

2020 HAWAII SMALL GROUP PLANS

A BETTER WAY TO TAKE CARE OF BUSINESS

Product	Plan	Medical Deductible ¹	Medical Out-of-Pocket Maximum ²	Primary Care Physician Office Visit	Specialist Office Visit	Inpatient Hospital	Prescription Drug Deductible ¹	Prescription Drug Out-of-Pocket Maximum ²	Prescription Drugs ³ (Generic Maintenance/ Generic Other/ Brand/ Specialty)	Optical	Dental
HMO plans	KP Platinum \$15	\$0 Single \$0 Family	\$2,500 Single \$5,000 Family	\$15	\$20	10%	\$0 Single \$0 Family	\$2,500 Single \$5,000 Family	\$3/\$10/\$45/\$200	Pediatric Optical covered; Optical 150 available for purchase with certain packages	Not covered; available for purchase with certain packages
	KP Platinum \$15 Optical	\$0 Single \$0 Family	\$2,500 Single \$5,000 Family	\$15	\$20	10%	\$0 Single \$0 Family	\$2,500 Single \$5,000 Family	\$3/\$10/\$45/\$199	Pediatric Optical covered and \$150 allowance	Not covered; available for purchase with certain packages
	KP Platinum \$15 Optical – Dental	\$0 Single \$0 Family	\$2,500 Single \$5,000 Family	\$15	\$20	10%	\$0 Single \$0 Family	\$2,500 Single \$5,000 Family	\$3/\$10/\$45/\$200	Pediatric Optical covered and \$150 allowance	Covered; HDS Dental 2995
	KP Platinum I \$20	\$0 Single \$0 Family	\$2,500 Single \$5,000 Family	\$20	\$20	20%	\$0 Single \$0 Family	\$5,000 Single \$10,000 Family	\$3/\$15/\$50/\$200	Pediatric Optical covered; Optical 150 available for purchase with certain packages	Not covered; available for purchase with certain packages
	KP Platinum I \$20 Optical	\$0 Single \$0 Family	\$2,500 Single \$5,000 Family	\$20	\$20	20%	\$0 Single \$0 Family	\$5,000 Single \$10,000 Family	\$3/\$15/\$50/\$200	Pediatric Optical covered and \$150 allowance	Not covered; available for purchase with certain packages
	KP Platinum I \$20 Optical – Dental	\$0 Single \$0 Family	\$2,500 Single \$5,000 Family	\$20	\$20	20%	\$0 Single \$0 Family	\$5,000 Single \$10,000 Family	\$3/\$15/\$50/\$200	Pediatric Optical covered and \$150 allowance	Covered; HDS Dental 2995
HMO plans with deductible	KP Gold \$20	\$0 Single \$0 Family	\$2,500 Single \$5,000 Family	\$20	\$20	20%	\$1,000 Single \$2,000 Family	\$5,650 Single \$11,300 Family	\$5/\$30/50%/50% after deductible for brand and specialty drugs	Pediatric Optical covered; Optical 150 available for purchase with certain packages	Not covered; available for purchase with certain packages
	KP Gold \$20 Optical	\$0 Single \$0 Family	\$2,500 Single \$5,000 Family	\$20	\$20	20%	\$1,000 Single \$2,000 Family	\$5,650 Single \$11,300 Family	\$5/\$30/50%/50% after deductible for brand and specialty drugs	Pediatric Optical covered and \$150 allowance	Not covered; available for purchase with certain packages
	KP Gold \$20 Optical – Dental	\$0 Single \$0 Family	\$2,500 Single \$5,000 Family	\$20	\$20	20%	\$1,000 Single \$2,000 Family	\$5,650 Single \$11,300 Family	\$5/\$30/50%/50% after deductible for brand and specialty drugs	Pediatric Optical covered and \$150 allowance	Covered; HDS Dental 2995

This is only a summary. It does not fully describe benefit coverage for each plan. For complete coverage details, including exclusions, limitations, and plan terms, contact a Kaiser Permanente representative or refer to your service agreement.

1 Plan deductible for an individual subscriber vs. a subscriber plus one or more dependents.

2 Out-of-pocket maximum for an individual subscriber vs. a subscriber plus one or more dependents.

3 Dollar amounts are copay and percentages are coinsurance. Coinsurance applies after deductible. Information may have changed since publication.

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