

# Care for all that is you



# Experience health care designed with you in mind

Care for ...

Routine checkups, complex treatments, and late-night questions

Building strength, reducing stress, and raising a family

New goals, old habits, and ongoing mental wellness

No matter what your priority is, ours is providing excellent care – for the you who's feeling great, the you who needs support, and every you in between.



# 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 2024

- The open enrollment period for 2024 coverage runs from **November 1, 2023**, through **January 15, 2024**.
- You can apply for coverage at [buykp.org/apply](https://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](https://kp.org/compareplans) or call **1-800-966-5955**.
- For coverage that starts on **January 1, 2024**, we must receive your Application for health coverage no later than **December 15, 2023**.

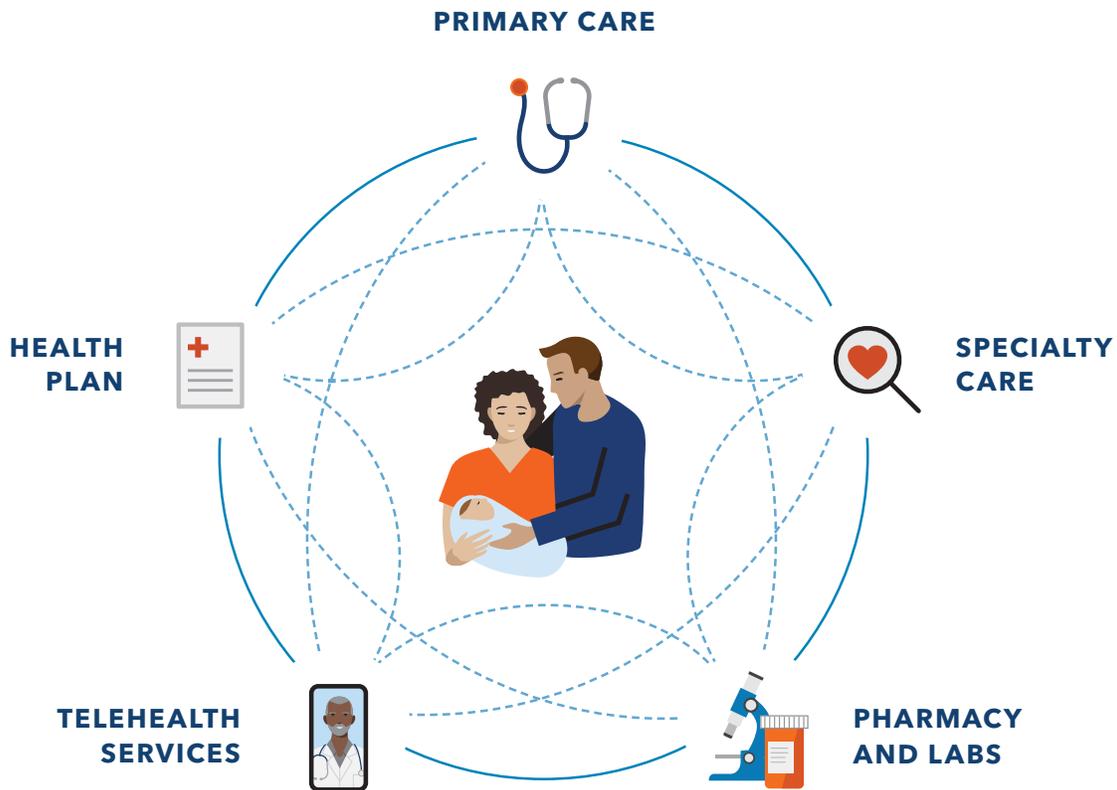
## Enrolling during a special enrollment period

- 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](https://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

Combined care and coverage means your Kaiser Permanente doctors, hospitals, and health plan benefits are all connected and committed to providing you with exceptional care tailored to your needs.

It's easier access to specialists and the latest treatments.

It's predictable costs and less paperwork.

It's the care, when you need it.



Find out how we can help you stay healthy and keep doing what you love.

[kp.org/allthatisyou](https://kp.org/allthatisyou)

# Care that's **personalized**

For the you who deserves to be understood

Kaiser Permanente doctors have one priority: your health. Your electronic health record connects your care team with your health history, so your doctor can plan the care for your needs. They learn your lifestyle, risks, and goals to understand what matters most to you and be your health advocate.



Explore care that fits your life.

