

**Leidos  
2023 Plan Year Benefit Summary**

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

Benefit	2023 Plan Year - In Network - Employee Pays
<b>ANNUAL DEDUCTIBLE**</b>	None
<b>ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDING DEDUCTIBLE)</b>	\$2,000 Individual \$6,000 Family
<b>LIFETIME MAXIMUM BENEFIT</b>	Unlimited
<b>OFFICE VISITS</b>	\$15 copay per visit
<b>LAB X-RAY DIAGNOSTICS</b>	10% with office visit
<b>PREVENTIVE CARE</b>	Covered at 100%
<b>HOSPITAL CARE</b>	
Inpatient	\$50 copay per day
Outpatient	\$15 copay per visit
<b>EMERGENCY CARE</b>	
In-area	\$50 copay per visit. Must notify plan within 48 hours
Out-of-area	
<b>PRESCRIPTIONS</b>	
Retail	\$10 Generic / \$35 Brand / \$200 Specialty 30 day supply
Mail-Order	\$20 Generic and \$70 Brand 90 day supply
<b>MENTAL HEALTH</b>	
Inpatient	\$50 copay per day
Outpatient	\$15 copay per visit
<b>SUBSTANCE ABUSE</b>	
Inpatient Detox and Rehab	\$50 copay per day
Outpatient	\$15 copay per visit
<b>CHIROPRACTIC</b>	Not Covered
<b>DURABLE MEDICAL EQUIPMENT</b>	20%
<b>VISION EXAMS</b>	\$15 copay per visit
<b>EYEWEAR</b>	\$150 allowance per calendar year

\*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.*