

**Leidos
2025 Plan Year Benefit Summary**

PLAN NAME	KAISER / Hawaii
PRODUCT NAME	Traditional HMO
Leidos SYSTEMS CODE	KSHI
GROUP NUMBER	1547
PLAN STATES	HI
CUSTOMER SERVICE PHONE	1-808-432-5955 (Oahu) or 1-800-966-5955 (Neighbor
WEB ADDRESS	https://healthy.kaiserpermanente.org/

Benefit	2025 Plan Year - In Network - Employee Pays
ANNUAL DEDUCTIBLE**	None
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDING DEDUCTIBLE)	\$2,000 Individual \$6,000 Family
LIFETIME MAXIMUM BENEFIT	Unlimited
OFFICE VISITS	\$15 copay per visit
LAB X-RAY DIAGNOSTICS	Deductible, then 10%
PREVENTIVE CARE	Covered at 100%
HOSPITAL CARE	
Inpatient	\$50 copay
Outpatient	\$15 copay
EMERGENCY CARE	
In-area	\$50 copay per visit. Must notify plan within 48 hours
Out-of-area	
PRESCRIPTIONS	
Retail	\$10 Generic / \$35 Brand / \$200 Specialty 30 day supply
Mail-Order	\$20 Generic and \$70 Brand 90 day supply
MENTAL HEALTH	
Inpatient	\$50 copay
Outpatient	\$15 copay
SUBSTANCE ABUSE	
Inpatient Detox and Rehab	\$50 copay
Outpatient	\$15 copay
CHIROPRACTIC	Not Covered
DURABLE MEDICAL EQUIPMENT	Deductible, then 20%
VISION EXAMS	\$15 copay
EYEWEAR	\$150 allowance per calendar year (adult)

*Available in selected service areas. Contact the Employee Service Center at 855-5-LEIDOS, Option 3 to determine if you reside in the plan service area.

**The family deductible is an aggregate deductible where you must satisfy entire deductible before the plan pays benefits for any member

This benefit summary has been prepared by Mercer based on documents provided by the applicable licensed insurance carrier. Please refer to the Certificate of Coverage (COC) for terms and conditions of all benefits. Benefits may require pre-certification in order to avoid a reduction in benefits or denial of coverage. The insured should contact the carrier at the phone number indicated on this summary or refer to the COC for further details prior to seeking treatment. If there is any conflict between this benefit summary and the Plan Document/Certificate, the Plan Document/Certificate governs. Contact Plan for limitations, exclusions, and additional costs.