

# Plan comparison — POS Kaiser Added Choice – Hawaii<sup>1</sup>

Available for regular, part-time, and flexible employees in Hawaii

	You pay in network (Kaiser plan provider)	You pay in network (contracted provider)	You pay out of network <sup>2</sup>
<b>Deductible</b> Individual Family	None	\$100 \$300	\$100 \$300
<b>Out-of-pocket maximum</b> Individual Family	\$1,500 \$4,500	\$2,000 \$6,000	\$2,000 \$6,000
<b>Eligible preventive care services<sup>3</sup></b>	No charge	No charge	No charge up to allowed amount
<b>Office visit</b> Primary care Outpatient services Lab tests, x-rays Urgent care	\$15 copay \$15 copay \$15 copay \$15 copay at Kaiser Hawaii facility	20% after deductible 20% after deductible 20% after deductible \$15 copay at Kaiser Hawaii facility	20% after deductible 20% after deductible 20% after deductible 20% after deductible
<b>Inpatient services</b> Inpatient hospital care Maternity: in-hospital delivery Emergency services	No charge No charge \$50 copay	20% after deductible 20% after deductible \$50 copay	20% after deductible 20% after deductible \$50 copay
<b>Other medical services</b> Occupational, physical, and speech therapy Chiropractic	\$15 copay Not covered	20% after deductible (combined 60 visits/year) Not covered	20% after deductible (combined 60 visits/year) Not covered
<b>Mental health and substance abuse care</b> Outpatient office visit Inpatient services	\$15 copay No charge	20% after deductible 20% after deductible	20% after deductible 20% after deductible
<b>Prescription drugs – retail, 30-day supplies</b>	Generic – \$3 copay for maintenance, \$10 copay for all other generics; Brand preferred – \$35 copay; Brand nonpreferred – Not covered, except in some scenarios <sup>4</sup> ; Specialty – \$200	Generic – 20% but not less than \$3 copay per maintenance or \$10 copay for all other generics; Brand preferred – 20% but not less than \$35; Brand nonpreferred – Not covered, except in some scenarios <sup>4</sup> ; Specialty – 20% but not less than \$200	Not covered
<b>Prescription drugs – mail order, 90-day supplies</b>	Generic – \$6 copay for maintenance, \$20 copay for all other generics; Brand preferred – \$70 copay; Brand nonpreferred (100 day supply) – Not covered, except in some scenarios <sup>4</sup>	Not covered	Not covered

## Provider network information

### Kaiser Permanente (Hawaii)

Hawaii

**Member website**  
<https://my.kp.org/wf>

**Member customer service**  
1-800-966-5955

<sup>1</sup> The information presented provides a general summary of certain employee benefits sponsored or made available to you by Wells Fargo & Company. The employee benefit plans are maintained pursuant to and governed by official plan documents, which may consist of plan documents, summary plan descriptions, insurance policies and certificates of coverage (collectively, the “plan documents”). In the case of a discrepancy between the information presented herein and the official plan documents, the official plan documents will control. If there are any errors or omissions in such materials, Wells Fargo & Company, the plan administrator, or their authorized designees reserve the right to correct such errors or omissions. For a more detailed summary of the employee benefit plans, see the applicable summary plan descriptions and certificates of coverage (for fully insured plans). Summary Plan Descriptions are found on Teamworks. Wells Fargo & Company reserves the unilateral right to amend, modify, or terminate any of its benefit plans (or benefit plan options), programs, policies, or practices at any time, for any reason, with or without notice. Any such amendment, modification, or termination may apply to both current and future participants and their dependents and beneficiaries. Eligibility for, or participation in, the plans does not constitute a contract or guarantee of employment with Wells Fargo.

<sup>2</sup> Benefits are determined using plan’s allowed amounts.

<sup>3</sup> Check with Kaiser to find out what is covered.

<sup>4</sup> Must be prescribed and authorized through the nonpreferred drug process (subject to the brand copayment).

#### Online tools and resources

Learn to use your benefits year-round with convenient online tools and resources. Manage your health and health care costs, find the right care options and providers, and achieve your personal health and well-being goals. Visit the Health & Well-Being site on Teamworks or Teamworks at Home ([teamworks.wellsfargo.com](https://teamworks.wellsfargo.com)).