

Health care that just works



Get started at buykp.org

Experience simpler, smarter health care

When your health needs are handled
under one plan, you get:

- High-quality in-person
and virtual care experiences
- Support for your
mental health and wellness
- 24/7 access to care
wherever you are
- High-quality preventive,
primary, and specialty care



Go where you feel like your best self

We can help you get to your healthy place – no matter where it is. Kaiser Permanente care feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind and body.

Important open enrollment dates for 2026

- The open enrollment period for 2026 coverage runs from **November 1, 2025**, through **January 15, 2026**.
- You can apply for coverage at buykp.org.
- For coverage that starts on **January 1, 2026**, we must receive your application for health coverage no later than **December 15, 2025**.

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/specialenrollment 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**).

Combined care and coverage is everything

Your doctors, hospitals, and health plan benefits should work together to give you world-class care, when and where you need it.

From preventive, primary, and virtual care to pharmacy, labs, and mental health support – we put it all together to make your health care work for you.

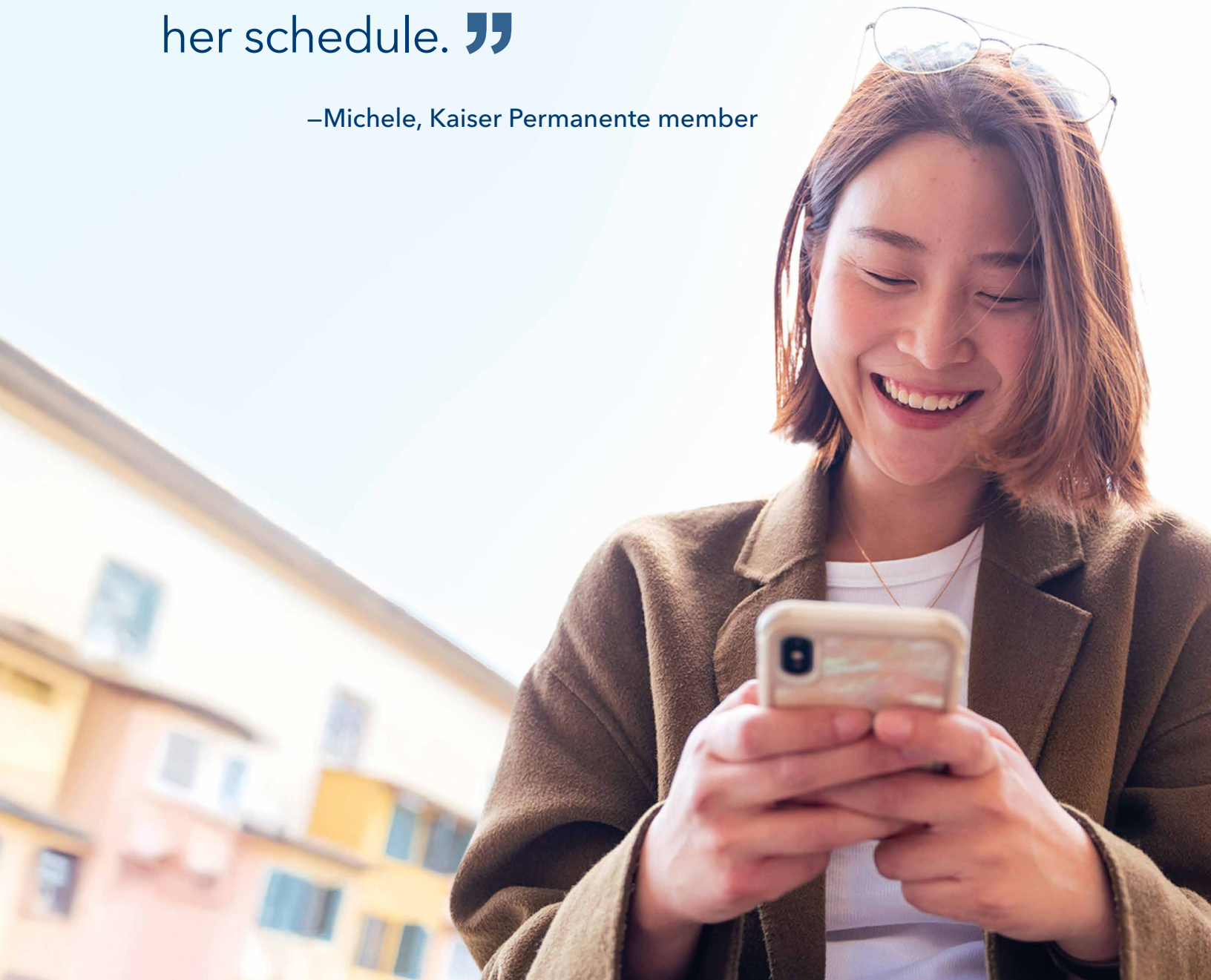
That's why members stay with Kaiser Permanente nearly twice as long as other health plans.¹



