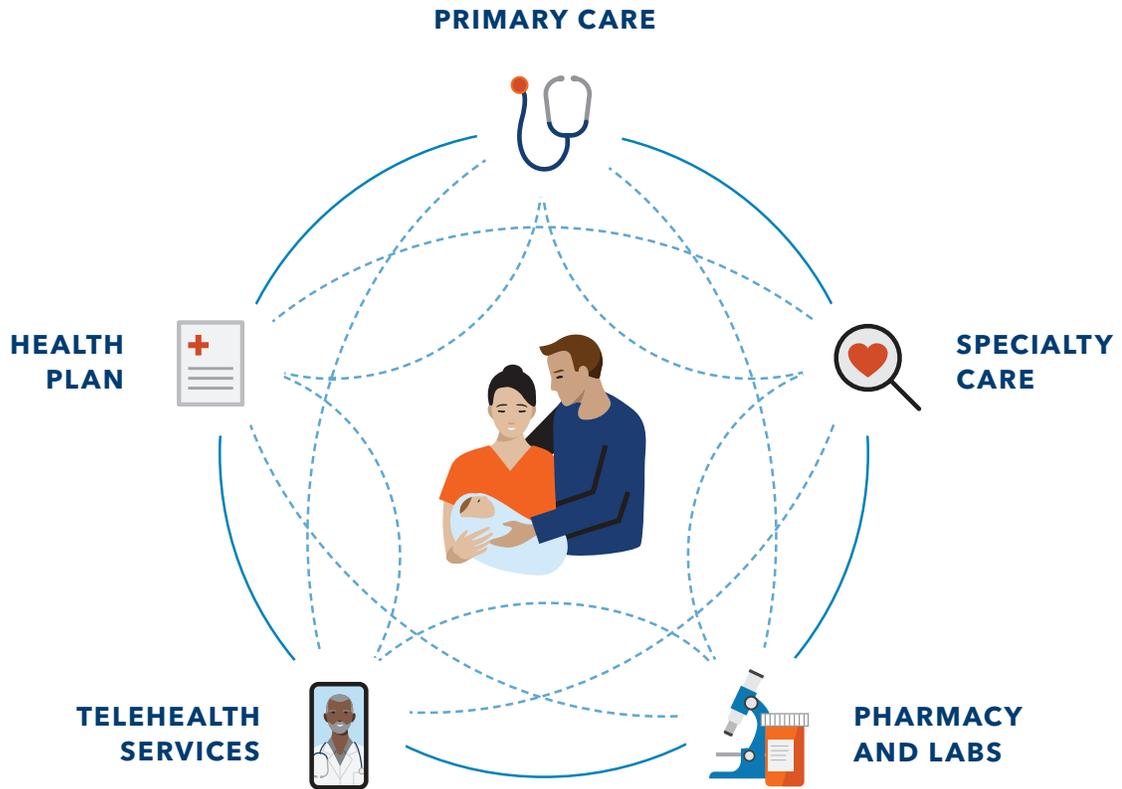
Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit kp.org/speciaenrollment for a list of qualifying life events and instructions.

Want to talk? We're here to help.

A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314 (TTY 711)**.





Built to make your life easier

Kaiser Permanente combines care and coverage – which makes us different than your other health care options. Your doctors, hospitals, and health plan work together to make high-quality health care easier to get. That means you'll have peace of mind knowing care for your total health is there when and where you need it – from your doctor's office to your living room.

To see what it's like to be a member, visit kp.org/myhealthyplace.

"I really appreciate the coordination of care. Every doctor and specialist can access my records, and I don't have to waste valuable time repeating medical histories."

–Lisa, Kaiser Permanente member

Care centered around you

Care at Kaiser Permanente isn't one-size-fits-all. Our physician-led teams work together to make sure the care you get is tailored to your needs. Your Kaiser Permanente care team is part of the same network, making it easier to share information, see your health history, and deliver high-quality, personalized care – when and where you need it.

Your healthy place should reflect all that is you

We believe your story, background, and values are as important as your health history. To help deliver care that's sensitive to your culture, ethnicity, and lifestyle, we:

- Hire doctors and staff who speak more than one language
- Offer phone interpretation services in more than 150 languages
- Improved health outcomes among diverse populations for conditions like high blood pressure, diabetes, and colon cancer¹

Get care with the help of your electronic health record



Share your health history and any concerns with your personal doctor.



Your doctor coordinates your care, so you don't have to worry about where to go or who to call next.



Future care teams have a full picture of your Kaiser Permanente health history – without you having to repeat your story.



With your health records in hand, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

Convenient ways to get care

Same-day, next-day, and weekend appointments are available at most locations, and by phone and video.²



Visit us in person at a location near you.



Talk to a health care professional by phone or video.²



24-hour virtual care on your schedule

If a trip to the doctor's office doesn't fit your schedule, it's easy to get fast, personalized support – daytime, nighttime, anytime.

- Schedule a phone or video visit with a doctor or clinician.²
- Get 24/7 care advice by phone.
- Email your Kaiser Permanente doctor's office with nonurgent questions.
- Use our e-visit questionnaire to get personalized care advice for certain conditions, order many tests, and get some prescriptions online.
- Chat online with a Kaiser Permanente clinician for advice.

Save time when you connect to care virtually. Telehealth has been part of how we deliver care for years.³



Prescription delivery

Fill prescriptions online or with the Kaiser Permanente app.⁴

- Have most delivered directly to your front door.
- Get next-day delivery for an additional fee.⁵
- Order them for same-day pickup.



Kaiser Permanente app

Manage your health 24/7 with our app. It's an easy, convenient way to do everything described above – anytime, anywhere.⁶

Care away from home

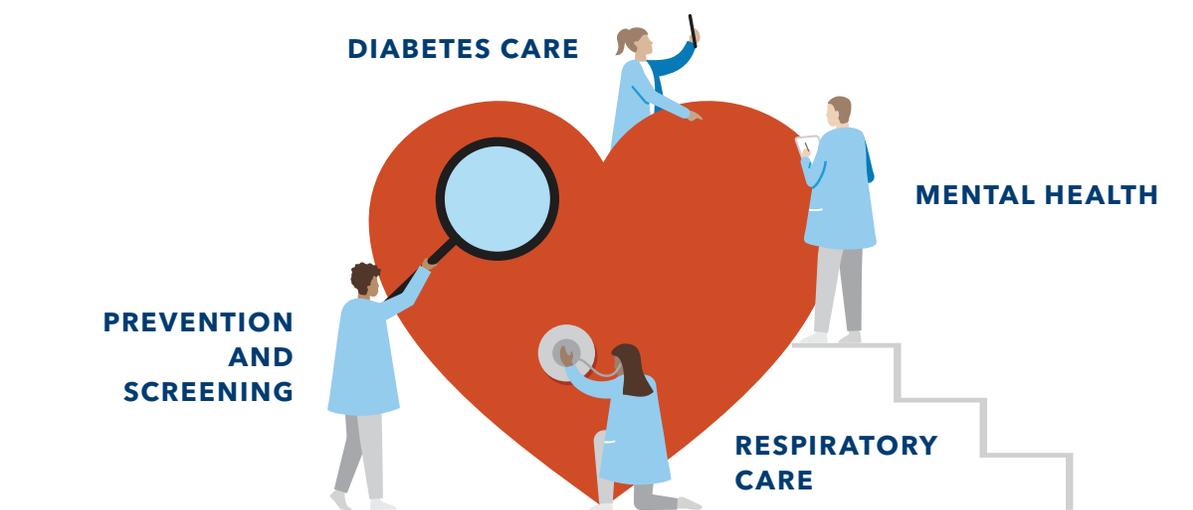
You're covered for urgent and emergency care anywhere in the world. And if you're planning to travel, we can help you stay on top of your health when you're away from home. We'll work with you to see if you need a vaccination, refill prescriptions, and more.



Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our specialty care has you covered.

In 2021, Kaiser Permanente led the nation as the top performer in 42 effectiveness-of-care measures. The closest national competitor led in only 14.⁷



Specialty care when you need it

No matter your needs – mental health, maternity, cancer care, heart health, and more – you'll have access to great doctors, advanced technology, and evidence-based care to help you recover quickly.

