hmsa

An Independent Licensee of the Blue Cross and Blue Shield Association

BENEFITS AT-A-GLANCE: **MEDICAL**

All costs are for participating providers only. Please see your* Guide to Benefits *for information on providers outside our network.

	Preferred Provider Plan (491) PPO Network
	Member Cost
Annual Deductible	Single: $50
Annual Copayment Maximum	Single: $2,500 Family: $7,500
Medical Evacuation	Up to $50,000
To help maintain your health	
Annual Preventive Health Exam	$0
Annual Well-Woman Exam	$0
Annual Well-Child Care (age 21 & younger)	$0
Preventive Screenings (Grade A & B recommendations of the U.S. Preventive Services Task Force. For a list of all covered screenings, see https://hmsa.com/preventive)	$0
Immunizations (standard & travel)	$0
If you need immediate medical attention	
HMSA Online Care	$0
Urgent Care	25% coinsurance*
Emergency Room	25% coinsurance*
Ambulance (ground)	$0*
Ambulance (interisland air)	$0*
If you visit a doctor's office or clinic (outpatient)	
Doctor Visit	25% coinsurance*
Specialist Visit	25% coinsurance*
Physical Therapy	25% coinsurance*
Radiology - General (e.g., X-ray)	25% coinsurance*
Radiology - Other (e.g., MRI, CT scan, Ultrasound)	25% coinsurance*
Lab Tests (e.g., bloodwork)	25% coinsurance*
If you have a hospital stay (inpatient)	
Hospital Room & Board	25% coinsurance*
Surgery	25% coinsurance* (cutting) 25% coinsurance* (non-cutting)
Radiology - General (e.g., X-ray)	25% coinsurance*
Radiology - Other (e.g., MRI, CT scan, Ultrasound)	25% coinsurance*

	Preferred Provider Plan (491)
	PPO Network
	Member Cost
Lab Tests (e.g., bloodwork)	25% coinsurance*
If you're pregnant	
Routine Prenatal & Postnatal Care	25% coinsurance*
Delivery	25% coinsurance*
Hospital Room & Board	25% coinsurance*

Visit hmsa.com to access your suite of well-being tools and to log in to your My Account profile to view in-depth information about your health plan.
**Services where deductible applies*

Key Terms

Term	Definition
Actual Charge vs. Eligible Charge	Actual Charge: The amount that nonparticipating providers can charge for health care services and products. This amount is usually higher than the eligible charge. Eligible Charge: The maximum amount that participating providers agree to charge for covered health care services and products.
Annual Deductible	The amount you pay each calendar year for covered health care services and products before your plan starts to pay (excluding contraceptives, prescription drugs and supplies, preventive care, and well-child care). Until you meet the deductible each calendar year, you pay 100 percent of your medical expenses.
Coinsurance vs. Copayment	Coinsurance: The percentage of your out-of-pocket costs for covered health care services and products after you've met your deductible (if your plan has one). Copayment: The fixed dollar amount you pay participating providers for covered health care services and products after you've met your deductible (if your plan has one).
Guide to Benefits (GTB)	Your comprehensive guide and legal document that explains your benefits in detail including, exclusions, limitations, terms, and conditions for a specific plan.
HMSA Online Care	A service that immediately lets you connect to a board-certified doctor through video chat to diagnose conditions and prescribe medication 24/7, 365 days a year.
Annual Copayment Maximum	The maximum amount you have to pay for covered services and products (your deductibles, copayments, and coinsurance) in a calendar year before your health plan pays 100 percent of the cost of covered benefits.
Participating Provider vs. Nonparticipating Provider	Participating Provider: Providers who have a contract with HMSA are "in network" and have agreed to charge you a lower rate than nonparticipating providers. Nonparticipating Provider: Providers who don't have a contract with HMSA are considered "out-of-network." They can charge any amount for health care services and products, which can be more than what your plan will pay.
PPO vs. HMO	PPO (Preferred Provider Organization): A plan that gives you the freedom to see any provider, both in and out of network, without a referral. Our network has more than 5,000 doctors, specialists, and other health care professionals. No other health plan in Hawaii has a larger provider network. HMO (Health Maintenance Organization): A plan with a designated primary care provider (PCP) and a health center for all care. If you see providers outside your health center, you'll need a referral from your PCP.
Provider	A physician, hospital, pharmacy, or laboratory.
U.S. Preventive Services Task Force	An independent volunteer panel of national experts in prevention and evidence-based medicine that recommends certain clinical preventive services (e.g., screenings).