

2024 Small Business Plans



	KP HI Platinum 0/20 Rx Ded (Low)	KP HI Platinum 0/20 (Medium)	KP HI Platinum 0/15 (High)
Medical Deductible	\$0 Single / \$0 Family	\$0 Single / \$0 Family	\$0 Single / \$0 Family
Out-of-Pocket Maximum	\$2,500 Single / \$5,000 Family	\$2,500 Single / \$5,000 Family	\$2,500 Single / \$5,000 Family
Out-of-Pocket Maximum – Rx	\$6,000 Single / \$12,000 Family	\$5,000 Single / \$10,000 Family	\$2,500 Single / \$5,000 Family
Primary Care Physician Office Visit	\$20 No charge for children through 17	\$20 No charge for children through 17	\$15 No charge for children through 17
Specialist Office Visit	\$20	\$20	\$20
Physical Therapy/Occupational Therapy/ Speech Therapy – Outpatient	\$20	\$20	\$15
Inpatient Hospital	20% / Routine delivery no charge	20% / Routine delivery no charge	10% / Routine delivery no charge
Lab/X-ray – Basic/Complex	Basic \$20 / Complex 20%	Basic \$20 / Complex 20%	Basic \$15 / Complex 20%
Testing	20%	20%	20%
Outpatient Surgery	20%	20%	10%
Emergency Services	20%	20%	\$100
Skilled Nursing Facility	20%	20%	10%
Radiation Therapy	20%	20%	20%
Skilled Admin Rx	20%	20%	20%
Outpatient Dialysis	20%	20%	20%
Rx Deductible (Brand/Specialty)	\$100 Single / \$200 Family	\$0 Single / \$0 Family	\$0 Single / \$0 Family
– Tier 1 Generic Rx	\$3	\$3	\$3
– Tier 2 Generic Rx	\$15	\$12	\$10
– Brand Rx	\$75	\$50	\$45
– Specialty Rx	\$200 after deductible	\$200	\$200
Optical¹	Pediatric Optical covered. Various Optical Riders available at an additional cost		
Dental¹	HDS Dental Rider options available at additional cost		
Chiropractic/Acupuncture/Massage/ Naturopathy^{1, 2}	20 visits per year at \$20 per visit available at additional cost		

Get Fit Rewards.³ Earn a free gym membership or get discounted rates at participating fitness centers. For details visit kp.org/fitrewards.

¹Optional benefit riders include: chiropractic, acupuncture, massage and naturopathy therapy package rider, optical riders, and dental riders. Please refer to your Evidence of Coverage for details. ²Alternative medicine services listed in this Rider are covered only if Medically Necessary and received from the Health Plan Designated Network's Participating Chiropractors, Participating Acupuncturists, Participating Massage Therapists, and Participating Naturopaths. ³Kaiser Permanente Fit Rewards is part of the Active&Fit™ program, administered by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated. Exclusions and limitations apply.

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More ways to get care, and other benefit options

- **Family benefits** included with \$0 copays for routine maternity services and primary care office visits for children (through age 17).
- **Plan Options:**
 - KP HI Platinum 0/20 Rx Ded (Low plan with a prescription drug deductible)
 - KP HI Platinum 0/20 (Medium plan without a prescription drug deductible)
 - KP HI Platinum 0/15 (High plan without a prescription drug deductible)
- **Healthy Extras** (Round out your employees' benefit package by offering one or more of the following optional supplemental benefit riders available for an additional cost):
 - **Optical** options with a flat dollar allowance that refreshes every calendar year and can be used toward the purchase of prescription eyeglasses -- including frames, prescription lenses, and lens treatments -- or prescription contact lenses, contact lens exams, and fittings.
 - **Dental** options provided by Hawaii Dental Service (HDS) include two examinations, bitewing X-rays, and two cleanings per calendar year. The plan picks up 70% of the costs for specialty services such as periodontics, endodontics, and oral surgery -- and an additional 50% to 70% is covered for prosthodontics, and crowns and fillings. Members pay discounted rates by visiting a participating dentist. Benefits also include orthodontia coverage for children up to the age of 18
 - **Chiropractic, Acupuncture, Massage Therapy, and Naturopathy Services** bundled into one convenient benefits package.¹
- **Convenient Care.**² You have many ways to get care when it works for you – online, by phone, or in person. Plus, **care while traveling** is easier than ever. Learn more at kp.org/getcare.
 - **24/7 phone advice** from licensed clinicians, at no additional charge.²
 - **24/7 virtual care by phone or video, no appointment necessary.** Available at no additional cost for most plans.²
 - **Other virtual care options** include e-visits, and scheduled video and phone appointments.²
 - **Refill most prescriptions online.**
 - **Urgent Care** locations on Oahu and Maui.
- **Self-care apps at no additional cost to members** help you navigate life's challenges, and make small changes to improve your sleep, mood, relationships, and more. Learn about **Ginger, Calm, and myStrength** at kp.org/mentalhealth.
- **Get Fit Rewards.**³ Earn a free gym membership or get discounted rates at participating fitness centers. For details visit kp.org/fitrewards.

