

Proposed Benefit Summary



Customer Name: VMWare

Customer ID: 9549

**Principal Benefits for
Kaiser Permanente Hawaii Traditional Plan (01/01/2020 — 12/31/2020)**

Accumulation Period

The Accumulation Period for this plan is 1/1/2020 through 12/31/2020 (calendar year).

Out-of-Pocket Maximum(s) and Deductible(s)

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

Amounts Per Accumulation Period	Self-Only Coverage (Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	\$2,500	\$2,500	\$7,500
Plan Deductible	None	None	None
Drug Deductible	None	None	None

Professional Services (Plan Provider office visits)

You Pay

Most Primary Care Visits and most Non-Physician Specialist Visits	\$15 copay per visit
Most Physician Specialist Visits.....	\$15 copay per visit
Routine physical maintenance exams, including well-woman exams ⁽¹⁾	No charge per visit
Well-child preventive exams (18 months and younger) ⁽²⁾	No charge per visit
Family planning counseling and consultations	No charge per visit
Scheduled prenatal care exams & 1 st Postnatal exam	\$15 copay for initial visit; no charge for scheduled routine visits & 1 st postnatal exam
Routine eye exams with a Plan Optometrist or Ophthalmologist.....	\$15 copay per visit
Hearing exams.....	\$15 copay per visit
Most physical, occupational, and speech therapy.....	\$15 copay per visit
Urgent care consultations, evaluations, and treatment.....	\$15 copay per visit at Kaiser Permanente facilities within the Hawaii Service Area; 20% of applicable charges at non-Kaiser Permanente facilities outside the Hawaii Service Area.

Outpatient Services

You Pay

Outpatient surgery and certain other outpatient procedures.....	10% Coinsurance per visit
Most immunizations (including the vaccine).....	No charge
Most laboratory tests.....	\$10 copay per day for basic labs
Most X-rays.....	\$10 copay per day for basic x-rays
Preventive X-rays, screenings, and laboratory tests as described in the EOC.....	No charge
MRI, most CT, and PET scans.....	20% Coinsurance per test
Radiation Therapy.....	20% Coinsurance per visit
Covered individual health education counseling	\$15 copay per visit
\$500 copay for bariatric counselling; \$100 copay for weight management counselling	

Hospitalization Services

You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.....	10% Coinsurance per admit
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Emergency Health Coverage

You Pay

Emergency Department visits	\$100 copay per visit
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Note: This Cost Share does not apply if admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).



Ambulance Services	You Pay
Ambulance Services	20% Coinsurance per trip
Prescription Drug Coverage	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Most maintenance drugs at a retail Plan Pharmacy ⁽³⁾	\$3 copay for up to a 30-day supply
Most maintenance drugs through our mail order service ⁽⁴⁾	\$6 copay for up to a 90-day supply
Most generic items at a retail Plan Pharmacy ⁽³⁾	\$10 copay for up to a 30-day supply
Most generic refills through our mail-order service ⁽⁴⁾	\$20 copay for up to a 90-day supply
Most brand-name items at a retail Plan Pharmacy ⁽³⁾	\$35 copay for up to a 30-day supply
Most brand-name refills through our mail-order service ⁽⁴⁾	\$70 copay for up to a 90-day supply
Most specialty items at a retail Plan Pharmacy ⁽³⁾	\$200 copay for up to a 30-day supply
Durable Medical Equipment (DME)	You Pay
DME items in accord with our DME formulary guidelines.....	20% Coinsurance 50% Coinsurance for diabetic equipment
Mental Health Services	You Pay
Inpatient psychiatric hospitalization.....	10% Coinsurance per admit
Individual outpatient mental health evaluation and treatment	\$15 copay per visit
Group outpatient mental health treatment.....	\$15 copay per visit
Chemical Dependency Services	You Pay
Inpatient detoxification	10% Coinsurance per admit
Individual outpatient chemical dependency evaluation and treatment.....	\$15 copay per visit
Group outpatient chemical dependency treatment.....	\$15 copay per visit
Home Health Services	You Pay
Home health care.....	No charge (office visit copays apply to physician visits)
Nurse and home health aide visits to homebound members, when prescribed by a Kaiser Permanente physician)	
Other	You Pay
Skilled nursing facility care (up to 120 days per calendar year)	10% Coinsurance
Hospice care.....	No charge (office visit copays apply to physician visits)
Hearing Aids.....	60% Coinsurance of applicable charges; provided every 36 months for each hearing impaired ear
Chiropractic care.....	\$20 copay per visit (up to 30 visits per calendar year)

Chiropractic services are administered through American Speciality Health, Inc. A PCP referral is not required to receive chiropractic services, however, the chiropractor must be contracted with ASH to receive services at a copay. Chiropractors can be located through www.ASHLink.com, or by calling 1-800-678-9133.

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the EOC. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

Notes:

- (1) One well-woman office visit or office visit for physical exam per calendar year. Preventive screenings covered at no charge include all services mandated by the Patient Protection and Affordable Care Act.
- (2) At birth, ages 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, and 18 months.
- (3) Up to a 30-consecutive-day supply or an amount determined by the Health Plan formulary.
- (4) Applies to refills for most maintenance drugs. The mail-order program does not apply to certain drugs and mailing is limited to addresses inside the Hawaii Service Area.