[kp.org/connectedtocare](https://kp.org/connectedtocare)

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We guide you through every step of your care



**Your Kaiser Permanente health history lives on your electronic health record.**



**Your doctor guides you through appointments and referrals.**



**Your health record is available to you and your care team 24/7.**



**Your care team lets you know when to schedule checkups and tests.**



# Care that's convenient

## For the you with a busy schedule

Visit [kp.org](https://kp.org) or use our app to make a routine, same-day or next-day appointment in person, or talk to a clinician 24/7 by phone or video.<sup>1</sup> No matter how you connect, you'll talk with a medical professional who can see your health history and pick up where you left off.

### Do more in one visit

Many of our Kaiser Permanente facilities have pharmacies and labs in the same building, so you can see your doctor, get your tests, and pick up your prescriptions all in one stop.

### Your health at your fingertips

- Get 24/7 virtual care
- Email your care team with non-urgent questions
- View most lab results and doctor's notes
- Refill most prescriptions
- Check in for appointments
- Pay bills and view statements



See how the Kaiser Permanente app puts you in control.  
[kp.org/mobile](https://kp.org/mobile)

**FAST COMPANY** | **THE WEBBY AWARDS**

Our mobile app won Fast Company's 2022 Design Company of the Year and the 2022 People's Voice Webby award for Health and Fitness Apps.

### You're covered while traveling



If you're planning to travel, we can help you manage your vaccinations, refill prescriptions, and more. And once you're on the go, you're covered for emergency care anywhere in the world – even at non-Kaiser Permanente facilities.

# Care that's world class

For the you who expects the best

No matter your needs – mental health, maternity, cancer care, heart health, and beyond – you have access to doctors, cutting-edge technology, and evidence-based care.



Learn how our doctors and specialists work for you.

[kp.org/specialtycare](https://kp.org/specialtycare)



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We're a national leader in screening rates and research, and we're among the top-rated health plans in every state we serve.<sup>2,3,4</sup>

Kaiser Permanente members are:



**33%**

**more likely to survive heart disease<sup>5</sup>**

**52%**

**more likely to survive colorectal cancer<sup>6</sup>**

**20%**

**less likely to experience premature death due to cancer<sup>7</sup>**

# Care that's all encompassing

For the you who wants to explore all your health options

Kaiser Permanente members can get help with depression, anxiety, addiction, and mental or emotional health – without a referral. You also have access to self-care apps to help your overall mental wellness.<sup>8,9</sup>



## Calm

The number one app for sleep and meditation<sup>10</sup>



## Ginger

Text one-on-one with an emotional support coach anytime, anywhere<sup>11</sup>



## myStrength

Build a personalized plan to strengthen your emotional health



Find out more about mental health care.

[kp.org/mentalhealth](https://kp.org/mentalhealth)

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## Resources for everyday wellness

Take advantage of classes, services, and programs to help you achieve your health and fitness goals.<sup>12</sup>

- Acupuncture, massage therapy, and chiropractic care
- Reduced rates on gym memberships
- Healthy lifestyle programs
- Wellness coaching
- Online fitness with the ClassPass app

# Care that's **dependable**

**For the you who wants a doctor you trust**

Your health is a lifelong journey, and we want you to have a doctor to go the distance. We hire doctors and staff who often speak more than one language and deliver care that's sensitive to your culture, ethnicity, and lifestyle. And you can choose or change your doctor anytime.



From finding the right doctor to transitioning care, we'll help you with every step.

[kp.org/newmember](https://kp.org/newmember)

“

Dr. Weniger was relatable, kind, and thorough. By the end of my visit, I knew I made the right choice in Kaiser Permanente.

”

– **Aimee**, new member

# 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.<sup>13</sup>

## 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 0/40 Off (no deductible)	\$40 (no charge for children through age 18)	\$45	\$10* generic/\$3* generic maintenance
KP HI Silver 3000 Ded/600 Rx Ded 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://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](https://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	<span style="border: 1px solid white; border-radius: 50%; padding: 2px;">KP</span> KP HI Silver 4000 Ded/600 Rx Ded Off
<b>Plan type</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$4,000/\$8,000
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800
<b>Benefits</b>	
<b>Virtual care</b>	
Chat, Email, E-visit, Phone, and Video visit	No charge
<b>Preventive care</b>	
Routine physical exam, mammograms, etc.	No charge
<b>Outpatient services (per visit or procedure)</b>	
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)
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
<b>Maternity</b>	
Routine prenatal care and postpartum visits	No charge
Delivery and inpatient well-baby care	30% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	30% after deductible
Urgent care visit	20% applicable charges/ \$45 primary or \$75 specialty
<b>Prescription drugs (up to a 30-day supply)</b>	
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
<b>Whole health</b>	
Healthy services	KP Fit Rewards**

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

**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. through its Active&Fit Enterprise™ program. For detailed program requirements and limitations, visit [kp.org/fitrewards](http://kp.org/fitrewards).