¹ Alternative medicine services listed in this Rider are covered only if Medically Necessary and received from the Health Plan Designated Network's Participating Chiropractors, Participating Acupuncturists, Participating Massage Therapists, and Participating Naturopaths. ² Where appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. ³ Kaiser Permanente Fit Rewards is part of the Active&Fit™ program, administered by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated. Exclusions and limitations apply.

Quality you can see



Your optical 200 benefits at a glance¹

Your \$200 allowance can be applied to either eyeglasses or contact lenses, once per year. The allowance can be applied to:

- Eyeglass frames
- Eyeglass lenses
- Complete pair of eyeglasses
- Contact lens exam and fitting
- Contact lenses

Member discount²

As an added bonus, members can get a **40% discount on a second pair of eyeglasses**, all year round.

For children up to 18 years of age, the following are covered at no charge:

- One eye examination per year
- One pair of polycarbonate single vision, lined bifocal, or lined trifocal lenses per year
- One frame per year from our value collection frames; or one pair of non-disposable contact lenses; or an initial supply of disposable contact lenses not more than once per year in place of frames and lenses. Covered contact lenses include one of the following options:
 - Standard (one pair annually)
 - Monthly (6-month supply)
 - Bi-weekly (3-month supply)
 - Dailies (3-month supply)

¹The \$200 allowance is applied to the retail price. If the entire allowance amount is not used at the time of purchase, the balance will be forfeited. When purchasing contact lenses at our Kaiser Permanente optical centers, our optical team can assist you with verifying your optical benefits.

²Benefits will be applied before discounts are given. Offer may not be combined with any other discounts and promotions. Exclusions and limitations apply. Visit our optical centers (listed on the back) for details.

Kaiser Permanente Optical Centers

For eye exams and
appointments, call
833-833-3333 (TTY: 711)

Oahu

Honolulu Medical Office
1010 Pensacola St.
808-432-2170

Kailua Clinic
201 Hamakua Dr., Bldg. B
808-432-3461

Waipio Medical Office
94-1480 Moaniani St.
808-432-3126

Maui

Kihei Clinic
1279 S. Kihei Rd., Ste. 120
808-891-6828

Lahaina Clinic
910 Wainee St.
808-662-6925

Wailuku Medical Office
80 Mahalani St.
808-243-6203

Hawaii Island

Hilo Clinic
1292 Waianuenue Ave.
808-934-4050

Kona Medical Office
74-517 Honokohau St.
808-334-4420

Contact lens refills



Go to **kp2020.org**



Oahu 808-432-2610
Neighbor islands
1-866-424-7908

Great reasons to get your eyewear from Vision Essentials by Kaiser Permanente

Health

We offer more than just glasses and contact lenses. Our optometrists and ophthalmologists provide high-quality eye care. Regular eye exams can detect vision problems and also certain health conditions.

Convenience

You don't need a referral to schedule a basic eye exam. Just call or visit us at **kp.org** to make an appointment. You can also purchase contact lens refills at **kp2020.org** and have them shipped directly to your home.

Service

Our opticians can help you find glasses or contact lenses that fit your budget, style, and lifestyle.

Quality

Choose from a wide selection of lenses, contact lenses, and frames—ranging from our value collection frames to brands like Flexon®, Ray-Ban®, Gucci®, and Bebe®—plus a full line of sunglasses and protective sports eyewear.

Peace of mind

Any glasses you purchase from Vision Essentials come with a 30-day total satisfaction guarantee and a 90-day prescription guarantee.

Kauai, Lanai, and Molokai members

You can use your \$200 annual allowance at our affiliated providers on your island. Member discounts only apply to products and services received at the Kaiser Permanente Optical Centers listed.

Kaiser Permanente members typically have coverage for medically necessary eye examinations, which are generally conducted at Kaiser Permanente facilities. Otherwise, the services described here are provided on a fee-for-service basis, separate from and not covered under your health plan benefits. Clinical services are provided by providers or contractors of Hawaii Permanente Medical Group, Inc. Results of services may vary among patients and cannot be guaranteed. Hawaii Permanente Medical Group, Inc., Kaiser Foundation Health Plan, Inc., and Kaiser Foundation Hospitals have a financial interest in the provision of these services. For details, please see your *Summary of Benefits*.