Discover how we can help you live your best life at kp.org/learnthebasics.

“ This was my first appointment with Dr. Rieple, and I could not be more impressed. She made me feel like I was the most important person on her schedule. ”

–Michele, Kaiser Permanente member



Timely, convenient in-person and virtual care

Get the care you need, when you need it. The Kaiser Permanente app makes it easier to manage your care online or connect with your care team on demand. And with our widespread network of locations, specialists, and services, you can get timely lab results and primary care appointments close to home.



24/7 virtual care

Visit kp.org or use our app to talk to a clinician 24/7 by phone or video.² You can also email your care team, view most lab results, and more.



Pharmacy

Refill prescriptions online, in person, or over the phone – with same-day pickup and same-day or next-day home delivery for most prescriptions.³



Care while traveling

If you're planning to travel, we can help with vaccinations, prescriptions, and more. You also have access to urgent and emergency care worldwide – not just at Kaiser Permanente facilities.

Finding the right location



Quickly find urgent care centers, pharmacies, and primary care physicians within 25 miles of your ZIP code. Scan the QR code or visit kp.org/locations to find our convenient care options in your area.

Support for your body and mind

Members can get help with depression, anxiety, addiction, and mental or emotional health – without a referral for mental health care within Kaiser Permanente. Explore individual and group therapy, health classes, self-care resources, and more.⁴

Resources for your everyday wellness

Take advantage of classes, services, and programs to help you achieve your health goals.⁵

- Wellness coaching
- Fitness programs
- Gym memberships

Healthy rewards

With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. To learn more about the Fit Rewards program, visit kp.org/fitrewards.

Our members are:

5x

more likely to be
screened for depression⁶

Nearly 2x

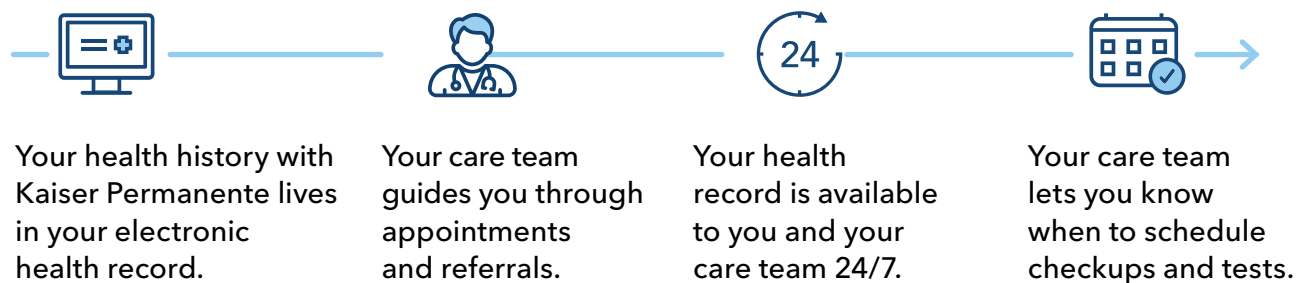
more likely to
respond to treatment⁶

Care that's world class

With most plans, you get a wide range of preventive care at no extra cost. If you need specialty care – for maternity, cancer care, heart health, or anything else – you have access to cutting-edge technology and advanced evidence-based care. You can also change your primary care doctor at any time, so you always have a health partner you know and trust.