A collaborative approach to care

With one of the largest multispecialty medical groups in the country, we can help connect you with the right specialist who'll create a personalized plan for your care. To learn how our specialists work together in a connected system, visit kp.org/specialtycare.

Support for ongoing conditions

If you have a condition like diabetes or heart disease, you can enroll in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.

A better experience from the start

We guide you through each step of joining Kaiser Permanente, so you get the care you need without missing a beat.



Search profiles to find the right doctor

Our online doctor profiles let you browse the many doctors and locations in your area, even before you enroll. So you can join knowing you've found a doctor who fits your needs.



Transition your care

Easily move prescriptions and schedule a visit with a doctor who's close to your home, work, or school. From day one, you'll have the support you need to help reach your health goals.



Connect to care online

After you enroll, create an account at kp.org and download the Kaiser Permanente app.⁶ Then manage your health on your schedule – whenever, wherever.

Health care doesn't have to be confusing

If you don't know an HMO from an HSA, you're not alone. But rest assured – we're here to make health care easier to understand. Get help learning the basics at kp.org/learnthebasics.



Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient features and extras available to members.⁸ Many of these resources are available at no additional cost.



Chiropractic, acupuncture, and massage therapy

Chiropractic, acupuncture, and massage therapy services are available. No referral necessary for chiropractors and acupuncturists.¹⁰



Get Fit Rewards

Earn a free gym membership and stay active with a Home Fitness Kit, and more. For details visit kp.org/fitrewards.¹¹



Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more.



Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone.

Extras for your total health



Use meditation and mindfulness to build mental resilience, reduce stress, and improve sleep.



Set mental health goals, track progress, and get support managing depression, anxiety, and more.



Choose from thousands of on-demand workout videos and get reduced rates on livestream and in-person classes.

Care meets you where you are

When you're a member, you get access to our doctors and facilities – conveniently located near where you live, work, and play. And when you can't come to us, you can get the care you need when you need it.²

117.8M

VIRTUAL CONNECTIONS

between members and their care teams in 2021⁹



12.6M

MEMBERS

covered for care needs in mind and body



23,656

DOCTORS AND SPECIALISTS

connected to easily share the latest medical advancements



42.5M

PRESCRIPTION DELIVERIES

to members' homes in 2021



773

HOSPITALS AND MEDICAL OFFICES

with many services often under one roof, so you can get everything done quickly



9

AREAS

to get Kaiser Permanente care in person – California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.



Your choice of doctors and locations

Visit kp.org/doctors to see all Kaiser Permanente locations near you and browse our online doctor profiles. You can choose your personal doctor and change anytime, for any reason.



Doctor and facility counts include affiliated medical professionals and locations. These statistics are from multiple Kaiser Permanente locations in various states.

Choosing your health plan

We offer a variety of plans to help fit your needs and budget. All of them offer the same quality care, but the way they split the costs is different.

Copay or coinsurance plans

Copay or coinsurance plans are the simplest. You know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. Your monthly premium is higher, but you'll pay much less when you get care.

Chiropractic, Acupuncture, and Massage (CAM) plans

CAM plans can be either a copay or deductible health plan. When selecting a CAM plan you get up to 12 combined visits per calendar year to participating chiropractors, acupuncturists, and massage therapists for \$20 copay per visit. No referral necessary for chiropractors and acupuncturists.¹⁰

Deductible plans – gold, silver, and bronze

With a deductible plan, your monthly premium is lower, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible. Then you'll start paying less – a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you reach your deductible.

Example of your costs for care

Let's say you hurt your ankle. You visit your personal doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication. Here's an example of what you'd pay out of pocket for these services with each type of health plan.

Plan name	Office visit	X-ray	Generic drug
KP HI Gold 0/30 Off	\$30 (no charge for children through age 18)	\$40	\$10* generic/\$3* generic maintenance
KP HI Silver 3000/45 Off (\$3,000 deductible)	\$45 (no charge for children through age 18)	\$45	\$20* generic/\$3* generic maintenance
KP HI Bronze 6000/65 Off (\$6,000 deductible)	\$65 (no charge for children through age 18)	\$65	\$30* generic/\$3* generic maintenance

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

The cost estimates above are from [kp.org/treatmentestimates](https://www.kp.org/treatmentestimates). Visit this site anytime to get an idea of what the charges for common services might be before you reach your deductible.

Do you qualify for financial help?

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit buykp.org/apply for details.



Understanding the plans: benefit highlights

The charts on the next few pages show you a sample of each plan’s benefits. Review the diagram below to help you understand how to read those charts.

Here’s a quick look at how to use the chart

Benefit highlights	
KP Offered through Kaiser Permanente E Offered through the health benefit exchange	
KP HI Silver 4000 Off	
Plan type	Deductible
Annual medical deductible (individual/family)	\$4,000/\$8,000
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800
Benefits	
Virtual care	
Chat, Email, E-visit, Phone, and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$45 (no charge for children through age 18)
Specialty care office visit	\$75
Most X-rays	\$45
Most lab tests	\$45
MRI, CT, PET	\$350 after deductible
Outpatient surgery	30% after deductible
Mental health visit	\$45 (no charge for children through age 18)
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency Department visit	30% after deductible
Urgent care visit	20% applicable charges/ \$45 primary or \$75 specialty
Prescription drugs (up to a 30-day supply)	
Generic	\$20* generic/\$3* generic maintenance
Preferred brand	50% after \$600 pharmacy deductible
Non-preferred brand	50% after \$600 pharmacy deductible
Specialty	50% after \$600 pharmacy deductible
Whole health	
Healthy services	KP Fit Rewards**

Annual deductible
You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you’d pay the full charges for covered services until you reach \$4,000 for yourself or \$8,000 for your family. Then you’d start paying copays or coinsurance.

Annual out-of-pocket maximum
This is the most you’ll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you’d never pay more than \$8,900 for yourself and no more than \$17,800 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no additional charge
Most preventive care services—including routine physical exams and mammograms—are covered at no additional charge. Plus, they’re not subject to the deductible.

Covered before you reach the deductible
With some services, you’ll only pay a copay or coinsurance, regardless of whether you’ve reached your deductible. Under this plan, primary care visits are covered at a \$45 copay (no charge for children through age 18)—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

Coinsurance
After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you’d pay 30% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

Copay
This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you’d start paying a 20% applicable charge/\$45 primary or \$75 specialty copay for urgent care visits, whether or not you have met your deductible.

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

**Fit Rewards administered by American Specialty Health Fitness, Inc. Please visit kp.org/fitrewards for more information.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on HealthCare.gov.

Benefit highlights	KP E	KP E	KP E	KP E
	KP HI Standard Bronze 7500/50 KP HI Standard Bronze 7500/50 Off	KP HI Bronze 6500/30% KP HI Bronze 6500/30% Off	KP HI Bronze 6000/65 KP HI Bronze 6000/65 Off	KP HI Standard Silver 5800/40 KP HI Standard Silver 5800/40 Off
Plan type	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$7,500/\$15,000	\$6,500/\$13,000	\$6,000/\$12,000	\$5,800/\$11,600
Annual out-of-pocket maximum (individual/family)	\$9,000/\$18,000	\$9,100/\$18,200	\$9,000/\$18,000	\$8,900/\$17,800
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	Same as in-person services	No charge	No charge	Same as in-person services
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$50	30% after deductible (no charge after deductible for children through age 18)	\$65 (no charge for children through age 18)	\$40
Specialty care office visit	\$100	30% after deductible	\$120	\$80
Most X-rays	50% after deductible	30% after deductible	\$65	40% after deductible
Most lab tests	50% after deductible	30% after deductible	\$65	40% after deductible
MRI, CT, PET	50% after deductible	30% after deductible	40% after deductible	40% after deductible
Outpatient surgery	50% after deductible	30% after deductible	40% after deductible	40% after deductible
Mental health visit	\$50	30% after deductible (no charge after deductible for children through age 18)	\$65 (no charge for children through age 18)	\$40
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	30% after deductible	40% after deductible	40% after deductible
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	50% after deductible	30% after deductible	40% after deductible	40% after deductible
Emergency and urgent care				
Emergency Department visit	50% after deductible	30% after deductible	40% after deductible	40% after deductible
Urgent care visit	\$75	30% after deductible	20% applicable charges/ \$65 primary or \$120 specialty	\$60
Prescription drugs (up to a 30-day supply)				
Generic	\$25*	30% after deductible	\$30* generic/ \$3* generic maintenance	\$20*
Preferred brand	\$50* after deductible	30% after deductible	50% after deductible	\$40*
Non-preferred brand	\$100* after deductible	30% after deductible	50% after deductible	\$80* after deductible
Specialty	\$500 after deductible	30% after deductible	50% after deductible	\$350 after deductible
Whole health				
Healthy services	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**

* Mail order: Up to a 90-day supply of qualified prescriptions for the cost of a 60-day supply.