Summary of Dental Benefits
 Kaiser Small Group Plan - Group No. 2995
 Effective: 01/01/2024

This summary is a brief description of a Hawaii Dental Service (HDS) member’s dental benefits. Some limitations, restrictions, and exclusions may apply. Plan benefits are governed by the provisions detailed in the group’s and/or subscriber’s agreement with HDS, HDS’s Procedure Code Guidelines and Delta Dental National Policies when applicable. Certain provisions may vary across group agreements such as waiting periods, frequency and age limitations, etc. and may not be included in this summary. For additional information, please contact HDS Customer Service. As an HDS member, you may visit any licensed dentist, but your out-of-pocket costs may be lower when visiting an HDS participating dentist. All dental claims must be filed within 12 months of the date of service to be eligible for HDS claims payment.

	ADULTS - AGE 19 & OLDER	CHILDREN – AGE 18 & UNDER
PLAN MAXIMUM The most HDS will pay for each person for all covered dental services performed during the calendar year.	\$1,200 per yr	N/A
MAXIMUM OUT OF POCKET (MOOP) The most you will pay before your dental plan begins to pay 100% of your benefit. Out-of-pocket payments made for non-covered services, alternate benefits and non-medically necessary orthodontics will not count toward the MOOP.	N/A	\$400 per child per yr \$800 for 2+ children per yr
	HDS PLAN PAYS	
DIAGNOSTIC		
Examinations	100% 2x/yr	100% 2x/yr
Bitewing X-rays	100% 1x/yr	100% 2x/yr
Other X-rays	70% Full mouth X-rays 1x/5 yrs	70% Full mouth X-rays 1x/5 yrs
PREVENTIVE		
Cleanings	100% 2x/yr	100% 2x/yr
Fluoride	Not Covered N/A	100% 2x/yr Through age 18
Silver Diamine Fluoride	100%	100%
Space Maintainers	Not Covered N/A	100% Through age 18

Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	Not Covered	100% Through age 18
TOTAL HEALTH PLUS BENEFITS		
If the member has multiple conditions, they will only be eligible for the benefit with the most cleaning(s) and/or gum maintenance treatments of a single condition. All benefits are covered at 100% unless otherwise noted.		
Diabetes • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 2x/yr	Additional 2x/yr Additional 2x/yr
Oral Cancer • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 4x/yr	Additional 2x/yr Additional 4x/yr
Sjogren's Syndrome • Cleanings/Gum Maintenance • Fluoride Treatments	Additional 2x/yr Additional 4x/yr	Additional 2x/yr Additional 4x/yr
Stroke • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Heart Attack, Congestive Heart Failure • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Kidney Failure • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Organ Transplant • Cleanings/Gum Maintenance	Additional 2x/yr	Additional 2x/yr
Pregnancy (Expectant Mothers) • Cleanings/Gum Maintenance	Additional 1x/yr	Additional 1x/yr
Medical Risk for Cavities • Fluoride Treatments	Additional 3x/yr	Additional 3x/yr
BASIC CARE		
Fillings Once every two years per tooth per surface.	70% White-colored fillings limited to front teeth.	70% White-colored fillings limited to front teeth.
Root Canals	70%	70%
Gum/Bone Surgeries & Maintenance (non-medical risk factors) Once every three years per quad.	70%	70%
Oral Surgeries	70%	70%
MAJOR CARE		
Crowns	50% 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.	50% 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.

Fixed Bridges & Dentures	50% 1x/7yrs per tooth	50% 1x/7yrs per tooth
Implants	50%	Not Covered
OTHER SERVICES		
Adjunctive General Services	70%	70% Nitrous Oxide, IV sedation and hospital care is covered.
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	70%	70%
Athletic Mouth Guards	Not Covered	70% 1x/24-months
ORTHODONTICS		
	50% For dependent children through age 25. \$1000 lifetime maximum amount paid (eight quarterly payments)	50% For dependent children through age 25. \$1000 lifetime maximum amount paid (eight quarterly payments)
Medically Necessary Ortho Limited to dependent children for those cases involving repair of the cleft lip and/or cleft palate, severe facial birth defects, or an incurred injury that affects the function of speech, swallowing, and/or chewing.	Not Covered	50% Through age 18

CHILDREN – AGE 18 & UNDER: Special Consideration: Assessment of salivary flow is covered. Orthodontic services are not covered if services were started prior to the date the patient became eligible under this employer's plan. If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue. If your employer elects to remove the orthodontic benefit, coverage will end on the last day of the month that the change occurred. Self-administered or at-home applications (or any type of "do it yourself") orthodontics is not a covered benefit. Orthodontics must be performed by a licensed dentist or supervised staff.