- **Recognized excellence in stroke and heart disease care.** The American Heart Association and American Stroke Association's Get With The Guidelines® program has recognized **35 of our medical centers** for commitment to excellence in the treatment of stroke or heart disease.⁷
- **Leading Hawaii in 73 effectiveness-of-care measures.** In 2024, Kaiser Permanente led the state as the top performer in 73 HEDIS® (Healthcare Effectiveness Data and Information Set) effectiveness-of-care measures such as:⁶
 - Breast cancer screening
 - Controlling high blood pressure
 - Postpartum care
 - Depression screening

We guide you every step of the way



“ You have enough stressors in your life. So at Kaiser Permanente we make sure health care isn't one of them. ”

—Dr. Khushboo Mehta



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 a \$20 copay per visit. No referral necessary for chiropractors and acupuncturists.⁹

Deductible plans

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.

HSA-qualified high deductible health plans

HSA-qualified deductible plans are deductible plans with a special feature that gives you the option of setting up a health savings account (HSA) to pay for eligible health care costs, including copays, coinsurance, and deductible payments. You won't pay federal taxes on the money in this account.

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, like eyeglasses for adults, adult dental care, or chiropractic services.⁸ If you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

New for 2026: Most bronze plans can be paired with a health savings account. Learn more at healthy.kaiserpermanente.org/pages/hsa-overview.

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 (no deductible)	\$40 (no charge for children through age 18)	\$65 per day	\$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)	\$65 per day	\$20* generic/ \$3* generic maintenance
KP HI Bronze 6000/65 (\$6,000 deductible)	\$65 (no charge for children through age 18)	\$65 per day	\$30* generic/ \$3* generic maintenance

You may qualify for federal or state financial assistance

Under health care reform, the federal or state government may provide financial assistance for many people, depending on their income.

- Financial assistance is available for premiums and out-of-pocket expenses.
- Assistance is available based on income and family size.



You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit buykp.org for details.

*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. Visit this site anytime to get an idea of what the charges for common services might be before you reach your deductible.

Understanding the plans: Benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. For help understanding how to read those charts, review the diagram below.

Here's a quick look at how to use the chart

Benefit highlights		<div><div>KP</div><div>Offered through Kaiser Permanente</div></div> <div><div>E</div><div>Offered through the health benefit exchange</div></div>
		KP HI Silver 4000 Ded/600 Rx Ded Off
Plan type	Deductible	
Annual medical deductible (individual/family)	\$4,000/\$8,000	
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800	
Benefits		
Virtual care		
Chat, Email, E-visit, Phone, and Video visit	No charge	
Preventive care		
Routine physical exam, mammograms, etc.	No charge	
Outpatient services (per visit or procedure)		
Primary care office visit	\$45 (no charge for children through age 18)	
Specialty care office visit	\$75	
Most X-rays	\$45 per day	
Most lab tests	\$45 per day	
MRI, CT, PET	\$350 after deductible	
Outpatient surgery	30% after deductible	
Mental health visit	\$45 (no charge for children through age 18)	
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	
Maternity		
Routine prenatal care and postpartum visits	No charge	
Delivery and inpatient well-baby care	30% after deductible	
Emergency and urgent care		
Emergency Department visit	30% after deductible	
Urgent care visit	20% applicable charges/ \$45 primary or \$75 specialty	
Prescription drugs (up to a 30-day supply)		
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	
Whole health		
Healthy services	With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards .	

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.

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.

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.