** Fit Rewards administered by American Specialty Health Fitness, Inc. through its Active&Fit Enterprise™ program. For detailed program requirements and limitations, visit kp.org/fitrewards

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to Kaiser Permanente Hawaii's Guide to Your Health Plan (Guide) for complete details on your plan or for specific limitations and exclusions. To request a copy of the Guide, please visit kp.org/plandocuments, call us at 1-800-966-5955 (TTY 711), or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copayments, and coinsurance contribute to the out-of-pocket maximum.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on HealthCare.gov.

Benefit highlights	KP	KP E	KP E	KP E
	KP HI Silver 5000/45/Off	KP HI Silver 4000/45 KP HI Silver 4000/45 Off	KP HI Silver 3000/45 KP HI Silver 3000/45 Off	KP HI Gold 1000/30 KP HI Gold 1000/30 Off
Plan type	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$5,000/\$10,000	\$4,000/\$8,000	\$3,000/\$6,000	\$1,000/\$2,000
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800	\$8,900/\$17,800	\$8,900/\$17,800	\$8,700/\$17,400
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$65 (no charge for children through age 18)	\$45 (no charge for children through age 18)	\$45 (no charge for children through age 18)	\$30 (no charge for children through age 18)
Specialty care office visit	\$100	\$75	\$65	\$70
Most X-rays	\$65	\$45	\$45	\$40
Most lab tests	\$65	\$45	\$45	\$40
MRI, CT, PET	\$350 after deductible	\$350 after deductible	\$350 after deductible	\$350 after deductible
Outpatient surgery	30% after deductible	30% after deductible	30% after deductible	30% coinsurance
Mental health visit	\$65 (no charge for children through age 18)	\$45 (no charge for children through age 18)	\$45 (no charge for children through age 18)	\$30 (no charge for children through age 18)
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	30% after deductible	30% coinsurance
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	30% after deductible	30% coinsurance
Emergency and urgent care				
Emergency Department visit	30% after deductible	30% after deductible	30% after deductible	\$350† after deductible
Urgent care visit	20% applicable charges/\$65 primary or \$100 specialty	20% applicable charges/\$45 primary or \$75 specialty	20% applicable charges/\$45 primary or \$65 specialty	20% applicable charges/\$30 primary or \$70 specialty
Prescription drugs (up to a 30-day supply)				
Generic	\$20* generic/ \$3* generic maintenance	\$20* generic/ \$3* generic maintenance	\$20* generic/ \$3* generic maintenance	\$10* generic/ \$3* generic maintenance
Preferred brand	50% after \$500 pharmacy deductible	50% after \$600 pharmacy deductible	50% after \$600 pharmacy deductible	30% after \$250 pharmacy deductible
Non-preferred brand	50% after \$500 pharmacy deductible	50% after \$600 pharmacy deductible	50% after \$600 pharmacy deductible	30% after \$250 pharmacy deductible
Specialty	50% after \$500 pharmacy deductible	50% after \$600 pharmacy deductible	50% after \$600 pharmacy deductible	30% after \$250 pharmacy deductible
Whole health				
Healthy services	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**

* Mail order: Up to a 90-day supply of qualified prescriptions for the cost of a 60-day supply.

† Waived if admitted.

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KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on HealthCare.gov.

Benefit highlights	KP E KP HI Standard Gold 2000/30 KP HI Standard Gold 2000/30 Off	KP E KP HI Gold 0/30 KP HI Gold 0/30 Off	KP E KP HI Platinum 0/5 KP HI Platinum 0/5 Off	KP E KP HI Standard Platinum 0/10 KP HI Standard Platinum 0/10 Off
	Deductible	Copayment	Copayment	Copayment
Plan type				
Annual medical deductible (individual/family)	\$2,000/\$4,000	None/None	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$8,700/\$17,400	\$8,700/\$17,400	\$3,000/\$6,000	\$3,000/\$6,000
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	Same as in-person services	No charge	No charge	Same as in-person services
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$30	\$30 (no charge for children through age 18)	\$5 (no charge for children through age 18)	\$10
Specialty care office visit	\$60	\$70	\$20	\$20
Most X-rays	25% after deductible	\$40	\$10	\$30
Most lab tests	25% after deductible	\$40	\$10	\$30
MRI, CT, PET	25% after deductible	\$350	\$100	\$100
Outpatient surgery	25% after deductible	30% coinsurance	\$150	\$300
Mental health visit	\$30	\$30 (no charge for children through age 18)	\$5 (no charge for children through age 18)	\$10
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	25% after deductible	30% coinsurance	\$300 per day up to 4 days†	\$350
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	25% after deductible	30% coinsurance	\$300 per day up to 4 days†	\$350
Emergency and urgent care				
Emergency Department visit	25% after deductible	\$350‡	\$250‡	\$100‡
Urgent care visit	\$45	20% applicable charges/\$30 primary or \$70 specialty	20% applicable charges/\$5 primary or \$20 specialty	\$15
Prescription drugs (up to a 30-day supply)				
Generic	\$15*	\$10* generic/ \$3* generic maintenance	\$5* generic/ \$3* generic maintenance	\$5*
Preferred brand	\$30*	\$55*	\$45*	\$10*
Non-preferred brand	\$60*	\$55*	\$45*	\$50*
Specialty	\$250	\$200	\$200	\$150
Whole health				
Healthy services	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards** Optical \$150 annually applied to hardware	KP Fit Rewards**

* Mail order: Up to a 90-day supply of qualified prescriptions for the cost of a 60-day supply.

† After 4 days, there is no charge for covered services related to the admission.

‡ Waived if admitted.

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KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

ChiroAcuMassage (CAM) Plans

You get up to 12 visits per calendar year to a participating Chiropractor, Acupuncture or Massage Therapist for \$20 copay per visit. No referrals are required for chiropractic and acupuncture services.^{††}