**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	<b>KP</b> <b>E</b> KP HI Standard Bronze 7500/50 KP HI Standard Bronze 7500/50 Off	<b>KP</b> <b>E</b> KP HI Bronze 6500/30% KP HI Bronze 6500/30% Off	<b>KP</b> KP HI Bronze 6000/65 Off	<b>KP</b> <b>E</b> KP HI Standard Silver 5900/40 KP HI Standard Silver 5900/40 Off
	Deductible	Deductible	Deductible	Deductible
Plan type				
Annual medical deductible (individual/family)	\$7,500/\$15,000	\$6,500/\$13,000	\$6,000/\$12,000	\$5,900/\$11,800
Annual out-of-pocket maximum (individual/family)	\$9,400/\$18,800	\$9,150/\$18,300	\$9,100/\$18,200	\$9,100/\$18,200
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone and Video visit	Same as in-person services	No charge	No charge	Same as in-person services
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
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
<b>Inpatient hospital care</b>				
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
<b>Maternity</b>				
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
<b>Emergency and urgent care</b>				
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
<b>Prescription drugs (up to a 30-day supply)</b>				
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
<b>Whole health</b>				
Healthy services	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**

\* 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. through its Active&Fit Enterprise™ program. For detailed program requirements and limitations, visit [kp.org/fitrewards](https://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](https://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.

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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	<b>KP</b> <b>E</b>	<b>KP</b>	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>
	KP HI Silver 4000 Ded/600 Rx Ded KP HI Silver 4000 Ded/600 Rx Ded Off	KP HI Silver 3000 Ded/600 Rx Ded Off	KP HI Gold 1000 Ded/250 Rx Ded KP HI Gold 1000 Ded/250 Rx Ded Off	KP HI Standard Gold 1500/30 KP HI Standard Gold 1500/30 Off
Plan type	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$4,000/\$8,000	\$3,000/\$6,000	\$1,000/\$2,000	\$1,500/\$3,000
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800	\$8,900/\$17,800	\$8,700/\$17,400	\$8,700/\$17,400
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	Same as in-person services
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$45 (no charge for children through age 18)	\$45 (no charge for children through age 18)	\$30 (no charge for children through age 18)	\$30
Specialty care office visit	\$75	\$65	\$70	\$60
Most X-rays	\$45	\$45	\$40	25% after deductible
Most lab tests	\$45	\$45	\$40	25% after deductible
MRI, CT, PET	\$350 after deductible	\$350 after deductible	\$350 after deductible	25% after deductible
Outpatient surgery	30% after deductible	30% after deductible	30% coinsurance	25% after deductible
Mental health visit	\$45 (no charge for children through age 18)	\$45 (no charge for children through age 18)	\$30 (no charge for children through age 18)	\$30
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	30% coinsurance	25% after deductible
<b>Maternity</b>				
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% coinsurance	25% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	30% after deductible	30% after deductible	\$350 <sup>†</sup> after deductible	25% after deductible
Urgent care visit	20% applicable charges/\$45 primary or \$75 specialty	20% applicable charges/\$45 primary or \$65 specialty	20% applicable charges/\$30 primary or \$70 specialty	\$45
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$20* generic/ \$3* generic maintenance	\$20* generic/ \$3* generic maintenance	\$10* generic/ \$3* generic maintenance	\$15*
Preferred brand	50% after \$600 pharmacy deductible	50% after \$600 pharmacy deductible	30% after \$250 pharmacy deductible	\$30*
Non-preferred brand	50% after \$600 pharmacy deductible	50% after \$600 pharmacy deductible	30% after \$250 pharmacy deductible	\$60*
Specialty	50% after \$600 pharmacy deductible	50% after \$600 pharmacy deductible	30% after \$250 pharmacy deductible	\$250
<b>Whole health</b>				
Healthy services	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**

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

† 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](http://kp.org/fitrewards).