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

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	<div>KP</div> <div>E</div> KP HI Standard Bronze 7500/50	<div>KP</div> KP HI Bronze 6000/65	<div>KP</div> <div>E</div> KP HI Standard Silver 6000/40 KP HI Standard Silver 6000/40 Off
Plan type	HSA-qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$7,500/\$15,000	\$6,000/\$12,000	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$10,000/\$20,000	\$9,400/\$18,800	\$8,900/\$17,800
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	Same as in-person services	No charge	Same as in-person services
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$50	\$65 (no charge for children through age 18)	\$40
Specialty care office visit	\$100	\$120	\$80
Most X-rays	50% after deductible	\$65 per day	40% after deductible
Most lab tests	50% after deductible	\$65 per day	40% after deductible
MRI, CT, PET	50% after deductible	40% after deductible	40% after deductible
Outpatient surgery	50% after deductible	40% after deductible	40% after deductible
Mental health visit	\$50	\$65 (no charge for children through age 18)	\$40
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	40% after deductible	40% after deductible
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	50% after deductible	40% after deductible	40% after deductible
Emergency and urgent care			
Emergency Department visit	50% after deductible	40% after deductible	40% after deductible
Urgent care visit	\$75	20% applicable charges/\$65 primary or \$120 specialty	\$60
Prescription drugs (up to a 30-day supply)			
Generic	\$25*	\$30* generic/\$3* generic maintenance	\$20*
Preferred brand	\$50* after deductible	50% after deductible	\$40*
Non-preferred brand	\$100* after deductible	50% after deductible	\$80* after deductible
Specialty	\$500 after deductible	50% after deductible	\$350 after deductible
Whole health			
Healthy services	With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards .		

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

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, 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.

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	<div> <div>KP</div> <div>E</div> </div> KP HI Silver 4000 Ded/ 600 Rx Ded KP HI Silver 4000 Ded/ 600 Rx Ded Off	<div> <div>KP</div> <div>E</div> </div> KP HI Silver 3000 Ded/ 600 Rx Ded KP HI Silver 3000 Ded/ 600 Rx Ded Off	<div> <div>KP</div> <div>E</div> </div> KP HI Gold 1000 Ded/ 250 Rx Ded	<div> <div>KP</div> <div>E</div> </div> KP HI Standard Gold 2000/30
Plan type	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$4,000/\$8,000	\$3,000/\$6,000	\$1,000/\$2,000	\$2,000/\$4,000
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800	\$8,900/\$17,800	\$8,700/\$17,400	\$8,200/\$16,400
Benefits				
Virtual care				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	Same as in-person services
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
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 per day	\$65 per day	\$40 per day	25% after deductible
Most lab tests	\$45 per day	\$45 per day	\$40 per day	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
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	30% coinsurance	25% after deductible
Maternity				
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
Emergency and urgent care				
Emergency Department visit	30% after deductible	30% after deductible	\$350 [†] 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
Prescription drugs (up to a 30-day supply)				
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
Whole health				
Healthy services	With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards .			

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

[†]Waived if admitted.

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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	KP KP HI Gold 0/40	KP KP HI Platinum 0/5	KP E KP HI Standard Platinum 0/10
Plan type	Copayment	Copayment	Copayment
Annual medical deductible (individual/family)	None/None	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800	\$4,000/\$8,000	\$5,200/\$10,400
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	Same as in-person services
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
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	\$65 per day	\$15 per day	\$30 per day
Most lab tests	\$50 per day	\$15 per day	\$30 per day
MRI, CT, PET	\$400	\$150	\$100
Outpatient surgery	30% coinsurance	\$200	\$300
Mental health visit	\$40 (no charge for children through age 18)	\$5 (no charge for children through age 18)	\$10
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% coinsurance	\$350 per day up to 4 days [†]	\$350
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% coinsurance	\$350 per day up to 4 days [†]	\$350
Emergency and urgent care			
Emergency Department visit	\$400 [‡]	\$300 [‡]	\$100 [‡]
Urgent care visit	20% applicable charges/\$40 primary or \$70 specialty	20% applicable charges/\$5 primary or \$20 specialty	\$15
Prescription drugs (up to a 30-day supply)			
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
Whole health			
Healthy services	With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards .	With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards . Optical \$150 annually applied to hardware.	With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards .

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

[†]After 4 days, there is no charge for covered services related to the admission.