Benefit highlights	KP E KP HI Bronze 6000/65 Plus CAM KP HI Bronze 6000/65 Plus CAM Off	KP E KP HI Silver 3000/45 Plus CAM KP HI Silver 3000/45 Plus CAM Off	KP E KP HI Gold 0/30 Plus CAM KP HI Gold 0/30 Plus CAM Off	KP E KP HI Platinum 0/5 Plus CAM KP HI Platinum 0/5 Plus CAM Off
	Deductible	Deductible	Copayment	Copayment
Plan type				
Annual medical deductible (individual/family)	\$6,000/\$12,000	\$3,000/\$6,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$9,000/\$18,000	\$8,900/\$17,800	\$8,700/\$17,400	\$3,000/\$6,000
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$65 (no charge for children through age 18)	\$45 (no charge for children through age 18)	\$30 (no charge for children through age 18)	\$5 (no charge for children through age 18)
Specialty care office visit	\$120	\$65	\$70	\$20
Most X-rays	\$65	\$45	\$40	\$10
Most lab tests	\$65	\$45	\$40	\$10
MRI, CT, PET	40% after deductible	\$350 after deductible	\$350	\$100
Outpatient surgery	40% after deductible	30% after deductible	30% coinsurance	\$150
Mental health visit	\$65 (no charge for children through age 18)	\$45 (no charge for children through age 18)	\$30 (no charge for children through age 18)	\$5 (no charge for children through age 18)
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	30% coinsurance	\$300 per day up to 4 days [†]
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	30% coinsurance	\$300 per day up to 4 days [†]
Emergency and urgent care				
Emergency Department visit	40% after deductible	30% after deductible	\$350 [‡]	\$250 [‡]
Urgent care visit	20% applicable charges/\$65 primary or \$120 specialty	20% applicable charges/\$45 primary or \$65 specialty	20% applicable charges/\$30 primary or \$70 specialty	20% applicable charges/\$5 primary or \$20 specialty
Prescription drugs (up to a 30-day supply)				
Generic	\$30* generic/ \$3* generic maintenance	\$20* generic/ \$3* generic maintenance	\$10* generic/ \$3* generic maintenance	\$5* generic/ \$3* generic maintenance
Preferred brand	50% after deductible	50% after \$600 pharmacy deductible	\$55*	\$45*
Non-preferred brand	50% after deductible	50% after \$600 pharmacy deductible	\$55*	\$45*
Specialty	50% after deductible	50% after \$600 pharmacy deductible	\$200	\$200
Whole health				
Healthy services	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year Optical \$150 annually applied to hardware

* Mail order: Up to a 90-day supply of qualified prescriptions for the cost of a 60-day supply.

[†] After 4 days, there is no charge for covered services related to the admission.

[‡] Waived if admitted.

** Fit Rewards administered by American Specialty Health Fitness, Inc. through its Active&Fit Enterprise™ program. For detailed program requirements and limitations, visit kp.org/fitrewards

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to Kaiser Permanente Hawaii's Guide to Your Health Plan (Guide) for complete details on your plan or for specific limitations and exclusions. To request a copy of the Guide, please visit kp.org/plandocuments, call us at 1-800-966-5955 (TTY 711), or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copayments, and coinsurance contribute to the out-of-pocket maximum.

E Offered through the health benefit exchange

ChiroAcuMassage (CAM) Plans

You get up to 12 visits per calendar year to a participating Chiropractor, Acupuncture or Massage Therapist for \$20 copay per visit. No referrals are required for chiropractic and acupuncture services.††

Benefit highlights	E	E	E
	KP HI Silver 2850/45 CSR73 Plus CAM	KP HI Silver 250/20 CSR87 Plus CAM	KP HI Silver 0/5 CSR94 Plus CAM
Plan type	Deductible	Deductible	Copayment
Annual medical deductible (individual/family)	\$2,850/\$5,700	\$250/\$500	None/None
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$2,850/\$5,700	\$2,000/\$4,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$45 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$5 (no charge for children through age 18)
Specialty care office visit	\$65	\$50	\$25
Most X-rays	\$45	\$20	\$5
Most lab tests	\$45	\$20	\$5
MRI, CT, PET	\$350 after deductible	\$200	\$25
Outpatient surgery	30% after deductible	20% after deductible	10% coinsurance
Mental health visit	\$45 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$5 (no charge for children through age 18)
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	10% coinsurance
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	10% coinsurance
Emergency and urgent care			
Emergency Department visit	30% after deductible	20% after deductible	10% coinsurance
Urgent care visit	20% applicable charges/\$45 primary or \$65 specialty	20% applicable charges/\$20 primary or \$50 specialty	20% applicable charges/\$5 primary or \$25 specialty
Prescription drugs (up to a 30-day supply)			
Generic	\$20* generic/\$3* generic maintenance	\$15* generic/ \$3* generic maintenance	\$5* generic/ \$0* generic maintenance
Preferred brand	50% after \$600 pharmacy deductible	40% after \$100 pharmacy deductible	5% coinsurance
Non-preferred brand	50% after \$600 pharmacy deductible	40% after \$100 pharmacy deductible	5% coinsurance
Specialty	50% after \$600 pharmacy deductible	40% after \$100 pharmacy deductible	5% coinsurance
Whole health			
Healthy services	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year	KP Fit Rewards**, Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year

* Mail order: Up to a 90-day supply of qualified prescriptions for the cost of a 60-day supply.

† After 4 days, there is no charge for covered services related to the admission.

‡ Waived if admitted.

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†† To find a practitioner visit <http://www.ashlink.com/ash/KaiserHIC>

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E Offered through the health benefit exchange

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through HealthCare.gov.

Benefit highlights	E KP HI Standard Silver 5700/30 CSR73	E KP HI Standard Silver 800/20 CSR87	E KP HI Standard Silver 0/0 CSR94
	Deductible	Deductible	Copayment
Plan type			
Annual medical deductible (individual/family)	\$5,700/\$11,400	\$800/\$1,600	None/None
Annual out-of-pocket maximum (individual/family)	\$7,200/\$14,400	\$3,000/\$6,000	\$1,700/\$3,400
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	Same as in-person services	Same as in-person services	Same as in-person services
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$30	\$20	No charge
Specialty care office visit	\$60	\$40	\$10
Most X-rays	40% after deductible	30% after deductible	25% coinsurance
Most lab tests	40% after deductible	30% after deductible	25% coinsurance
MRI, CT, PET	40% after deductible	30% after deductible	25% coinsurance
Outpatient surgery	40% after deductible	30% after deductible	25% coinsurance
Mental health visit	\$30	\$20	No charge
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	25% coinsurance
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	25% coinsurance
Emergency and urgent care			
Emergency Department visit	40% after deductible	30% after deductible	25% coinsurance
Urgent care visit	\$45	\$30	\$5
Prescription drugs (up to a 30-day supply)			
Generic	\$20*	\$10*	No charge
Preferred brand	\$40*	\$20*	\$15*
Non-preferred brand	\$80* after deductible	\$60* after deductible	\$50*
Specialty	\$350 after deductible	\$250 after deductible	\$150
Whole health			
Healthy services	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**

* Mail order: Up to a 90-day supply of qualified prescriptions for the cost of a 60-day supply.

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E Offered through the health benefit exchange

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through HealthCare.gov.

Benefit highlights	E	E	E
	KP HI Silver 3000/45 CSR73	KP HI Silver 750/20 CSR87	KP HI Silver 25/5 CSR94
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$3,000/\$6,000	\$750/\$1,500	\$25/\$50
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$2,850/\$5,700	\$2,000/\$4,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$45 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$5 (no charge for children through age 18)
Specialty care office visit	\$75	\$40	\$25
Most X-rays	\$45	\$20	\$5
Most lab tests	\$45	\$20	\$5
MRI, CT, PET	\$350 after deductible	\$250	\$25
Outpatient surgery	30% after deductible	20% after deductible	10% after deductible
Mental health visit	\$45 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$5 (no charge for children through age 18)
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	10% after deductible
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	10% after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	20% after deductible	10% after deductible
Urgent care visit	20% applicable charges/\$45 primary or \$75 specialty	20% applicable charges/\$20 primary or \$40 specialty	20% applicable charges/\$5 primary or \$25 specialty
Prescription drugs (up to a 30-day supply)			
Generic	\$20* generic/ \$3* generic maintenance	\$15* generic/ \$3* generic maintenance	\$10* generic/ \$3* generic maintenance
Preferred brand	50% after \$500 pharmacy deductible	50% coinsurance	5% coinsurance
Non-preferred brand	50% after \$500 pharmacy deductible	50% coinsurance	5% coinsurance
Specialty	50% after \$500 pharmacy deductible	50% coinsurance	5% coinsurance
Whole health			
Healthy services	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**

* Mail order: Up to a 90-day supply of qualified prescriptions for the cost of a 60-day supply.

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E Offered through the health benefit exchange

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through HealthCare.gov.