ADULTS – AGE 19 & OLDER: Special Consideration: Assessment of salivary flow is covered. Orthodontic services are not covered if services were started prior to the date the patient became eligible under this employer's plan. If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue. If your employer elects to remove the orthodontic benefit, coverage will end on the last day of the month that the change occurred. Self-administered or at-home applications (or any type of "do it yourself") orthodontics is not a covered benefit. Orthodontics must be performed by a licensed dentist or supervised staff.

Access to HDS Information 24/7

Visit HDS Online at HawaiiDentalService.com to:

ACCESS YOUR ACCOUNT

- Visit HawaiiDentalService.com
- Click "Member Login"
- Click "Create an account"
- Complete the "Account Registration" form
- Select "Yes" to be notified via e-mail when a claim is processed and "Yes" to "Request electronic Explanation of Benefits"
- Click "Register"

SEARCH

- For an HDS participating dentist in Hawaii, Guam or Saipan by specialty, location, handicap accessibility, weekend hours, and more
- For a Delta Dental Premier participating dentist on the Mainland or Puerto Rico by specialty, location, weekend hours and more

DOWNLOAD & PRINT

- A summary of your benefits for tax purposes
- Blank claim forms
- Your HDS membership card
- Your EOB statements
- HDS Notice of Privacy Practices

CHECK

- Whether you and/or your dependents are eligible for HDS benefits
- What dental services are covered by your plan
- What the limits are of each type of covered service and how much you have used

VIEW

- Your Explanation of Benefits (EOB) statements
- A list of frequently asked questions
- HDS contact information

REQUEST

- To receive emails when your claims are processed
- To receive EOB statements via email
- An HDS membership card to be mailed to you

How to Contact HDS

Customer Service Representatives

From Oahu: (808) 529-9248

Toll-free: 1-844-379-4325

Customer Service Call Center Hours:

Monday – Friday: 7:30 AM – 4:30 PM HST

Excluding HDS observed holidays,

visit HawaiiDentalService.com/about/holidays

for our HDS' observed holiday schedule.

Walk-in Office Hours:

Monday – Friday: 8:00 AM – 4:30 PM HST

Send Written Correspondence to:

Hawaii Dental Service

Attn: Customer Service

900 Fort Street Mall, Suite 1900

Honolulu, HI 96813-3705

E-mail: CS@HawaiiDentalService.com

FAX:

From Oahu: (808) 529-9366

Toll-free fax: 1-866-590-7988

Chiropractic, Acupuncture, Massage and Naturopathy benefits

As a Kaiser Permanente member, you get up to 20 combined visits per calendar year to participating chiropractors, acupuncturists, and massage therapists, and naturopaths—all for a low copay of \$20 per visit. Services are provided by American Specialty Health Systems, Inc. practitioners¹. As an added benefit, no referrals are required for chiropractic, acupuncture and naturopathic services.²

Visit <http://www.ashlink.com/ash/KaiserHIC> to find a practitioner near you.

Chiropractic and manual manipulation services

- New-patient exam
- Established-patient exams
- Office visits with chiropractic manipulation
- \$50 allowance per calendar year toward chiropractic supports and appliances
- Adjunctive physiotherapy modalities and procedures
- X-rays, radiological consultations, and clinical laboratory services
- Covered conditions: Neuromusculoskeletal disorders

Acupuncture services

- New-patient exam
- Established-patient exams
- Office visits with acupuncture treatment
- Adjunctive physiotherapy modalities and procedures
- Covered conditions: Pain, nausea, and musculoskeletal and related disorders

Massage therapy services

- Initial therapy assessment
- Reassessments
- Massage therapy sessions require a referral by a Kaiser Permanente physician or participating American Specialty Health chiropractor
- Covered conditions: Myofascial/musculoskeletal disorders, musculoskeletal functional disorders, and/or pain syndromes

Naturopathy services

- New-patient exam
- Established-patient exams
- Noninvasive modalities and procedures
- Diathermy, electrical stimulation, hot and cold packs, hydrotherapy, manipulation, range of motion exercises, and therapeutic ultrasound

Note: A naturopathic physician is trained to be a primary care family practice physician, and, as such, may evaluate and treat a wide variety of conditions within the scope of a general practice. A naturopathic physician also plays a role in health promotion including the treatment and prevention of disease through education and the promotion of healthy ways of living.

