

# Your Hawaii 2021 benefits at a glance

Benefits and Services		High Option / You Pay	Standard Option / You Pay
<b>Deductible</b>		None	None
<b>Outpatient services</b>			
Preventive care		\$0	\$0
Telehealth		\$0	\$0
Primary care office visit		\$15	\$25 (\$0 for children through age 17)
Specialty care office visit		\$15	\$25
Basic laboratory tests and X-rays		\$10	\$10
Specialty laboratory tests and imaging		20%	30%
<b>Maternity</b>			
Routine prenatal care and postpartum visit		\$0	\$0
Delivery		\$0	\$0
<b>Hospital services</b>			
Outpatient surgery		20%	20%
Inpatient hospital		\$100	\$300
<b>Emergency and urgent care</b>			
Urgent care	Within the service area	\$15	\$25 (\$0 for children through age 17)
	Outside the service area	\$20	
Emergency care		\$100	\$200
Ambulance		20%	20%
<b>Prescription drugs</b>			
Generic	Maintenance	\$5	\$5
	Other generics	\$10	\$15
Brand		\$45	\$50
Specialty		\$200	\$200
<b>Hearing aids (every 36 months)</b>		60%	60%
<b>Dental</b>			
Examination		\$0	\$0
Cleaning		20%	20%
<b>Out-of-Pocket Maximum</b>		\$3,000	\$3,000

## Notes:

- Telehealth options include video, phone, email, and more.
- Coinsurance (%) is based on our allowance.
- Copays are for a 30-day supply at Kaiser Permanente pharmacies. You pay only 2 copays for up to a 90-day supply for most drugs through Kaiser Permanente's mail-order program.
- Out-of-pocket maximum amounts are per person, but no more than 3 times per family.

This is a summary of the features of the Kaiser Permanente health plan. Before making a final decision, please read the Plan's Federal brochure (RI 73-005). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure.

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# Here's what you'll pay

These rates do not apply to all enrollees. If you are in a special enrollment category, please refer to the FEHB Program website or contact the agency or Tribal Employer which maintains your health benefits enrollment.

Your Premium Share		High Option	Standard Option
Self Only	Biweekly Non-Postal	\$77.95	\$58.29
	Biweekly Postal Category 1	\$74.83	\$55.96
	Biweekly Postal Category 2	\$64.70	\$48.38
	Monthly Non-Postal	\$168.89	\$126.29
Self Plus One	Biweekly Non-Postal	\$177.85	\$129.98
	Biweekly Postal Category 1	\$170.66	\$124.78
	Biweekly Postal Category 2	\$149.10	\$107.89
	Monthly Non-Postal	\$385.35	\$281.63
Self and Family	Biweekly Non-Postal	\$173.83	\$129.98
	Biweekly Postal Category 1	\$166.87	\$124.78
	Biweekly Postal Category 2	\$144.28	\$107.89
	Monthly Non-Postal	\$376.63	\$281.63

## Choose the right enrollment code

Enrollment Code	High Option	Standard Option
Self Only	631	634
Self Plus One	633	636
Self and Family	632	635



### Self Plus One

Enrollees covering themselves and one other eligible family member may choose either the Self Plus One or Self and Family enrollment type, whichever has a lower premium. You should decide which enrollment type is best for you.

**Need help?** Call **1-855-366-9009 (TTY 711)**, Monday through Friday, 5 a.m. to 3 p.m.  
**Open Season hours:** Monday through Friday, 4 a.m. to 5 p.m.