Benefit highlights	E	E	E
	KP HI Silver 2850/45 CSR73	KP HI Silver 250/20 CSR87	KP HI Silver 0/5 CSR94
Plan type	Deductible	Deductible	Copayment
Annual medical deductible (individual/family)	\$2,850/\$5,700	\$250/\$500	None/None
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$2,850/\$5,700	\$2,000/\$4,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$45 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$5 (no charge for children through age 18)
Specialty care office visit	\$65	\$50	\$25
Most X-rays	\$45	\$20	\$5
Most lab tests	\$45	\$20	\$5
MRI, CT, PET	\$350 after deductible	\$200	\$25
Outpatient surgery	30% after deductible	20% after deductible	10% coinsurance
Mental health visit	\$45 (no charge for children through age 18)	\$20 (no charge for children through age 18)	\$5 (no charge for children through age 18)
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	10% coinsurance
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	10% coinsurance
Emergency and urgent care			
Emergency Department visit	30% after deductible	20% after deductible	10% coinsurance
Urgent care visit	20% applicable charges/\$45 primary or \$65 specialty	20% applicable charges/\$20 primary or \$50 specialty	20% applicable charges/\$5 primary or \$25 specialty
Prescription drugs (up to a 30-day supply)			
Generic	\$20* generic/\$3* generic maintenance	\$15* generic/ \$3* generic maintenance	\$5* generic/ \$0* generic maintenance
Preferred brand	50% after \$600 pharmacy deductible	40% after \$100 pharmacy deductible	5% coinsurance
Non-preferred brand	50% after \$600 pharmacy deductible	40% after \$100 pharmacy deductible	5% coinsurance
Specialty	50% after \$600 pharmacy deductible	40% after \$100 pharmacy deductible	5% coinsurance
Whole health			
Healthy services	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**

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Find your rate

Use the monthly rates chart on the following pages or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your ZIP code
- Your age on your plan start date (effective date)
- If you qualify for federal financial assistance. Visit buykp.org/apply or call us at **1-800-494-5314** to see if you may qualify.
- If you use tobacco
- If you already have pediatric dental coverage for children 18 and younger

Interested in a family plan?

Find the rate for each family member, based on his or her age on the start date.

Family members include:

- You
- Your spouse/domestic partner
- All adult children 21 through 25
- Your 3 oldest children under 21

If you have more than 3 children under 21, you only need to pay for the 3 oldest. The other children under 21 will be covered at no charge

The rates in the monthly rates chart apply to these ZIP codes. Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

Service Area			
96701	96759-96774	96828	96853-54
96703-96710	96776-96786	96830	96857-61
96712-96722	96788-96793	96836-41	96863
96725-96734	96795-96797	96843-44	96898
96737-96757	96801-96826	96846-50	

Pediatric Dental

When you purchase a health plan directly from Kaiser Permanente, your plan includes Hawaii Dental Service (HDS) pediatric dental benefits for children age 18 and younger. The pediatric dental plan includes 2 free examinations, cleanings, and fluoride treatments per calendar year. Plus you'll have access to the large HDS network of dentists – 9 out of 10 of Hawaii's licensed, practicing dentists accept HDS.

If you buy your health plan through HealthCare.gov, individuals on your plan aged 18 and younger must still have pediatric dental benefits. You can purchase the same HDS pediatric dental plan on healthcare.gov by selecting the pediatric dental plan named "HDS 2990."

Pediatric dental plan features	
You pay:	
Monthly rate	\$27.08 per child age 18 and younger
Examination	twice per calendar year: \$0 Bitewing X-rays – twice per calendar year: 70%
Cleanings	twice per calendar year: \$0
Sealants	\$0
Fillings	70%
Fluoride	twice per calendar year: \$0

2023 Monthly rates

Off Exchange

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

Non-Tobacco User								
Age on 2023 effective date	KP HI Bronze 6500/30% Off	KP HI Standard Bronze 7500/50 Off	KP HI Bronze 6000/65 Off	KP HI Bronze 6000/65 Plus CAM Off	KP HI Silver 5000/45/Off	KP HI Standard Silver 5800/40 Off	KP HI Silver 4000/45 Off	KP HI Silver 3000/45 Off
0-14	\$197.47	\$197.01	\$221.56	\$222.46	\$234.39	\$221.89	\$243.29	\$248.83
15	215.02	214.52	241.25	242.24	255.22	241.61	264.91	270.95
16	221.73	221.22	248.78	249.80	263.19	249.15	273.18	279.41
17	228.45	227.91	256.31	257.36	271.16	256.69	281.45	287.86
18	235.67	235.12	264.42	265.50	279.73	264.82	290.35	296.97
19	242.90	242.34	272.53	273.64	288.31	272.94	299.26	306.08
20	250.39	249.80	280.93	282.08	297.20	281.35	308.48	315.51
21	258.13	257.53	289.62	290.80	306.39	290.05	318.02	325.27
22	258.13	257.53	289.62	290.80	306.39	290.05	318.02	325.27
23	258.13	257.53	289.62	290.80	306.39	290.05	318.02	325.27
24	258.13	257.53	289.62	290.80	306.39	290.05	318.02	325.27
25	259.16	258.56	290.78	291.96	307.62	291.21	319.29	326.57
26	264.33	263.71	296.57	297.78	313.74	297.01	325.65	333.08
27	270.52	269.89	303.52	304.76	321.10	303.97	333.28	340.88
28	280.59	279.94	314.82	316.10	333.05	315.28	345.69	353.57
29	288.85	288.18	324.08	325.41	342.85	324.57	355.86	363.98
30	292.98	292.30	328.72	330.06	347.75	329.21	360.95	369.18
31	299.17	298.48	335.67	337.04	355.11	336.17	368.59	376.99
32	305.37	304.66	342.62	344.02	362.46	343.13	376.22	384.79
33	309.24	308.52	346.96	348.38	367.06	347.48	380.99	389.67
34	313.37	312.64	351.60	353.03	371.96	352.12	386.08	394.88
35	315.43	314.70	353.92	355.36	374.41	354.44	388.62	397.48
36	317.50	316.76	356.23	357.68	376.86	356.76	391.16	400.08
37	319.56	318.82	358.55	360.01	379.31	359.08	393.71	402.68
38	321.63	320.88	360.87	362.34	381.76	361.40	396.25	405.29
39	325.76	325.00	365.50	366.99	386.66	366.04	401.34	410.49
40	329.89	329.12	370.13	371.64	391.57	370.68	406.43	415.70
41	336.09	335.30	377.09	378.62	398.92	377.65	414.06	423.50
42	342.02	341.23	383.75	385.31	405.97	384.32	421.38	430.98
43	350.28	349.47	393.01	394.62	415.77	393.60	431.55	441.39
44	360.61	359.77	404.60	406.25	428.03	405.20	444.27	454.40
45	372.74	371.87	418.21	419.92	442.43	418.83	459.22	469.69
46	387.20	386.30	434.43	436.20	459.59	435.08	477.03	487.91
47	403.46	402.52	452.68	454.52	478.89	453.35	497.07	508.40
48	422.04	421.06	473.53	475.46	500.95	474.23	519.96	531.82
49	440.37	439.35	494.09	496.10	522.70	494.83	542.54	554.91
50	461.02	459.95	517.26	519.37	547.21	518.03	567.98	580.93
51	481.41	480.29	540.14	542.34	571.42	540.94	593.11	606.63
52	503.87	502.70	565.34	567.64	598.07	566.18	620.78	634.93
53	526.59	525.36	590.82	593.23	625.04	591.70	648.76	663.55
54	551.11	549.83	618.34	620.86	654.14	619.26	678.97	694.45
55	575.63	574.29	645.85	648.48	683.25	646.81	709.18	725.35
56	602.22	600.82	675.68	678.44	714.81	676.69	741.94	758.85
57	629.06	627.60	705.80	708.68	746.67	706.85	775.01	792.68
58	657.72	656.19	737.95	740.96	780.68	739.05	810.31	828.79
59	671.91	670.35	753.88	756.95	797.53	755.00	827.81	846.68
60	700.56	698.94	786.03	789.23	831.54	787.20	863.11	882.78
61	725.35	723.66	813.83	817.15	860.96	815.04	893.64	914.01
62	741.61	739.88	832.08	835.47	880.26	833.31	913.67	934.50
63	762.00	760.23	854.96	858.44	904.46	856.23	938.80	960.20
64+	774.39	772.59	868.86	872.40	919.17	870.15	954.06	975.81

