

**HSTA VEBA TRUST
KAISER MEDICAL & DRUG PLAN
FOR ACTIVES**

(Please refer to the plan document for a complete description of the benefits)

PLAN BENEFITS	Kaiser In-State Network MEMBER COPAYMENT
Annual Deductible	None
Office Visits	\$15.00 Copayment
Immunizations	None – Under age 18 years \$10.00 Copayment – Age 19 and older
Outpatient Surgery	\$15.00 Copayment
Outpat. & Inpat. Lab, Imaging & Testing	\$15.00 Copayment per Department per Day
Physical, Occupational & Speech Therapy	\$15.00 Copayment per Visit
Hospital Room & Care (Semi-private room)	None
Inpatient Surgery	No Charge
Anesthesiology – Inpatient	None
Emergency Room – In Hawaii	\$50.00 Copayment/Visit plus other applicable plan charges
Emergency Room – Outside of Hawaii	20% of applicable charge plus other applicable plan charges
Ambulance – Ground Service	20% of applicable charge plus charges exceeding applicable charges
Chemotherapy	\$15.00 Copayment per Visit
Skilled Nursing Facility -100 days/Benefit Period	None
Hospice Care	None
Home Health Care -150 visits/Calendar Year	None

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PLAN BENEFITS	Kaiser In-State Network MEMBER COPAYMENT
Annual Supplemental Charge Maximum per Calendar Year (Paid by the Member)	\$2,000 per Person; \$6,000 per Family
Lifetime Maximum (Paid by the Plan)	Unlimited
PRESCRIPTION DRUGS – RETAIL	30 Day Supply
Generic Drugs	\$10.00 Copayment
Brand Name Drugs	\$10.00 Copayment
PRESCRIPTION DRUGS – MAIL ORDER	90 Day Supply
Generic Drugs	\$20.00 Copayment
Brand Name Drugs	\$20.00 Copayment

For information or assistance on the Kaiser Medical and Drug Plan, please contact Kaiser at:

Oahu 432-5955 Neighbor Islands 1-800-966-5955

TTY 1-877-447-5990

Or visit their website at: www.kp.org.