### KAISER PERMANENTE

# **2023** LARGE GROUP PLANS



### LARGE GROUP HMO PLANS

	KP Hawaii 220	KP Hawaii 220 KP Hawaii 320	
Annual Deductible	\$0	\$0	\$0
Annual Copay Maximum	\$2,500 / \$7,500	\$2,500 / \$7,500	\$2,500 / \$7,500
Primary Care Doctor Office Visits	\$15 for adults 18+; \$0 for children through age 17	\$15 for adults 18+; \$0 for children through age 17	\$15
Specialty Care Doctor Office Visits	\$15	\$15	\$15
Outpatient Physical/Occupational/ Speech Therapy Office Visits	\$15	\$15	\$15
Maternity	\$0 for routine maternity care, newborn delivery, and hospital stay	\$0 for routine maternity care, newborn delivery, and hospital stay	\$0 for routine maternity care, newborn delivery, and hospital stay
Inpatient Hospital	20%	10%	\$75 per day
Lab (Basic/Specialty)	\$15 / 20%	\$15 / 20%	10% / 10%
Imaging (Basic/Specialty)	\$15 / 20%	\$15 / 20%	10% / 10%
Testing	20%	20%	10%
Outpatient Surgery	20%	10%	\$15
Emergency Services	20%	\$100	\$75
Skilled Nursing Facility	20%	10%	\$0
Radiation Therapy	20%	20%	20%
Skilled Administered Drugs	20%	20%	20%
Dialysis	20%	20%	20%
Fit Rewards	\$200	\$200	\$200

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### LARGE GROUP ADDED CHOICE PLANS

	Added Choice 306		Added Choice 405	
	Tier 1	Tiers 2/3	Tier 1	Tiers 2/3
Annual Deductible	\$0	\$100 / \$300	\$0	\$100 / \$300
Annual Copay Maximum	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000
Primary Care Doctor Office Visits	\$20	20% of MAC	\$15	20% of MAC
Specialty Care Doctor Office Visits	\$20	20% of MAC	\$15	20% of MAC
Outpatient Physical/Occupational/ Speech Therapy Office Visits	\$20	20% of MAC	\$15	20% of MAC
Maternity (Routine Prenatal Care)	\$0	\$0	\$0	\$0
Inpatient Hospital	10%	20% of MAC	\$75 per day	20% of MAC
Lab (Basic/Specialty)	\$10 / 20%	20% of MAC	10% / 10%	20% of MAC
Imaging (Basic/Specialty)	\$10/20%	20% of MAC	10% / 10%	20% of MAC
Testing	20%	20% of MAC	10%	20% of MAC
Outpatient Surgery	10%	20% of MAC	\$15	20% of MAC
Emergency Services	\$100	Covered in Tier 1	\$75	Covered in Tier 1
Skilled Nursing Facility	10%	20% of MAC	\$0	20% of MAC
Radiation Therapy	20%	20% of MAC	20%	20% of MAC
Skilled Administered Drugs	20%	20% of MAC	20%	20% of MAC
Dialysis	20%	20% of MAC	20%	20% of MAC
Fit Rewards	\$200	Not covered	\$200	Not covered



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## **HEALTHY EXTRAS**

Empower your employees to be healthier, happier, and more engaged in their health care. Offer them a package including one or more of the following supplemental plan riders to round out their package.

#### CHIROPRACTIC, ACUPUNCTURE, MASSAGE THERAPY, AND NATUROPATHY

You can offer your employees plans that cover visits to a chiropractor, massage therapist, acupuncturist, or naturopathic doctor and \$50 toward chiropractic appliances each year – all at low, predictable copays. Services are provided by more than 3,200 of these specialized providers through American Specialty Health, Inc.

#### OPTICAL

Our Optical riders offer your employees a flat dollar allowance that refreshes every calendar year and can be used toward the purchase of prescription eyeglasses – including frames, prescription lenses, and lens treatments – or prescription contact lenses, contact lens exams, and fittings.

#### DENTAL

A dazzling smile is a great way to show off good health. Services are provided by Hawaii Dental Service (HDS) and include 2 examinations, bitewing X-rays, and cleanings per calendar year. The plan picks up 70% of the costs for specialty services such as periodontics, endodontics, and oral surgery – and an additional 50 to 70% is covered for prosthodontics, and crowns and fillings. Members pay discounted rates by visiting a participating dentist. And HDS gives your employees access to a broad network – 9 out of 10 of Hawaii's licensed, practicing dentists participate with HDS.

Contact your account manager or broker to get a complete list of all the services included with each rider, along with any applicable fees.

#### account.kp.org