**Pediatric dental plan: Add the \$27.08 per child age 18 and younger.
Rates for tobacco users 21 and older are 20% higher than rates shown.**

2023 Monthly rates

Off Exchange

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

Non-Tobacco User								
Age on 2023 effective date	KP HI Silver 3000/45 Plus CAM Off	KP HI Standard Gold 2000/30 Off	KP HI Gold 1000/30 Off	KP HI Gold 0/30 Off	KP HI Gold 0/30 Plus CAM Off	KP HI Standard Platinum 0/10 Off	KP HI Platinum 0/5 Off	KP HI Platinum 0/5 Plus CAM Off
0-14	\$249.85	\$277.48	\$298.59	\$311.75	\$313.02	\$357.32	\$357.78	\$359.21
15	272.06	302.15	325.14	339.46	340.85	389.08	389.59	391.14
16	280.55	311.58	335.28	350.06	351.49	401.22	401.75	403.34
17	289.04	321.01	345.43	360.66	362.12	413.37	413.91	415.55
18	298.19	331.16	356.36	372.07	373.58	426.44	427.00	428.70
19	307.33	341.32	367.29	383.48	385.04	439.52	440.10	441.85
20	316.80	351.84	378.61	395.29	396.90	453.07	453.66	455.46
21	326.60	362.72	390.32	407.52	409.18	467.08	467.69	469.55
22	326.60	362.72	390.32	407.52	409.18	467.08	467.69	469.55
23	326.60	362.72	390.32	407.52	409.18	467.08	467.69	469.55
24	326.60	362.72	390.32	407.52	409.18	467.08	467.69	469.55
25	327.91	364.17	391.88	409.15	410.82	468.95	469.56	471.43
26	334.44	371.43	399.69	417.30	419.00	478.29	478.91	480.82
27	342.28	380.13	409.06	427.08	428.82	489.50	490.14	492.09
28	355.01	394.28	424.28	442.97	444.78	507.72	508.38	510.40
29	365.47	405.88	436.77	456.01	457.87	522.66	523.35	525.43
30	370.69	411.69	443.01	462.54	464.42	530.14	530.83	532.94
31	378.53	420.39	452.38	472.32	474.24	541.35	542.05	544.21
32	386.37	429.10	461.75	482.10	484.06	552.56	553.28	555.48
33	391.27	434.54	467.60	488.21	490.20	559.56	560.29	562.52
34	396.49	440.34	473.85	494.73	496.74	567.04	567.78	570.03
35	399.11	443.24	476.97	497.99	500.02	570.77	571.52	573.79
36	401.72	446.15	480.09	501.25	503.29	574.51	575.26	577.55
37	404.33	449.05	483.22	504.51	506.56	578.25	579.00	581.30
38	406.94	451.95	486.34	507.77	509.84	581.98	582.74	585.06
39	412.17	457.75	492.58	514.29	516.39	589.45	590.22	592.57
40	417.39	463.56	498.83	520.81	522.93	596.93	597.71	600.08
41	425.23	472.26	508.20	530.59	532.75	608.14	608.93	611.35
42	432.75	480.60	517.17	539.96	542.16	618.88	619.69	622.15
43	443.20	492.21	529.66	553.00	555.26	633.83	634.66	637.18
44	456.26	506.72	545.28	569.31	571.62	652.51	653.36	655.96
45	471.61	523.77	563.62	588.46	590.86	674.46	675.34	678.03
46	489.90	544.08	585.48	611.28	613.77	700.62	701.54	704.33
47	510.48	566.93	610.07	636.95	639.55	730.05	731.00	733.91
48	533.99	593.05	638.17	666.30	669.01	763.68	764.67	767.71
49	557.18	618.80	665.89	695.23	698.06	796.84	797.88	801.05
50	583.31	647.82	697.11	727.83	730.80	834.20	835.29	838.62
51	609.11	676.47	727.95	760.02	763.12	871.10	872.24	875.71
52	637.52	708.03	761.90	795.48	798.72	911.74	912.93	916.56
53	666.26	739.95	796.25	831.34	834.73	952.84	954.09	957.88
54	697.29	774.41	833.33	870.06	873.60	997.22	998.52	1,002.49
55	728.32	808.87	870.41	908.77	912.47	1,041.59	1,042.95	1,047.10
56	761.96	846.23	910.62	950.74	954.62	1,089.70	1,091.12	1,095.46
57	795.92	883.95	951.21	993.13	997.17	1,138.27	1,139.76	1,144.29
58	832.18	924.21	994.54	1,038.36	1,042.59	1,190.12	1,191.67	1,196.41
59	850.14	944.16	1,016.00	1,060.77	1,065.10	1,215.81	1,217.40	1,222.24
60	886.39	984.42	1,059.33	1,106.01	1,110.51	1,267.66	1,269.31	1,274.36
61	917.75	1,019.24	1,096.80	1,145.13	1,149.80	1,312.49	1,314.21	1,319.44
62	938.32	1,042.09	1,121.39	1,170.80	1,175.57	1,341.92	1,343.67	1,349.02
63	964.12	1,070.75	1,152.22	1,203.00	1,207.90	1,378.82	1,380.62	1,386.11
64+	979.80	1,088.16	1,170.96	1,222.56	1,227.54	1,401.24	1,403.07	1,408.65

**Pediatric dental plan: Add the \$27.08 per child age 18 and younger.
Rates for tobacco users 21 and older are 20% higher than rates shown.**

Rates are effective January 1, 2023, through December 31, 2023.