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**KP** Offered through Kaiser Permanente

**E** Offered through the health benefit exchange

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Benefit highlights	<b>KP</b> KP HI Gold 0/40 Off	<b>KP</b> KP HI Platinum 0/5 Off	<b>KP</b> <b>E</b> KP HI Standard Platinum 0/10 KP HI Standard Platinum 0/10 Off
	Copayment	Copayment	Copayment
<b>Plan type</b>			
<b>Annual medical deductible (individual/family)</b>	None/None	None/None	None/None
<b>Annual out-of-pocket maximum (individual/family)</b>	\$8,900/\$17,800	\$3,000/\$6,000	\$3,200/\$6,400
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	Same as in-person services
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$40 (no charge for children through age 18)	\$5 (no charge for children through age 18)	\$10
Specialty care office visit	\$70	\$20	\$20
Most X-rays	\$45	\$10	\$30
Most lab tests	\$45	\$10	\$30
MRI, CT, PET	\$400	\$100	\$100
Outpatient surgery	30% coinsurance	\$150	\$300
Mental health visit	\$40 (no charge for children through age 18)	\$5 (no charge for children through age 18)	\$10
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% coinsurance	\$300 per day up to 4 days <sup>†</sup>	\$350
<b>Maternity</b>			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% coinsurance	\$300 per day up to 4 days <sup>†</sup>	\$350
<b>Emergency and urgent care</b>			
Emergency Department visit	\$400 <sup>‡</sup>	\$250 <sup>‡</sup>	\$100 <sup>‡</sup>
Urgent care visit	20% applicable charges/\$40 primary or \$70 specialty	20% applicable charges/\$5 primary or \$20 specialty	\$15
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$10* generic/\$3* generic maintenance	\$5* generic/\$3* generic maintenance	\$5*
Preferred brand	\$60*	\$45*	\$10*
Non-preferred brand	\$60*	\$45*	\$50*
Specialty	\$200	\$200	\$150
<b>Whole health</b>			
Healthy services	KP Fit Rewards**	KP Fit Rewards** Optical \$150 annually applied to hardware	KP Fit Rewards**

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

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

<sup>‡</sup> 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.<sup>††</sup>

Benefit highlights	<b>KP</b> <b>E</b> KP HI Bronze 6000/65 Plus CAM KP HI Bronze 6000/65 Plus CAM Off	<b>KP</b> <b>E</b> KP HI Silver 3000 Ded/600 Rx Ded Plus CAM KP HI Silver 3000 Ded/600 Rx Ded Plus CAM Off	<b>KP</b> <b>E</b> KP HI Gold 0/40 Plus CAM KP HI Gold 0/40 Plus CAM Off	<b>KP</b> <b>E</b> KP HI Platinum 0/5 Plus CAM KP HI Platinum 0/5 Plus CAM Off
	Deductible	Deductible	Copayment	Copayment
Annual medical deductible (individual/family)	\$6,000/\$12,000	\$3,000/\$6,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$8,900/\$17,800	\$8,900/\$17,800	\$3,000/\$6,000
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$65 (no charge for children through age 18)	\$45 (no charge for children through age 18)	\$40 (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	\$45	\$10
Most lab tests	\$65	\$45	\$45	\$10
MRI, CT, PET	40% after deductible	\$350 after deductible	\$400	\$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)	\$40 (no charge for children through age 18)	\$5 (no charge for children through age 18)
<b>Inpatient hospital care</b>				
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 <sup>†</sup>
<b>Maternity</b>				
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 <sup>†</sup>
<b>Emergency and urgent care</b>				
Emergency Department visit	40% after deductible	30% after deductible	\$400 <sup>‡</sup>	\$250 <sup>‡</sup>
Urgent care visit	20% applicable charges/\$65 primary or \$120 specialty	20% applicable charges/\$45 primary or \$65 specialty	20% applicable charges/\$40 primary or \$70 specialty	20% applicable charges/\$5 primary or \$20 specialty
<b>Prescription drugs (up to a 30-day supply)</b>				
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	\$60*	\$45*
Non-preferred brand	50% after deductible	50% after \$600 pharmacy deductible	\$60*	\$45*
Specialty	50% after deductible	50% after \$600 pharmacy deductible	\$200	\$200
<b>Whole health</b>				
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: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

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

<sup>‡</sup> 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](http://kp.org/fitrewards).