[‡]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 a \$20 copay per visit. No referrals are required for chiropractic and acupuncture services.^{††}

Benefit highlights	<div> <div>KP</div> <div>E</div> </div> KP HI Bronze 6000/65 Plus CAM	<div> <div>KP</div> <div>E</div> </div> KP HI Silver 3000 Ded/600 Rx Ded Plus CAM KP HI Silver 3000 Ded/600 Rx Ded Plus CAM Off	<div> <div>KP</div> <div>E</div> </div> KP HI Gold 0/40 Plus CAM	<div> <div>KP</div> <div>E</div> </div> KP HI Platinum 0/5 Plus CAM
Plan type	HSA-qualified	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)	\$9,400/\$18,800	\$8,900/\$17,800	\$8,900/\$17,800	\$4,000/\$8,000
Benefits				
Virtual care				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
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 per day	\$65 per day	\$65 per day	\$15 per day
Most lab tests	\$65 per day	\$45 per day	\$50 per day	\$15 per day
MRI, CT, PET	40% after deductible	\$350 after deductible	\$400	\$150
Outpatient surgery	40% after deductible	30% after deductible	30% coinsurance	\$200
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)
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	30% coinsurance	\$350 per day up to 4 days [†]
Maternity				
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	\$350 per day up to 4 days [†]
Emergency and urgent care				
Emergency Department visit	40% after deductible	30% after deductible	\$400 [‡]	\$300 [‡]
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
Prescription drugs (up to a 30-day supply)				
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
Whole health				
Healthy services	With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards . Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year.	With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards . Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year.	With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards . Chiropractic, Acupuncture and Massage (CAM) \$20 per visit; combined max 12 visits per year.	With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards . 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.

[†]After 4 days, there is no charge for covered services related to the admission.

[‡]Waived if admitted.

^{††}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, 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 a \$20 copay per visit. No referrals are required for chiropractic and acupuncture services.††

Benefit highlights	E KP HI Silver 2850 Ded/600 Rx Ded CSR73 Plus CAM	E KP HI Silver 200 Ded/100 Rx Ded CSR87 Plus CAM	E KP HI Silver 0/5 CSR94 Plus CAM
Plan type	Deductible	Deductible	Copayment
Annual medical deductible (individual/family)	\$2,850/\$5,700	\$200/\$400	None/None
Annual out-of-pocket maximum (individual/family)	\$7,520/\$15,040	\$2,850/\$5,700	\$2,500/\$5,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
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 per day	\$20 per day	\$5 per day
Most lab tests	\$45 per day	\$20 per day	\$5 per day
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)
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	10% coinsurance
Maternity			
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
Emergency and urgent care			
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
Prescription drugs (up to a 30-day supply)			
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
Whole health			
Healthy services	With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards . 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.

††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, 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	E KP HI Standard Silver 3000/40 CSR73	E KP HI Standard Silver 700/20 CSR87	E KP HI Standard Silver 0/0 CSR94
Plan type	Deductible	Deductible	Copayment
Annual medical deductible (individual/family)	\$3,000/\$6,000	\$700/\$1,400	None/None
Annual out-of-pocket maximum (individual/family)	\$7,400/\$14,800	\$3,300/\$6,600	\$2,200/\$4,400
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	Same as in-person services	Same as in-person services	Same as in-person services
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
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
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	25% coinsurance
Maternity			
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
Emergency and urgent care			
Emergency Department visit	40% after deductible	30% after deductible	25% coinsurance
Urgent care visit	\$60	\$30	\$5
Prescription drugs (up to a 30-day supply)			
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
Whole health			
Healthy services	With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards .		

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

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, 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.

Cost Share Reduction (CSR) Plans

E Offered through the health benefit exchange

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

Benefit highlights	E KP HI Silver 2000 Ded/ 300 Rx Ded CSR73	E KP HI Silver 750/20 CSR87	E KP HI Silver 25/5 CSR94
	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$2,000/\$4,000	\$750/\$1,500	\$25/\$50
Annual out-of-pocket maximum (individual/family)	\$7,800/\$15,600	\$3,100/\$6,200	\$2,000/\$4,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
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 per day	\$20 per day	\$5 per day
Most lab tests	\$45 per day	\$20 per day	\$5 per day
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)
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	10% after deductible
Maternity			
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
Emergency and urgent care			
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
Prescription drugs (up to a 30-day supply)			
Generic	\$20* generic/\$3* generic maintenance	\$15* generic/\$3* generic maintenance	\$10* generic/\$3* generic maintenance
Preferred brand	50% after \$300 pharmacy deductible	50% coinsurance	5% coinsurance
Non-preferred brand	50% after \$300 pharmacy deductible	50% coinsurance	5% coinsurance
Specialty	50% after \$300 pharmacy deductible	50% coinsurance	5% coinsurance
Whole health			
Healthy services	With Fit Rewards, you can earn a free gym membership at certain participating gyms. Whichever fitness center you choose, you can earn a \$200 reward if you meet the program requirements. Learn more at kp.org/fitrewards .		

