

<b>2021 Kaiser HMO, Hawaii (HK04)</b>	
	<b>Active Participants</b>
<b>Plan Name</b>	<b>Kaiser HMO, Hawaii</b>
<b>Basics</b>	
<b>HRA</b>	N/A
<b>HSA</b>	
<b>Deductible</b>	Individual: None, Family: None
<b>Annual Out-of-Pocket Maximum</b> (including deductible)	Individual: \$1,500, Family: \$4,500
<b>Lifetime Maximum</b>	None
<b>Inpatient Hospital Care</b> (includes semi-private room and special services in a general hospital, chronic disease hospital, rehabilitation hospital or skilled nursing facility)	100% covered; skilled nursing 100% covered for 120 days per calendar year as defined by Medicare
<b>Inpatient Surgery</b> (includes pre- and post-operative care, anesthesia, endoscopic exams, circumcision)	Covered 100%
<b>Inpatient Physician Services</b>	Covered at 100%
<b>Outpatient Surgery and Anesthesia</b>	\$14 copayment
<b>Maternity and Well-Baby Care</b> (including newborn physical and physician charges for circumcision)	\$14 copayment for initial visit to confirm pregnancy. 100% covered thereafter for scheduled routine pre-natal, delivery and post-natal visits Diagnostic visits: \$14 copayment per visit
<b>Ambulance Services</b>	Covered at 80%
<b>Emergency Room</b>	\$50 copayment per visit Specialty x-rays [MRI/CT/PET scan] during an ER visit : 90% covered per visit
<b>Note:</b>	N/A
<b>Hospital Outpatient Medical Services</b>	Covered at 100% after \$14 copayment
<b>Physicians' Office Services</b>	\$14 copayment
<b>Outpatient Diagnostic Lab Tests and X-rays</b>	Covered at 90% (outpatient only); CT, MRI, PET, Nuclear Medicine: 90% Covered in Outpatient setting
<b>Hearing Care</b>	\$14 copayment for hearing exam, 40% covered; limited to two aids every 36 months
<b>Hemodialysis, Chemotherapy, Radiation Therapy</b>	Dialysis: Covered at 90% Chemotherapy and radiation therapy: \$14 copayment
<b>Short-Term Rehabilitative Therapy</b>	\$14 copayment, limited by certain clinical criteria and Kaiser Permanente physician determination
<b>Chiropractor Services</b>	Not Covered
<b>Preventive Pediatric Care</b>	Covered at 100%
<b>Preventive Adult Physical Exams</b>	Covered at 100%
<b>Preventive Annual OB/GYN Exams</b> (one per calendar year)	Covered at 100%
<b>Preventive Mammograms and Pap Smears</b>	Covered at 100%
<b>Nutritional Counseling</b>	\$14 copayment

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<b>Family Planning</b> (including Depo-Provera injections, diaphragms and IUDs when supplied by physician)	Covered at 100% after \$14 copayment for each visit, FDA-approved contraceptive items: 100% covered when prescribed by a Plan physician for females of child-bearing age
<b>Emergency or Urgent Care in a Physicians' Office</b>	Covered at 100% after \$14 copayment at a Kaiser Permanente facility within the Hawaii service area; 80% covered at a non-Kaiser Permanente facility outside the Hawaii service area
<b>Oxygen and Durable Medical Equipment</b> (rental or purchase with Care Coordination review)	Covered at 100%
<b>Hospice Services</b> (includes respite care in the home or a nursing home, bereavement services provided to the family or primary care person following the death of the hospice patient and other covered services and supplies, when billed by an approved hospice provider)	Covered at 100% for two 90-day benefit periods followed by an unlimited amount of 60-day benefit periods as defined by Medicare and with Kaiser physician approval
<b>Nursing Services</b>	
<b>Skilled Nursing Facility</b>	100% covered with Kaiser Permanente physician approval, 120 days per calendar year as defined by Medicare
<b>Home Health Care</b>	100% covered
<b>Mental Health and Substance Abuse Treatment</b>	
<b>Hospital Admission</b> (including Applied Behavior Analysis (ABA) Therapy for Autism Spectrum Disorder)	Mental Health: Covered at 100%; Substance Abuse: Covered at 100%,
<b>Outpatient Care</b> (including Applied Behavior Analysis (ABA) Therapy for Autism Spectrum Disorder)	Mental Health: \$14 copayment; Substance Abuse: \$14 copayment
<b>Prescription Drugs</b>	
<b>Retail:</b>	Generic: \$5, Brand name: \$20, Up to 30 day supply
<b>Mail Order:</b>	Generic: \$10, Brand name: \$40, Up to 90 day supply
<b>Other Benefits</b>	
<b>Footnotes:</b>	<b>Important Note:</b> This is only a summary of certain benefits under the medical plans available to you. For more detail, call the plan's Customer Service number. If there is any difference between the information in this summary and the actual plan documents, the actual plan documents will always govern.
<b>Additional Plan Information</b>	
<b>Plan Web Site</b>	<a href="http://my.kp.org/raytheon">http://my.kp.org/raytheon</a>
<b>Plan Telephone Number</b>	432-5955 (Oahu) or 800-966-5955 (Neighbor Islands)