

Your Hawaii 2022 benefits at a glance

Benefits and Services		High Option	Standard Option
Deductible		None	None
Outpatient services			
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 lab tests and X-rays		\$10	\$10
Specialty lab tests and imaging		20%	30%
Maternity			
Routine prenatal care and postpartum visit		\$0	\$0
Delivery		\$0	\$0
Hospital services			
Outpatient surgery		20%	20%
Inpatient hospital		\$100	\$300
Emergency and urgent care			
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%
Prescription drugs			
Generic	Maintenance	\$5	\$5
	Other generics	\$10	\$15
Brand		\$45	\$50
Specialty		\$200	\$200
Hearing aids (every 36 months)		60%	60%
Dental			
Examination		\$0	\$0
Cleaning		20%	20%
Out-of-pocket Maximum		\$3,000	\$3,000

Notes:

- Telehealth options include video, phone, email, and more.
- Coinsurance (%) is based on our allowance.
- Prescription drug copayments 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 2 times per Self Plus One enrollment and 3 times per Self and Family enrollment.

This is a summary of the features of the Kaiser Permanente – Hawaii FEHB 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	\$77.95	\$56.00
	Monthly	\$168.89	\$121.34
Self Plus One	Biweekly	\$173.83	\$124.89
	Monthly	\$376.63	\$270.59
Self and Family	Biweekly	\$173.83	\$124.89
	Monthly	\$376.63	\$270.59

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**, Monday through Friday, 5 a.m. to 3 p.m.
Open Season hours: Monday through Friday, 4 a.m. to 5 p.m. For TTY, call **711**.