

Health Plan Hawaii

BENEFIT PLAN SUMMARY

This summary is intended to provide a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions may apply. Please refer to the plan Guide to Benefits or certificate, which may be obtained from your employer, for complete information on benefits and provisions. In the case of a discrepancy between this summary and the language contained within the Guide to Benefits or certificate, the latter will take precedence.



Important Information

All copayments shown are based on eligible charge. The eligible charge is the amount that HMSA's participating providers have agreed to accept as payment in full for services rendered.

Please note: Eligible charge does not include excise tax or other tax. You are responsible for all taxes related to the medical care you receive.

For Health Plan Hawaii and Health Plan Hawaii Plus, HMSA requires the designation of a primary care provider (PCP). You have the right to designate any PCP who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as their PCP.

Women do not need prior authorization from HMSA or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in their health center who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

Services from a non-network provider are not covered with the exception of emergency care and/or referrals from your in-network PCP.

For information on how to select a PCP or a list of participating health care providers, visit [hmsa.com/search/providers](https://www.hmsa.com/search/providers). If you require a hard copy listing, please visit an HMSA office nearest you or call HMSA Customer Service at 948-6372 on Oahu or toll-free at 1-800-776-4672.

PLAN PROVISIONS	HEALTH PLAN HAWAII - B (ZH)
	In-Network
Lifetime Maximum	Unlimited
Annual Copayment Maximum	\$2,500 per person Maximum: \$7,500 per family
Annual Deductible	None
	YOUR COPAYMENT
PHYSICIAN SERVICES	
Office Visits	\$20
Hospital Visits	\$20
Emergency Room	None
HOSPITAL AND FACILITY SERVICES	
Hospital Room and Board; semiprivate room rate; unlimited number of days	20%
Emergency Room	\$75
SURGICAL SERVICES	
Surgical Procedures	None (outpatient surgical center) \$20 (outpatient professional charges) 20% (hospital operating room) None (inpatient professional charges)
LABORATORY AND RADIOLOGY	
Diagnostic Testing	20% (office visit) 20% (hospital outpatient) 20% (hospital inpatient)
Laboratory and Pathology	20% (office visit) 20% (hospital outpatient) 20% (hospital inpatient)
X-Ray and Other Radiology	20% (office visit) 20% (hospital outpatient) 20% (hospital inpatient)
OTHER MEDICAL SERVICES	
Ambulance (ground)	20%
Durable Medical Equipment and Supplies	50%
BENEFITS FOR CHILDREN	
Well Child Care Immunizations (through age 21)	None
Well Child Care Physician Office Visits (through age 21)	None
BENEFITS FOR MEN	
Prostate Specific Antigen (PSA) Test (screening)	Regular Plan Benefits
BENEFITS FOR WOMEN	
Mammography (screening)	None
Pap Smears (screening)	None
Well Woman Exam	None
PHYSICAL EXAMS	
	None
ONLINE CARE	As an HMSA member, you and your covered dependents may access HMSA's Online Care through www.hmsa.com . Your copayment is \$10 for up to 10 minutes; \$5 for an additional 5 minute extension. Each session is limited to a total of 15 minutes.
WELL-BEING CONNECT	As an HMSA member, you and your covered dependents age 18 and older are entitled to Well-Being Connect, an online health portal that includes a well-being assessment that evaluates your health and lifestyle at no cost. The assessment helps you design a personal well-being plan that fosters healthy behavior.

SPECIAL BENEFITS	HEALTH PLAN HAWAII - B (ZH)	
	YOUR COPAYMENT	
LIMITED Rx BENEFITS ⁽¹⁾	Participating Providers	Nonparticipating Providers
Oral Chemotherapy Drugs	None	None
Diabetic Drugs		
Generic	20%	20%
Preferred Brand Name	20%	20%
Other Brand Name	30%	30%
Diabetic Supplies		
Preferred Brand Name	50%	50%
Other Brand Name	50%	50%
Insulin		
Preferred Brand Name	20%	20%
Other Brand Name	30%	30%
Oral Contraceptives & Other Contraceptive Methods (i.e. ring and patch)		
Generic	None	50%
Preferred Brand Name	50%	50%
Other Brand Name	50%	50%
Diaphragms (per device)	None	50%
U.S. Preventive Services Task Force (USPSTF) Recommended Drugs ⁽²⁾	None	20%
NOTE:		
<ul style="list-style-type: none"> Each drug dispensed is limited to a 30-day supply. A 30-day supply is defined as a supply lasting the member for a period consisting of 30 consecutive days. 		
MAIL SERVICE PRESCRIPTION PROGRAM⁽³⁾		
(From an HMSA contracted provider – 90 day supply)		
Oral Chemotherapy Drugs	None	Not covered
Diabetic Drugs		
Generic	20%	Not covered
Preferred Brand Name	20%	Not covered
Other Brand Name	30%	Not covered
Diabetic Supplies		
Preferred Brand Name	50%	Not covered
Other Brand Name	50%	Not covered
Insulin		
Preferred Brand Name	20%	Not covered
Other Brand Name	30%	Not covered
Oral Contraceptives & Other Contraceptive Methods (i.e. ring and patch)		
Generic	None	Not covered
Preferred Brand Name	50%	Not covered
Other Brand Name	50%	Not covered
Diaphragms (per device)	None	Not covered
U.S. Preventive Services Task Force (USPSTF) Recommended Drugs ⁽²⁾	None	Not covered
NOTE:		
<ul style="list-style-type: none"> If you have an HMSA drug rider with similar benefits, your drug rider benefits apply. There shall be no duplication or coordination of benefits between this plan and your HMSA drug plan. 		
⁽¹⁾ Copayments will not count towards the annual copayment maximum.		
⁽²⁾ USPSTF A & B Recommendations		
⁽³⁾ To utilize the mail order program, only credit card payments are accepted.		