952600942 Hawaii 2023

2023 Monthly rates

On Exchange

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

Non-Tobacco User										
Age on 2023 effective date	KP HI Bronze 6500/30%	KP HI Standard Bronze 7500/50	KP HI Bronze 6000/65	KP HI Bronze 6000/65 Plus CAM	KP HI Standard Silver 5800/40	KP HI Silver 4000/45	KP HI Silver 3000/45	KP HI Silver 3000/45 Plus CAM	KP HI Standard Gold 2000/30	KP HI Gold 1000/30
0-14	\$197.47	\$197.01	\$221.56	\$222.46	\$257.38	\$282.21	\$288.64	\$289.82	\$277.48	\$298.59
15	215.02	214.52	241.25	242.24	280.26	307.29	314.30	315.58	302.15	325.14
16	221.73	221.22	248.78	249.80	289.01	316.89	324.11	325.43	311.58	335.28
17	228.45	227.91	256.31	257.36	297.76	326.48	333.92	335.28	321.01	345.43
18	235.67	235.12	264.42	265.50	307.18	336.81	344.48	345.89	331.16	356.36
19	242.90	242.34	272.53	273.64	316.60	347.13	355.05	356.50	341.32	367.29
20	250.39	249.80	280.93	282.08	326.36	357.83	365.99	367.48	351.84	378.61
21	258.13	257.53	289.62	290.80	336.45	368.90	377.31	378.85	362.72	390.32
22	258.13	257.53	289.62	290.80	336.45	368.90	377.31	378.85	362.72	390.32
23	258.13	257.53	289.62	290.80	336.45	368.90	377.31	378.85	362.72	390.32
24	258.13	257.53	289.62	290.80	336.45	368.90	377.31	378.85	362.72	390.32
25	259.16	258.56	290.78	291.96	337.80	370.38	378.82	380.37	364.17	391.88
26	264.33	263.71	296.57	297.78	344.52	377.75	386.37	387.94	371.43	399.69
27	270.52	269.89	303.52	304.76	352.60	386.61	395.42	397.03	380.13	409.06
28	280.59	279.94	314.82	316.10	365.72	400.99	410.14	411.81	394.28	424.28
29	288.85	288.18	324.08	325.41	376.49	412.80	422.21	423.93	405.88	436.77
30	292.98	292.30	328.72	330.06	381.87	418.70	428.25	429.99	411.69	443.01
31	299.17	298.48	335.67	337.04	389.95	427.56	437.30	439.09	420.39	452.38
32	305.37	304.66	342.62	344.02	398.02	436.41	446.36	448.18	429.10	461.75
33	309.24	308.52	346.96	348.38	403.07	441.94	452.02	453.86	434.54	467.60
34	313.37	312.64	351.60	353.03	408.45	447.84	458.05	459.92	440.34	473.85
35	315.43	314.70	353.92	355.36	411.14	450.80	461.07	462.95	443.24	476.97
36	317.50	316.76	356.23	357.68	413.83	453.75	464.09	465.99	446.15	480.09
37	319.56	318.82	358.55	360.01	416.53	456.70	467.11	469.02	449.05	483.22
38	321.63	320.88	360.87	362.34	419.22	459.65	470.13	472.05	451.95	486.34
39	325.76	325.00	365.50	366.99	424.60	465.55	476.17	478.11	457.75	492.58
40	329.89	329.12	370.13	371.64	429.98	471.45	482.20	484.17	463.56	498.83
41	336.09	335.30	377.09	378.62	438.06	480.31	491.26	493.26	472.26	508.20
42	342.02	341.23	383.75	385.31	445.80	488.79	499.94	501.98	480.60	517.17
43	350.28	349.47	393.01	394.62	456.56	500.60	512.01	514.10	492.21	529.66
44	360.61	359.77	404.60	406.25	470.02	515.35	527.10	529.25	506.72	545.28
45	372.74	371.87	418.21	419.92	485.83	532.69	544.84	547.06	523.77	563.62
46	387.20	386.30	434.43	436.20	504.68	553.35	565.97	568.28	544.08	585.48
47	403.46	402.52	452.68	454.52	525.87	576.59	589.74	592.14	566.93	610.07
48	422.04	421.06	473.53	475.46	550.10	603.15	616.90	619.42	593.05	638.17
49	440.37	439.35	494.09	496.10	573.98	629.34	643.69	646.32	618.80	665.89
50	461.02	459.95	517.26	519.37	600.90	658.86	673.88	676.63	647.82	697.11
51	481.41	480.29	540.14	542.34	627.48	688.00	703.68	706.56	676.47	727.95
52	503.87	502.70	565.34	567.64	656.75	720.09	736.51	739.52	708.03	761.90
53	526.59	525.36	590.82	593.23	686.36	752.56	769.71	772.85	739.95	796.25
54	551.11	549.83	618.34	620.86	718.32	787.60	805.56	808.84	774.41	833.33
55	575.63	574.29	645.85	648.48	750.28	822.65	841.40	844.84	808.87	870.41
56	602.22	600.82	675.68	678.44	784.94	860.64	880.26	883.86	846.23	910.62
57	629.06	627.60	705.80	708.68	819.93	899.01	919.50	923.26	883.95	951.21
58	657.72	656.19	737.95	740.96	857.27	939.96	961.39	965.31	924.21	994.54
59	671.91	670.35	753.88	756.95	875.78	960.25	982.14	986.15	944.16	1,016.00
60	700.56	698.94	786.03	789.23	913.13	1,001.19	1,024.02	1,028.20	984.42	1,059.33
61	725.35	723.66	813.83	817.15	945.42	1,036.61	1,060.24	1,064.57	1,019.24	1,096.80
62	741.61	739.88	832.08	835.47	966.62	1,059.85	1,084.01	1,088.44	1,042.09	1,121.39
63	762.00	760.23	854.96	858.44	993.20	1,088.99	1,113.82	1,118.37	1,070.75	1,152.22
64+	774.39	772.59	868.86	872.40	1,009.35	1,106.70	1,131.93	1,136.55	1,088.16	1,170.96

**Pediatric dental plan: Add the \$27.08 per child age 18 and younger.
Rates for tobacco users 21 and older are 20% higher than rates shown.**

Rates are effective January 1, 2023, through December 31, 2023.

952600942 Hawaii 2023

2023 Monthly rates

On Exchange

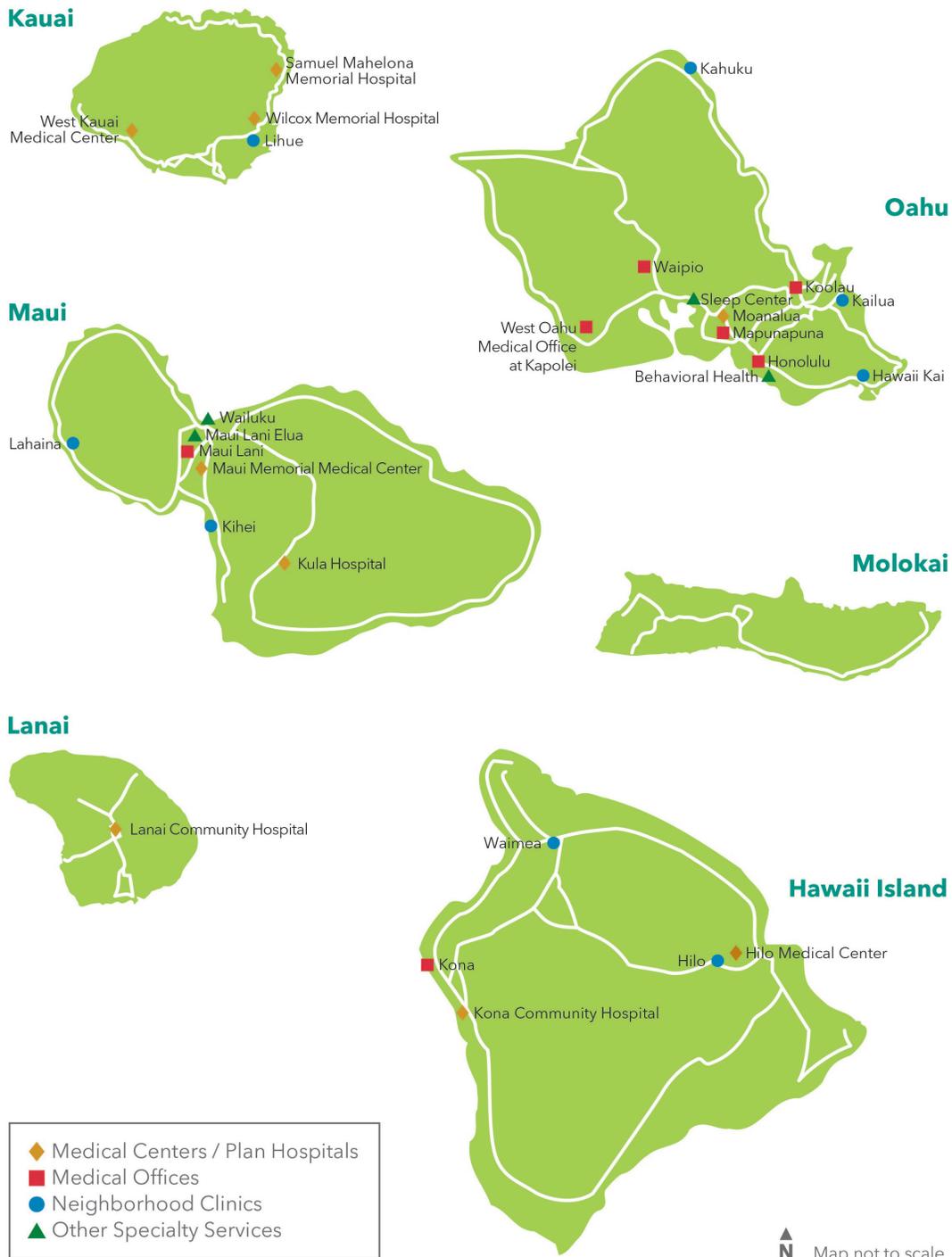
Please note: These rates do not include the federal financial assistance you may be eligible to receive through the health benefit exchange.