Additional exclusions, limitations and/or reductions may apply. Please see your Evidence of Coverage for additional information regarding your benefits. ¹Practitioners are credentialed and contracted by American Specialty Health Systems, Inc. affiliate company, American Specialty Health Group, Inc. ²Alternative medicine services listed in this Rider are covered only if Medically Necessary and received from the Health Plan Designated Network's Participating Chiropractors, Participating Acupuncturists, Participating Massage Therapists, and Participating Naturopaths.



Get fit. Get rewarded.

Kaiser Permanente Fit Rewards

With Fit Rewards, you can choose fitness centers¹ in the Standard or Premium Fitness Networks at different price points. The Premium Network adds new fitness center and studio choices. Whatever option you choose, you can earn a reward of up to \$200.² Simply work out at your fitness center of choice at least 45 days for a minimum of 30 minutes per visit within the calendar year.

Standard Fitness Network

You can still **earn a free gym membership** by selecting a fitness center from the Standard Fitness Network.

Premium Fitness Network

Not finding a fit in the Standard Fitness Network? No worries. Select an option in the Premium Network for an additional discounted monthly fee. Whatever option you choose, you'll still be accessing a membership at rates well under market prices.

What if your favorite workout location isn't part of the Standard or Premium Fitness Networks?

No problem! Use any qualifying nonparticipating fitness center by tracking your visits on the website for use at more than 50,000 qualifying locations nationwide. Just hit your gym 45 days for at least 30 minutes a visit by the end of the calendar year, and you'll earn your reward.

Find the best fit for the way you want to work out!

Choose one	Annual fee	Additional monthly fee	Your reward ²
Standard Network	\$200	\$0	\$200
Premium Network	\$200	\$30 - \$200	\$200
Qualifying Nonparticipating Fitness Centers (Outside of Standard and Premium Networks)	You pay standard retail fees directly to fitness center	N/A	\$200

Get started

Go to **kp.org/fitrewards** for details or to find your favorite fitness center.



¹Fitness centers must be qualified fitness organizations operating for the general public.

²Rewards are limited to your annual program fee each calendar year. Taxes and additional fees you pay your fitness center for classes, services, or amenities are not included in the program and are not eligible for reimbursement. Please consult with your tax advisor about the taxability of the rewards. Except for earning your annual program fee back by exercising 45 days a year for at least 30 minutes per session at a fitness center, your annual program fee is not refundable and will not be prorated. Any 2024 reward not redeemed by March 31, 2025 will be ineligible for redemption. Medicare and Medicaid (QUEST Integration) members excluded.

Getting active just got easier.



Fit Rewards home fitness kits

Stay active no matter where you live or where you like to work out, with a home fitness kit mailed directly to you! Choose one (1) home fitness kit each calendar year from a variety of options for just \$10.³

- Garmin® or Fitbit® Wearable Fitness Tracker Kit
- Beginner Yoga Kit with a mat and hand towel
- Intermediate/Advanced Yoga Kit with a yoga strap and 2 yoga blocks
- Beginner, Intermediate, or Advanced Strength Kit with dumbbells and exercise bands
- Pilates Kit with a Pilates ball and towel
- Beginner Swimming Kit with swimming goggles and a kickboard
- Advanced Swimming Kit with aquatic resistance gloves and a pull float
- Walking/Trekking Kit with 2 walking poles

Additional at-home resources

As a member of the Fit Rewards program, you also have the following no-cost resources available to support home fitness and well-being:

On-demand workout videos

Go to kp.org/activeandfit and get fit with workout videos including core, cardio, strength, yoga, and more, for all fitness levels.

Healthy Living Coaching

Receive one-on-one lifestyle coaching by phone in areas such as fitness, nutrition, stress, and sleep. Coaches help you set and reach your goals at your own pace.

kp.org/fitrewards



³Home Fitness Kit promotional codes cannot be used in combination with any other promotions on third-party vendor websites. Once selected, kits cannot be exchanged. Kits are subject to change.

Kaiser Permanente Fit Rewards is a value-added service and not part of your medical benefits. Your annual program fee does not count toward your health plan's annual out-of-pocket maximum. For details, including limitations and exclusions, see your Evidence of Coverage.

Kaiser Permanente Fit Rewards is administered by American Specialty Health Fitness, Inc. through its Active&Fit Enterprise™ program. American Specialty Health Fitness, Inc. is a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Active&Fit Enterprise, the Active&Fit Enterprise logo are trademarks of ASH and used with permission herein. Other names or logos may be trademarks of their respective owners. Fitness center participation varies by location. Non-standard services at the fitness center that call for an added fee are not part of the Active&Fit Enterprise program. Exclusions and limitations apply.