

**Walmart 2026
Benefits**

Legal Name Kaiser Foundation Health Plan, Inc. - Hawaii
 Name used for associate communications Kaiser of Hawaii
 Plan State Hawaii
 Customer Service Number 1-808-432-5955 (Oahu), 1-800-966-5955 (Neighbor Islands)
 Web Address www.kp.org
 Active Associate Group # 14632
 COBRA Group # 14632

| BENEFIT | 2026 PLAN DESIGN |
|---|--|
| DEDUCTIBLE | None |
| ANNUAL OUT-OF-POCKET MAXIMUM | \$2,500 per individual / \$7,500 per family |
| LIFETIME MAXIMUM BENEFIT | Unlimited |
| OFFICE VISITS | \$15 copay per visit; no charge for Pediatric Primary Care Diagnostic Visits (to age 18) |
| PREVENTIVE CARE | Covered 100% |
| MATERNITY CARE | 10% coinsurance for hospital admission; contact Plan for cost sharing on outpatient maternity office visits; no charge for Maternity Delivery |
| URGENT CARE | \$15 copay per visit |
| TELEMEDICINE | No charge |
| HOSPITAL CARE | |
| Inpatient | 10% coinsurance |
| Emergency Room | \$100 copay per visit |
| Outpatient Surgery | 10% coinsurance |
| AMBULANCE | 20% coinsurance |
| DURABLE MEDICAL EQUIPMENT | 20% coinsurance |
| DIABETIC EQUIPMENT | Covered at 50% |
| INJECTABLES | Covered under prescription benefit if self-administered |
| SKILLED NURSING FACILITY | 10% coinsurance. Limit 120 days per calendar year |
| MENTAL HEALTH | |
| Inpatient | 10% coinsurance |
| Outpatient | \$15 copay per visit |
| SUBSTANCE ABUSE | |
| Inpatient | 10% coinsurance |
| Outpatient | \$15 copay per visit |
| PRESCRIPTIONS | |
| Retail | \$3 generic maintenance / \$10 generic / \$35 brand name copay per Rx up to a 30-day supply. Must use Kaiser Permanente pharmacy. \$200 specialty copay per Rx up to a 30-day supply |
| Mail-Order | \$6 generic maintenance / \$20 generic / \$70 brand name copay per Rx up to a 90-day supply. Must use Kaiser Permanente mail order pharmacy. Mail-order specialty does not apply. |
| Other Medical Services | |
| Physical Therapy | \$15 copay per visit limited by certain clinical criteria and Kaiser Permanente physician determination |
| Private Duty Nursing | Not Covered |
| Prosthetics | Internal prosthetics covered 100% |
| Home Health Care | Covered 100% when prescribed by a Kaiser Permanente physician |
| Vision Exams | \$15 copay limited to one exam per calendar year |
| Hearing Exams | \$15 copay per visit |
| Chiropractic Services | Not Covered |
| TMJ | Not Covered |
| Organ Transplants | Covered 100% after 10% coinsurance (inpatient) |
| The following applies to the out-of-pocket maximum | All Essential Health Benefit cost sharing will apply to the Out-of-Pocket Maximum |
| State and Federal Mandates | Walmart's intent is that the plan will be in compliance with all applicable federal and state mandates |

Michael Jost
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