Non-Tobacco User									
Age on 2023 effective date	KP HI Gold 0/30	KP HI Gold 0/30 Plus CAM	KP HI Standard Platinum 0/10	KP HI Platinum 0/5	KP HI Platinum 0/5 Plus CAM	KP HI Standard Silver 5700/30 CSR73 KP HI Standard Silver 800/20 CSR87 KP HI Standard Silver 0/0 CSR94	KP HI Silver 3000/45 CSR73 KP HI Silver 750/20 CSR87 KP HI Silver 25/5 CSR94	KP HI Silver 2850/45 CSR73 KP HI Silver 250/20 CSR87 KP HI Silver 0/5 CSR94	KP HI Silver 2850/45 CSR73 Plus CAM KP HI Silver 250/20 CSR87 Plus CAM KP HI Silver 0/5 CSR94 Plus CAM
0-14	\$311.75	\$313.02	\$357.32	\$357.78	\$359.21	\$257.38	\$282.21	\$288.64	\$289.82
15	339.46	340.85	389.08	389.59	391.14	280.26	307.29	314.30	315.58
16	350.06	351.49	401.22	401.75	403.34	289.01	316.89	324.11	325.43
17	360.66	362.12	413.37	413.91	415.55	297.76	326.48	333.92	335.28
18	372.07	373.58	426.44	427.00	428.70	307.18	336.81	344.48	345.89
19	383.48	385.04	439.52	440.10	441.85	316.60	347.13	355.05	356.50
20	395.29	396.90	453.07	453.66	455.46	326.36	357.83	365.99	367.48
21	407.52	409.18	467.08	467.69	469.55	336.45	368.90	377.31	378.85
22	407.52	409.18	467.08	467.69	469.55	336.45	368.90	377.31	378.85
23	407.52	409.18	467.08	467.69	469.55	336.45	368.90	377.31	378.85
24	407.52	409.18	467.08	467.69	469.55	336.45	368.90	377.31	378.85
25	409.15	410.82	468.95	469.56	471.43	337.80	370.38	378.82	380.37
26	417.30	419.00	478.29	478.91	480.82	344.52	377.75	386.37	387.94
27	427.08	428.82	489.50	490.14	492.09	352.60	386.61	395.42	397.03
28	442.97	444.78	507.72	508.38	510.40	365.72	400.99	410.14	411.81
29	456.01	457.87	522.66	523.35	525.43	376.49	412.80	422.21	423.93
30	462.54	464.42	530.14	530.83	532.94	381.87	418.70	428.25	429.99
31	472.32	474.24	541.35	542.05	544.21	389.95	427.56	437.30	439.09
32	482.10	484.06	552.56	553.28	555.48	398.02	436.41	446.36	448.18
33	488.21	490.20	559.56	560.29	562.52	403.07	441.94	452.02	453.86
34	494.73	496.74	567.04	567.78	570.03	408.45	447.84	458.05	459.92
35	497.99	500.02	570.77	571.52	573.79	411.14	450.80	461.07	462.95
36	501.25	503.29	574.51	575.26	577.55	413.83	453.75	464.09	465.99
37	504.51	506.56	578.25	579.00	581.30	416.53	456.70	467.11	469.02
38	507.77	509.84	581.98	582.74	585.06	419.22	459.65	470.13	472.05
39	514.29	516.39	589.45	590.22	592.57	424.60	465.55	476.17	478.11
40	520.81	522.93	596.93	597.71	600.08	429.98	471.45	482.20	484.17
41	530.59	532.75	608.14	608.93	611.35	438.06	480.31	491.26	493.26
42	539.96	542.16	618.88	619.69	622.15	445.80	488.79	499.94	501.98
43	553.00	555.26	633.83	634.66	637.18	456.56	500.60	512.01	514.10
44	569.31	571.62	652.51	653.36	655.96	470.02	515.35	527.10	529.25
45	588.46	590.86	674.46	675.34	678.03	485.83	532.69	544.84	547.06
46	611.28	613.77	700.62	701.54	704.33	504.68	553.35	565.97	568.28
47	636.95	639.55	730.05	731.00	733.91	525.87	576.59	589.74	592.14
48	666.30	669.01	763.68	764.67	767.71	550.10	603.15	616.90	619.42
49	695.23	698.06	796.84	797.88	801.05	573.98	629.34	643.69	646.32
50	727.83	730.80	834.20	835.29	838.62	600.90	658.86	673.88	676.63
51	760.02	763.12	871.10	872.24	875.71	627.48	688.00	703.68	706.56
52	795.48	798.72	911.74	912.93	916.56	656.75	720.09	736.51	739.52
53	831.34	834.73	952.84	954.09	957.88	686.36	752.56	769.71	772.85
54	870.06	873.60	997.22	998.52	1,002.49	718.32	787.60	805.56	808.84
55	908.77	912.47	1,041.59	1,042.95	1,047.10	750.28	822.65	841.40	844.84
56	950.74	954.62	1,089.70	1,091.12	1,095.46	784.94	860.64	880.26	883.86
57	993.13	997.17	1,138.27	1,139.76	1,144.29	819.93	899.01	919.50	923.26
58	1,038.36	1,042.59	1,190.12	1,191.67	1,196.41	857.27	939.96	961.39	965.31
59	1,060.77	1,065.10	1,215.81	1,217.40	1,222.24	875.78	960.25	982.14	986.15
60	1,106.01	1,110.51	1,267.66	1,269.31	1,274.36	913.13	1,001.19	1,024.02	1,028.20
61	1,145.13	1,149.80	1,312.49	1,314.21	1,319.44	945.42	1,036.61	1,060.24	1,064.57
62	1,170.80	1,175.57	1,341.92	1,343.67	1,349.02	966.62	1,059.85	1,084.01	1,088.44
63	1,203.00	1,207.90	1,378.82	1,380.62	1,386.11	993.20	1,088.99	1,113.82	1,118.37
64+	1,222.56	1,227.54	1,401.24	1,403.07	1,408.65	1,009.35	1,106.70	1,131.93	1,136.55

Pediatric dental plan: Add the \$27.08 per child age 18 and younger.
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Find a facility near you

Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or visit kp.org/facilities to find the one nearest you.



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- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-966-5955** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at:

Membership Services

Attn: Kaiser Civil Rights Coordinator
711 Kapiolani Blvd
Honolulu, HI 96813
1-800-966-5955

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-800-966-5955** (TTY: **711**).

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Chuuk (Chukese) MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-966-5955** (TTY: **711**).

‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke loa‘a i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-800-966-5955** (TTY: **711**).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-966-5955** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-966-5955** (TTY: **711**) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-966-5955 (TTY: 711).

Kajin Majōl (Marshallese) LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjelok wōñāñ. Kaalok **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti’go Diné Bizaad, saad bee áká’ánída’áwo’déé’, t’áá jiik’eh, éi ná hóló, koji’ hódíílnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoani, e fai fua e leai se totogi, mo oe, Telefoni mai: **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-966-5955** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA’I: Kapau ‘oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea ‘oku nau fai atu ha tokoni ta’etotongi, pea teke lava ‘o ma’u ia. Telefoni mai **1-800-966-5955** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-966-5955** (TTY: **711**).

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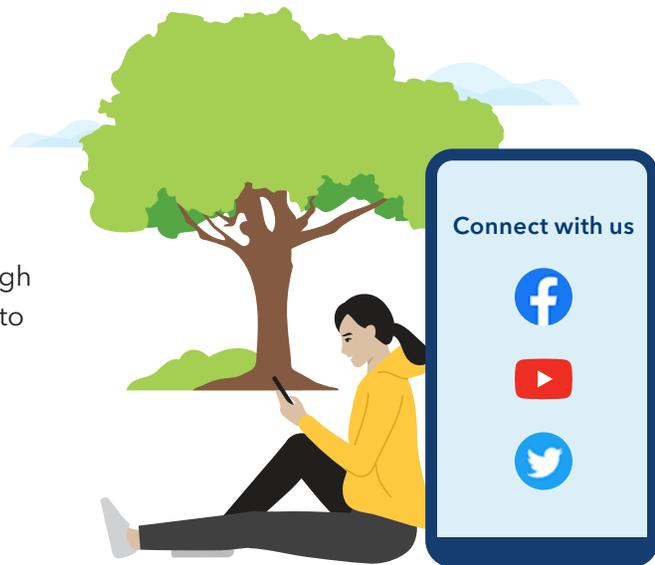
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