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

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Find your rate



Apply on buykp.org 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 or call us at **1-800-494-5314** (TTY **711**) 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 their 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** (TTY **711**) 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

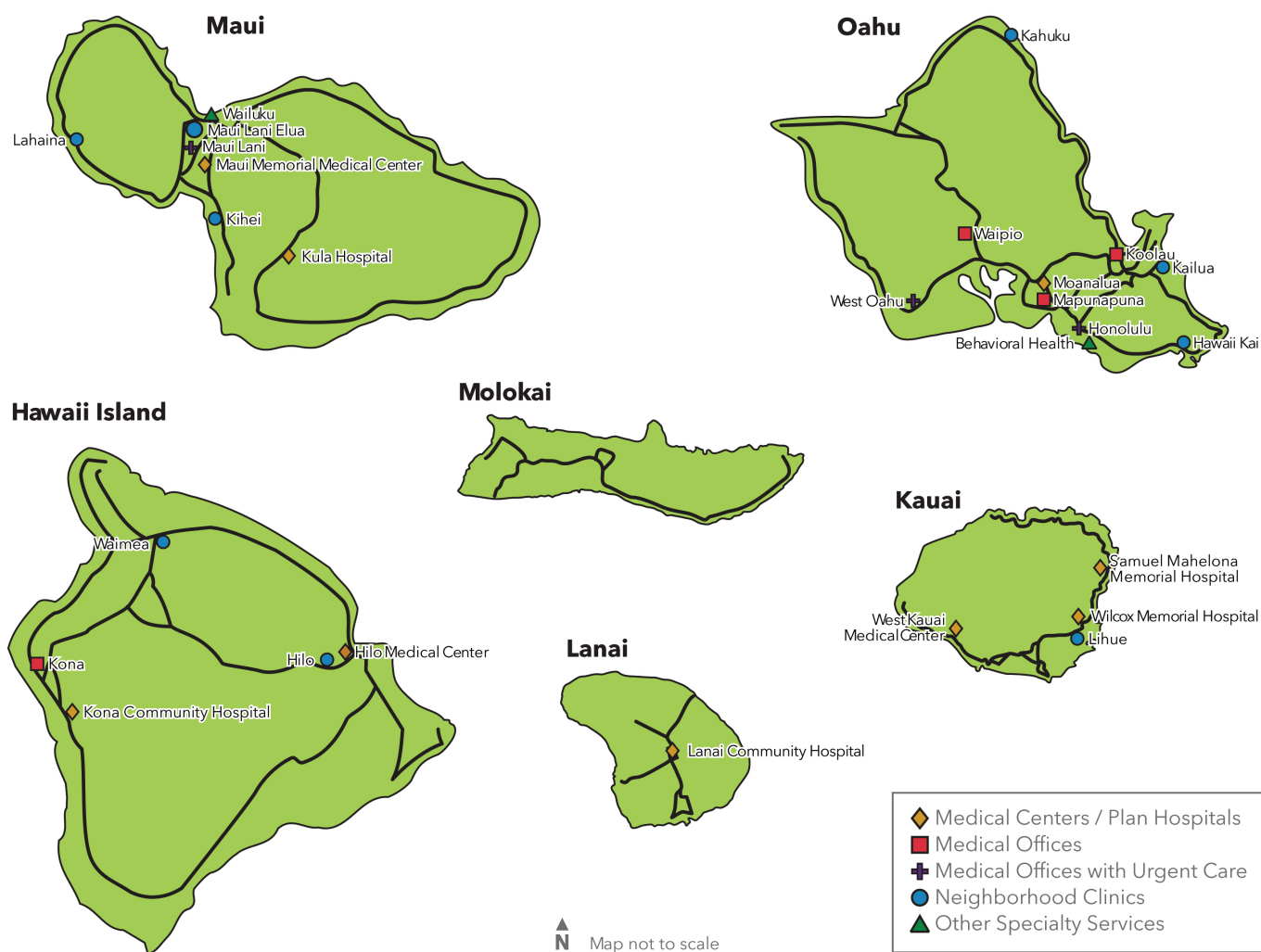
You pay:

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 to find the one nearest you.⁸



Complete care helps you live a healthier more fulfilled life

With Kaiser Permanente, your care is simpler, smarter, and faster – so you can spend more time doing what you love.



Ready for health care that works for you?
Visit buykp.org to get started.

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 noon Hawaii time.



1. Kaiser Permanente internal data, 2024; Hanming Fang, PhD, et al., "Trends in Disenrollment and Reenrollment Within US Commercial Health Insurance Plans, 2006-2018," *JAMA Network Open*, February 24, 2022. 2. When appropriate and available. 3. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescription delivery. 4. Some classes may require a fee. 5. The services described above are not 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. 6. Kaiser Permanente 2024 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 2024 and is used with the permission of NCQA. Quality Compass 2024 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. 7. American Heart Association and American Stroke Association, July 11, 2024. 8. Maps and facilities are subject to change. 9. To find a practitioner, visit www.ashlink.com/ash/KaiserHIC. Practitioners are credentialed and contracted by American Specialty Health Systems, Inc. affiliate company, American Specialty Health Group, Inc.



NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides 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, braille, and accessible electronic formats
- Provides 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>.

This notice is available at <https://healthy.kaiserpermanente.org/hawaii/language-assistance/nondiscrimination-notice>

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) PAGPAHIMANGNO: Kung nag-istorya ka og Cebuano, ang mga serbisyo sa tabang sa pinulongan lakip ang angay nga mga auxiliary nga mga himan ug serbisyo, libre, anaa kanimo. Tawag sa **1-800-966-5955** (TTY: **711**).

中文 (Chinese) 注意事項: 如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-966-5955** (TTY: **711**)。

Chuuk (Chukese) ESINESIN: Ika en mi sine Fosun Chuuk, mi kawor aninisin fosun fonu mei pachonong pisekin aninis, ese kamo, mi kawor ngonuk. Kekeru **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 nā lawelawe kōkua ‘ōlelo me nā kōkua kōkua kūpono a me nā lawelawe, manuahi ‘ole, loa‘a i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) ATENSION: No makasaoka iti Ilokano, dagiti serbisio a tulong iti pagsasao agraman dagiti maitutop a kanayonan a tulong ken serbisio, a libre, ket mabalin a mausar para kenka. Tawagan ti **1-800-966-5955** (TTY: **711**).

日本語 (Japanese) 注意: 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-966-5955** までお電話ください (TTY: **711**)。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-966-5955** (TTY: **711**)로 전화해 주세요.

ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-800-966-5955** (TTY: **711**).

Kajin Majōl (Marshallese) Roñjake: Ñe kwōjelā kajin Kajin Majōl, eo ej jipañ eok ilo kajin in ekaoba jermal ko jet, ejjelok oñāāer, repellok ñan eok. Kūr tok **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yánítí'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'I bí'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien me kele mehlel oh sarawi kan me pahn limpoak, en kak sawa ni ke, lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) FA'AMALU: Afai e te tautala i le Gagana Samoa, o auaunaga fesoasoani i le gagana, e aofia ai meafaigaluega talafeagai ma auaunaga, e leai ni totagi, o lo'o avanoa mo oe. Fa'amalie atu i le **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-966-5955** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA: Kapau 'oku ke lea Faka-Tonga, 'oku 'i ai ha sevesi tokoni fakatonu lea pea mo ha naunau me'a fanongo, 'oku ta'etotongi, mo faingamalie kiate koe. Taa **1-800-966-5955** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-966-5955** (TTY: **711**).

Notes

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Notes

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