

Care for all that is you



Experience health care designed with you in mind

Kaiser Permanente's Hawaii Health Access Program is for people who can't get any other health coverage. And you don't have to be a U.S. citizen to be eligible.

Care for ...

Routine checkups, complex treatments, and late-night questions

Building strength, reducing stress, and raising a family

New goals, old habits, and ongoing mental wellness

Hawaii Health Access Program members will get the KP HI Standard Platinum 0/10 Off Plan

You won't pay monthly premiums, and you'll pay low or no costs for most covered services at Kaiser Permanente facilities.



Go where you feel like your best self

We can help you get to your healthy place – no matter where it is. Care at Kaiser Permanente feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind, body, and spirit. Welcome to care for all that is you.

Important open enrollment dates for 2024

- The open enrollment period for 2024 coverage runs from **November 1, 2023**, through **January 15, 2024**.
- For approved applications received by December 31, 2023, coverage starts on **January 1, 2024**. For approved applications received by January 15, 2024, coverage starts on **February 1, 2024**.

Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event. If you have a qualifying life event, you'll need to send us proof of the event, along with your application for subsidy, Application for Health Coverage, and proof of income.
- Visit kp.org/speciaenrollment for a list of qualifying life events and instructions.

Want to talk? We're here to help.

Call Member Services at **1-800-966-5955** (TTY 711), Monday through Friday, 8 a.m. to 5 p.m., and Saturday, 8 a.m. to noon Hawaii time (closed major holidays). You can also visit kp.org/hi/hhap/gethelp.



Now coverage is within your reach

The Hawaii Health Access Program is for Hawaii residents who can't get any other health coverage. And you don't have to be a U.S. citizen to be eligible.

Hawaii Health Access Program members will get the KP HI Standard Platinum 0/10 Off Plan



You won't pay monthly premiums.



You'll pay low or no costs for most covered services at Kaiser Permanente facilities.

Do I qualify?

You're eligible for the Hawaii Health Access Program if:

- Live in the Kaiser Foundation Health Plan, Inc., service area on Maui.
 - You must live in a household with an annual income up to 300% of the federal poverty level (FPL). For example, the 2023 FPL for Hawaii (annual income) is up to \$50,310 for an individual or \$103,500 for a household of 4.
 - You aren't eligible for other public or private health coverage such as, but not limited to, Medicaid, Medicare, a job-based health plan, or financial help through a health benefit exchange

You may be eligible for Quest Integration if:

- This option may be available to applicants born in the United States or who are lawful permanent residents, and who meet additional eligibility requirements such as:
 - Adults 19 to 64 with household income up to 138% FPL (\$23,143 for an individual or \$47,610 for a family of 4 in 2023)
 - Children younger than 19 with household income at or below 313% of the federal poverty level (\$52,490 for an individual or \$107,985 for a family of 4 in 2023).

Kaiser Permanente is a Quest Integration provider and may be available to you. Please visit kp.org/medicaid/HI for more information.



What happens if my situation changes?

If you become a member, we'll check in with you periodically to see if you still meet the Hawaii Health Access Program requirements. If you're no longer eligible, we'll notify you and you'll be disenrolled from the program. After that, you'll have to pay the regular monthly premiums for the KP HI Standard Platinum 0/10 Off Plan, as well as any out-of-pocket costs – unless you ask us to cancel your membership.

A healthy future starts here

The Hawaii Health Access Program provides a subsidy to help pay your monthly premiums and most out-of-pocket medical costs for Hawaii residents.

Your costs for care

Here's an example of what you'd pay out of pocket for covered services at a Kaiser Permanente facility when you're enrolled in the Hawaii Health Access Program.

Benefits with Kaiser Permanente	Primary care office visit	Most X-rays	Preventive care, screening, immunization	Prescription drugs ²
KP HI Standard Platinum 0/10 Off Plan ¹	\$0	\$0	\$0	\$0

Enrolling in the Hawaii Health Access Program

How to apply

Step 1: Fill out these documents:

- Application for subsidy
- Application for Health Coverage

Step 2: Include proof of income and any other required documents listed in the forms above.

Step 3: Send us your documents in one of these ways:

- **By email:** chc-applications@kp.org
- **By mail:** Attn: CHC
P.O. Box 23127
San Diego, CA 92193-3127
- **By fax:** 1-855-355-5334

We'll keep your personal information private, as required by law, and use it only to see if you qualify for the program. For help applying, visit kp.org/hi/hhap/gethelp to find application assistance near you.

Get a summary of what's covered



For the KP HI Standard Platinum 0/10 Off Plan Summary of Benefits and Coverage (SBC),³ visit kp.org/sbc and click "Individual & Family." Below "2024 plans offered by Kaiser Permanente," select Platinum 90 HMO. To have a copy mailed to you at no charge, call **1-800-966-5955** (TTY **711**).

Complete care to help you live a fuller, healthier life

With Kaiser Permanente, you have a trusted partner who considers your health a priority and makes it easier to get the care you need. That's why members stay with Kaiser Permanente nearly 3 times as long as other health plans.⁴

Want to learn more?

For more about Kaiser Permanente, visit kp.org/allthatisyou. For details on our Community Health Care Program, go to kp.org/chc or call Member Services at **1-800-966-5955** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m., and Saturday, 8 a.m. to noon Hawaii time (closed major holidays).



1. Please refer to the Membership Agreement for limitations and exceptions. **2.** Up to a 30-day supply at a Kaiser Permanente plan pharmacy or through mail-order service. **3.** If you're covered by the Community Health Care Program, the copays listed in the SBC won't apply for most care at Kaiser Permanente facilities. **4.** Kaiser Permanente internal data, 2019; "12 Trends Influencing the Future of Workplace Benefits," Aflac, 2018; U.S. Bureau of Labor Statistics, 2018.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-966-5955** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at:

Membership Services

Attn: Kaiser Civil Rights Coordinator
711 Kapiolani Blvd
Honolulu, HI 96813
1-800-966-5955

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-800-966-5955** (TTY: **711**).

中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-966-5955** (TTY: **711**)。

Chuuk (Chukese) MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-966-5955** (TTY: **711**).

‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke loa‘a i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-800-966-5955** (TTY: **711**).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-966-5955** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-966-5955** (TTY: **711**) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-966-5955 (TTY: 711).

Kajin Majōl (Marshallese) LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjelok wōñāñ. Kaalok **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti’go Diné Bizaad, saad bee áká’ánída’áwo’déé’, t’áá jiik’eh, éí ná hóló, koji’ hódíílnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoani, e fai fua e leai se totogi, mo oe, Telefoni mai: **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-966-5955** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA’I: Kapau ‘oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea ‘oku nau fai atu ha tokoni ta’etotongi, pea teke lava ‘o ma’u ia. Telefoni mai **1-800-966-5955** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-966-5955** (TTY: **711**).

Notes

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In Hawaii, all plans are offered and underwritten by Kaiser Foundation Health Plan, Inc., 711 Kapiolani Blvd., Honolulu, HI 96813.