

**Walmart 2024
Benefits**

Legal Name	Kaiser Foundation Health Plan, Inc. - Hawaii
Name used for associate communications	Kaiser of Hawaii
Plan State	Hawaii
Customer Service Number	1-808-432-5955 (Oahu), 1-800-966-5955 (Neighbor Islands)
Web Address	www.kp.org
Active Associate Group #	14632
COBRA Group #	14632

BENEFIT	2024 PLAN DESIGN
DEDUCTIBLE	None
ANNUAL OUT-OF-POCKET MAXIMUM	\$2,500 per individual / \$7,500 per family
LIFETIME MAXIMUM BENEFIT	Unlimited
OFFICE VISITS	\$15 copay per visit; no charge for Pediatric Primary Care Diagnostic Visits (to age 18)
PREVENTIVE CARE	Covered 100%
MATERNITY CARE	10% coinsurance for hospital admission; contact Plan for cost sharing on outpatient maternity office visits; no charge for Maternity Delivery
URGENT CARE	\$15 copay per visit
TELEMEDICINE	No charge
HOSPITAL CARE Inpatient Emergency Room Outpatient Surgery	10% coinsurance \$100 copay per visit 10% coinsurance
AMBULANCE	20% coinsurance
DURABLE MEDICAL EQUIPMENT	20% coinsurance
DIABETIC EQUIPMENT	Covered at 50%
INJECTABLES	Covered under prescription benefit if self-administered
SKILLED NURSING FACILITY	10% coinsurance. Limit 120 days per calendar year
MENTAL HEALTH Inpatient Outpatient	10% coinsurance \$15 copay per visit
SUBSTANCE ABUSE Inpatient Outpatient	10% coinsurance \$15 copay per visit
PRESCRIPTIONS Retail Mail-Order	\$3 generic maintenance / \$10 generic / \$35 brand name copay per Rx up to a 30-day supply. Must use Kaiser Permanente pharmacy. \$200 specialty copay per Rx up to a 30-day supply \$6 generic maintenance / \$20 generic / \$70 brand name copay per Rx up to a 90-day supply. Must use Kaiser Permanente mail order pharmacy. Mail-order specialty does not apply.
Other Medical Services	
Physical Therapy	\$15 copay per visit limited by certain clinical criteria and Kaiser Permanente physician determination
Private Duty Nursing	Not Covered
Prosthetics	Internal prosthetics covered 100%
Home Health Care	Covered 100% when prescribed by a Kaiser Permanente physician
Vision Exams	\$15 copay limited to one exam per calendar year
Hearing Exams	\$15 copay per visit
Chiropractic Services	Not Covered
TMJ	Not Covered
Organ Transplants	Covered 100% after 10% coinsurance (inpatient)
The following applies to the out-of-pocket maximum	All Essential Health Benefit cost sharing will apply to the Out-of-Pocket Maximum
State and Federal Mandates	Walmart's intent is that the plan will be in compliance with all applicable federal and state mandates