

# COBRA

## Annual Enrollment for Hawaii

Annual Enrollment is **Oct. 12–Nov. 8**



Explore the benefits available to you and your family.  
Log in at [MyBenefits.WageWorks.com](https://MyBenefits.WageWorks.com).

### What's new?

**No big changes.** There are no major changes to your benefits plans for 2025. So if you're happy with what you have, there's no need to complete an enrollment session this year.



#### Medical

You have a choice of two HMO plans: HMSA and Kaiser of Hawaii. They both offer quality care at a low cost.



#### Vision

Get coverage for eye care, glasses, and contacts.



#### Dental

Get affordable dental care from checkups to major work—including braces.

### Medical

Check out your options below and choose the coverage that's right for you and your family.

2025 medical plan options		HMSA	Kaiser of Hawaii
		Get access to doctors and hospitals at home or on the mainland and benefit from a focus on your total health.	This all-in-one plan combines 50 years of experience in Hawaii with innovative approaches to care.
<b>Annual deductible</b>		None	None
<b>Annual out-of-pocket maximum</b> <i>In-network coverage shown.</i>	<b>Per person</b>	\$2,500	\$2,500
	<b>Entire family</b>	\$7,500	\$7,500
<b>Care and services</b> <i>In-network coverage shown.</i>	<b>Including doctor visits, hospitalization, and emergency department</b>	\$14 copay–office visit 80% covered–hospitalization 80% covered–emergency	\$15 copay–office visit 90% covered–inpatient, outpatient \$100 copay–emergency
<b>Pharmacy</b> <i>Network options vary by plan.</i>	<b>Generic drugs</b>	\$7 copay	\$3 maintenance/\$10
	<b>Brand-name drugs</b>	\$50–\$75*	\$35 for 30-day supply

\*Pharmacy out-of-pocket maximum: \$3,600 individual, \$4,200 family



# Questions, answered.

If you have questions about...	Website	Phone
Benefits, medical claims, finding a doctor, or care management	<a href="https://www.hmsa.com">HMSA.com</a> <a href="https://www.kp.org">KP.org</a>	HMSA: <a href="tel:808-948-6111">808-948-6111</a> Kaiser (Oahu): <a href="tel:808-432-5955">808-432-5955</a> Kaiser (neighbor islands): <a href="tel:800-966-5955">800-966-5955</a>
Vision plan	<a href="https://one.walmart.com/vision">One.Walmart.com/Vision</a>	VSP: <a href="tel:866-240-8390">866-240-8390</a>
Dental plan	<a href="https://one.walmart.com/dental">One.Walmart.com/Dental</a>	Delta Dental: <a href="tel:800-462-5410">800-462-5410</a>
My Mental Health Resources	<a href="https://walmart.lyrahealth.com">Walmart.LyraHealth.com</a>	Lyra: <a href="tel:800-825-3555">800-825-3555</a> , 24/7
When you're eligible for benefits or how to enroll	<a href="https://mybenefits.wageworks.com">MyBenefits.WageWorks.com</a>	WageWorks, COBRA Administrator: <a href="tel:800-570-1863">800-570-1863</a>

## Looking for rates for the medical, vision, and dental plans?

Go to [MyBenefits.WageWorks.com](https://mybenefits.wageworks.com) for complete details. You'll also find more information on your COBRA Notice.



Explore it all at [MyBenefits.WageWorks.com](https://mybenefits.wageworks.com).





# A few more things...

Here are some important legal documents that let you know about your rights as a Plan participant.

You should also share these notices with any family members who are covered under your Plan. If they live in a different household, you can ask for these notices to be sent to a different address. You and your family members can also ask for a free paper copy of these notices by calling People Services at **800-421-1362**.

# Valued Plan Participant

## THE ASSOCIATES' HEALTH AND WELFARE PLAN (AHWP) RESPECTS THE DIGNITY OF EACH INDIVIDUAL WHO PARTICIPATES IN THE PLAN.

The Associates' Health and Welfare Plan (AHWP) does not discriminate on the basis of race, color, national origin, sex, age, or disability and strictly prohibits retaliation against any person making a complaint of discrimination. Additionally, we gladly provide our participants with language assistance, auxiliary aids and services at no cost. We value you as our participant and your satisfaction is important to us.

If you need such assistance or have concerns with your Plan services, please call the number on the back of your plan ID card. If you have any questions or concerns, please use one of the methods below so that we can better serve you.

For assistance, call the number on the back of your plan ID card.

To learn about or use our grievance process, contact People Services at **1-800-421-1362**

To file a complaint of discrimination, contact the U.S. Department of Health and Human Services, Office of Civil Rights:

- **Phone:** [1-800-368-1019](tel:1-800-368-1019) or [1-800-537-7697](tel:1-800-537-7697) (TDD)
- **Website:** [https://ocrportal.hhs.gov/ocr/cp/wizard\\_cp.jsf](https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf)
- **Email:** [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

Interpreter Services are available at no cost. **1-800-421-1362**

### عربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم هاتف الصم والبكم: 1-800-421-1362

### မြန်မာစာ (Burmese)

သတိပြုရန် - အကယ်၍ သင့်သည် ဂျပန်စကား ကို ချောပါက၊ ဘာသာစကား အကူအညီ အခမဲ့ သင့်အကြံပြု စီစဉ်ပေးပါမည်။ ဖုန်းနံပါတ် -800-421-1362။ သို့မဟုတ် ဝေဖန်ပေးပါ။

### 英語廣東話 (Cantonese)

請指出您的語言。翻譯服務免費提供 1-800-421-1362。

### فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-421-1362 تماس بگیرید.

### Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. 1-800-421-1362.

### Kreyòl Ayisyen (French Creole)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis ou ou. Rele 1-800-421-1362.

### 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-421-1362。まで、お電話にてご連絡ください。

### 한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-421-1362. 번으로 전화해 주십시오.

### 汉语普通话 (Mandarin)

請指出您的語言 翻譯服務免費提供 1-800-421-1362。

### Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-421-1362.

### Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-421-1362.

### ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-421-1362. 'ਤੇ ਕਾਲ ਕਰੋ।

### Română (Romanian)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-421-1362.

### Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-421-1362.

### Soomaali (Somali)

Tilmaan luuqaadaa. Adeegyada turjubaanka, lacag la'aan ayaa laguugu siinayaa. 1-800-421-1362.

### Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-421-1362.

### Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata huduma za lugha, bila malipo. Piga simu 1-800-421-1362.

### Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-421-1362.

## Availability of Summary of Health Information

As an associate, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare options.

The SBC is available on [One.Walmart.com/Health](https://www.walmart.com/Health). A paper copy is also available, free of charge, by calling [800-421-1362](tel:800-421-1362).

## Women's Health and Cancer Rights Act

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, Walmart-provided medical plans provide coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.