

Your network is Kaiser Permanente HMO

If you have questions or need help finding a doctor:

- Call Kaiser Member Services: **(800) 966-5955**
- Go online: **www.kp.org**

Your health fund is UNITE HERE HEALTH

For eligibility questions only:

- Visit: **www.uhh.org/member**
- Call Member Services: **(833) 637-3519**

Kaiser Permanente HMO

Calendar Year Deductible	\$0	
Office Visits	You Pay	
Preventive Care	\$0	
Primary Care Provider (PCP) Visit (including mental health/ substance abuse visits)	Children through age 17	Adults age 18 and older
	\$0	\$15
Specialist	\$15	
Emergency and Urgent Care	You Pay	
Urgent Care Center (UCC) (within service area)	\$15	
Urgent Care Center (UCC) (outside service area)	20%	
Emergency Room (ER) (copay waived if immediately admitted as an inpatient; same benefits out-of-network)	\$75	
Ambulance	20%	
Lab and Imaging	You Pay	
Laboratory Services	10%	
Diagnostic Radiology (X-ray)	10%	
Diagnostic Imaging (CT, MRI, PET), Cardiac Testing	10%	
Outpatient Services	You Pay	
Outpatient Surgery	\$15	
Physical/Speech/ Occupational Therapy	\$15	
Inpatient Services	You Pay	
Hospitalization (including mental health/substance abuse)	\$75/day (\$0 for maternity admissions)	
Skilled Nursing Facility Limited to 120 days/year	\$0	

Other Care and Expenses

	You Pay
Home Health Care	\$0
Hospice Care	\$0
Medical Equipment for Home Use	20%
Most Non-Network Medical Benefits	Not covered, except urgent and emergency care
Hearing Aid Benefit Limited to 1/ear/36 months	60%

Out-of-Pocket Spending Limit

	You Pay
Once your costs reach the limit in a calendar year, (excluding certain charges — see the Kaiser Guide to Your Health Plan for more information), benefits will be paid at 100% for the rest of the calendar year.	\$2,500 per person or \$7,500 per family (for 3 or more people)

Prescription Drug

Only available at Kaiser pharmacies	Retail (30-day)	Mail Order (90-day)
Generic Maintenance	\$3	\$6
Other Generic	\$10	\$20
Brand Name	\$35	\$70
Specialty	\$200	\$200

Kaiser Permanente has a list of preferred drugs to help your doctor pick the right drug for you. You can find the most current version of the **drug formulary** online: **www.kp.org/formulary**

Transition your prescriptions to Kaiser:

- Call: 808-643-5744 (TTY 711), Monday through Friday, from 9 a.m. to 5 p.m. (except holidays)
- Or go to: **kp.org/newmember**

Summary of Services and Cost Shares

Non-Kaiser benefits are not covered, except in emergencies.

Benefits shown are for services through a Kaiser provider. Benefits provided under the Kaiser Plan follow the terms and conditions of the contract with Kaiser. You may contact UNITE HERE HEALTH or Kaiser Permanente Member Services for a copy of the Kaiser Permanente Hawaii Guide to Your Health Plan that describes your benefits.

Your Cost Share is the amount of the Allowable Charge for a Covered Service that you are responsible for. Cost Shares are either Copayments (a flat dollar amount) or Coinsurance (a percentage of Allowable Charges).

This is a summary of the benefits payable under the Kaiser Permanente HMO. If there are any conflicts between this summary and the contract with Kaiser, the contract will govern.