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

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](http://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	<b>E</b>	<b>E</b>	<b>E</b>
	KP HI Silver 2850 Ded/600 Rx Ded CSR73 Plus CAM	KP HI Silver 250 Ded/100 Rx Ded CSR87 Plus CAM	KP HI Silver 0/5 CSR94 Plus CAM
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Copayment</b>
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	\$2,200/\$4,400
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
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)
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	10% coinsurance
<b>Maternity</b>			
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
<b>Emergency and urgent care</b>			
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
<b>Prescription drugs (up to a 30-day supply)</b>			
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
<b>Whole health</b>			
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: 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](http://kp.org/fitrewards).

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

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](http://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

## Cost Share Reduction (CSR) Plans

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

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

\* 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. through its Active&Fit Enterprise™ program. For detailed program requirements and limitations, visit [kp.org/fitrewards](https://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](https://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

## Cost Share Reduction (CSR) Plans

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

Benefit highlights	<b>E</b>	<b>E</b>	<b>E</b>
	KP HI Silver 3000 Ded/500 Rx Ded CSR73	KP HI Silver 750/20 CSR87	KP HI Silver 25/5 CSR94
<b>Plan type</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
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
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
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)
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	10% after deductible
<b>Maternity</b>			
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
<b>Emergency and urgent care</b>			
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
<b>Prescription drugs (up to a 30-day supply)</b>			
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
<b>Whole health</b>			
Healthy services	KP Fit Rewards**	KP Fit Rewards**	KP Fit Rewards**

\* 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. through its Active&Fit Enterprise™ program. For detailed program requirements and limitations, visit [kp.org/fitrewards](https://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](https://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.

# Find your rate



Apply on [buykp.org/apply](https://buykp.org/apply) to have your rate calculated automatically.

## 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](https://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.

Please check that your ZIP code is listed in the service area table. 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

# 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](https://www.kp.org/facilities) to find the one nearest you.



# Complete care to help you live a fuller, healthier life

With Kaiser Permanente, you have a trusted partner who considers your health a priority and makes it easier to get the care you need. That's why members stay with Kaiser Permanente nearly 3 times as long as other health plans.<sup>14</sup>

## Want to learn more?



Visit [kp.org/allthatisyou](https://kp.org/allthatisyou) to shop plans and get help with your health care questions.

Call **1-800-494-5314** (TTY **711**) to talk to an enrollment specialist.

Current members with questions can call Member Services at **1-800-966-5955** (TTY **711**), Monday through Friday 8 a.m. to 5 p.m. and Saturday 8 a.m. to 12 p.m. Hawaii time.



**1.** When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. **2.** Kaiser Permanente 2022 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2022 and is used with the permission of NCQA. Quality Compass 2022 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. **3.** 2021 Annual Report, Kaiser Permanente, [about.kaiserpermanente.org/who-we-are/annual-reports/2021-annual-report](https://www.kaiserpermanente.org/who-we-are/annual-reports/2021-annual-report). **4.** NCQA's Private Health Insurance Plan Ratings 2022-2023, National Committee for Quality Assurance, 2022: Kaiser Foundation Health Plan of Colorado – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of Georgia, Inc. – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Hawaii – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. – HMO (rated 5 out of 5); Kaiser Foundation Health Plan, Inc., of Northern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of the Northwest – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Southern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of Washington – HMO (rated 4 out of 5). **5.** See note 7. **6.** Theodore R. Levin, MD, et al., "Effects of Organized Colorectal Cancer Screening on Cancer Incidence and Mortality in a Large, Community-Based Population," *Gastroenterology*, November 2018. **7.** Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," July 20, 2022. **8.** The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time. Some classes vary by location and may require fees. **9.** Calm and myStrength can be used by members 13 and over. The Ginger app and services are not available to any members under 18 years old. **10.** Calm is the #1 app for sleep, meditation, and relaxation, with over 100 million downloads and over 1.5M+ 5-star reviews. Learn more at [calm.com/blog/about](https://calm.com/blog/about). **11.** Eligible Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost. **12.** Some of these services may not be covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. **13.** To find a practitioner visit <http://www.ashlink.com/ash/KaiserHIC>. Practitioners are credentialed and contracted by American Specialty Health Systems, Inc. affiliate company, American Specialty Health Group, Inc. **14.** Kaiser Permanente internal data, 2019; "12 Trends Influencing the Future of Workplace Benefits," Aflac, 2018; U.S. Bureau of Labor Statistics, 2018.

## NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- 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>.

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## 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**).

**中文 (Chinese) 注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-966-5955** (TTY: **711**)。

**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, éí 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**).





In Hawaii, all plans are offered and underwritten by Kaiser Foundation Health Plan, Inc., 711 Kapiolani Blvd., Honolulu, HI 96813.