Benefit Member Pays

Office visits $20 copay per visit
Basic lab & imaging $10 copay per service
Testing 20% of applicable charges
Prescription drugs 20% of applicable charges

These benefits are in addition to the emergency and out-of-area urgent care benefits already included in all our health plans. For details, call us at 1-800-966-5955 (Oahu, neighbor islands, and U.S. mainland).

This is a summary of the Kaiser Permanente Hawaii out-of-area dependent child benefit features. Please see your Benefit Summary for complete information about coverage, limitations, and exclusions, including those not listed in this summary. The out-of-area dependent child benefit is not available to Medicare, Medicaid (QUEST Integration), and Added Choice plan members.

* Office visits are limited to 10 primary care visits per year. Lab, imaging, and testing are limited to 10 combined services per year. Prescription drugs are limited to 10 prescriptions per year. Please see your Benefit Summary for details.