



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 (486)	Health Plan Hawaii Plus (S-S)
	PPO Network	HMO Network
	Member Cost	Member Cost
Annual Deductible	Single: \$100 Family: \$300	\$0
Annual Copayment Maximum	Single: \$2,500 Family: \$7,500	Single: \$1,500 Family: \$4,500
<b>To help maintain your health</b>		
Annual Well-Woman Exam	10% coinsurance	\$0
Annual Well-Child Care (age 6 & younger)	10% coinsurance	\$0
Colonoscopy Screening	10% coinsurance	\$0
Mammography Screening	10% coinsurance	\$0
Immunizations (standard)		\$0
<b>If you need immediate medical attention</b>		
HMSA Online Care	\$10 for up to 10 mins; \$5 for an additional 5 mins	\$10 for up to 10 mins; \$5 for an additional 5 mins
Urgent Care	10% coinsurance	\$12 copayment
Emergency Room	10% coinsurance	\$25 copayment
Ambulance (ground or interisland air)	20% coinsurance*	20% coinsurance
<b>If you visit a doctor's office or clinic (outpatient)</b>		
Doctor Visit	10% coinsurance	\$12 copayment
Specialist Visit	10% coinsurance	\$12 copayment
Physical Therapy	20% coinsurance*	\$12 copayment
Radiology - General (e.g., X-ray)	20% coinsurance	10% coinsurance
Radiology - Other (e.g., MRI, CT scan, Ultrasound)	20% coinsurance	10% coinsurance
Lab Tests (e.g., bloodwork)	20% coinsurance	\$0
<b>If you have a hospital stay (inpatient)</b>		
Hospital Room & Board	10% coinsurance	\$0
Surgery	10% coinsurance (cutting) 20% coinsurance (non-cutting)	\$0 (cutting) \$0 (non-cutting)
Radiology - General (e.g., X-ray)	10% coinsurance	\$0
Radiology - Other (e.g., MRI, CT scan, Ultrasound)	10% coinsurance	\$0
Lab Tests (e.g., bloodwork)	10% coinsurance	\$0

	Preferred Provider Plan (486)	Health Plan Hawaii Plus (S-S)
	PPO Network	HMO Network
	Member Cost	Member Cost
<b>If you're pregnant</b>		
Routine Prenatal & Postnatal Care	10% coinsurance	\$0
Delivery	10% coinsurance	\$0
Hospital Room & Board	10% coinsurance	\$0

Visit [hmsa.com](https://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.

## Key Terms

Term	Definition
<b>Actual Charge vs. Eligible Charge</b>	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.
<b>Annual Deductible</b>	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.
<b>Coinsurance vs. Copayment</b>	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).
<b>Guide to Benefits (GTB)</b>	Your comprehensive guide and legal document that explains your benefits in detail including, exclusions, limitations, terms, and conditions for a specific plan.
<b>HMSA Online Care</b>	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.
<b>Annual Copayment Maximum</b>	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.
<b>Participating Provider vs. Nonparticipating Provider</b>	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.
<b>PPO vs. HMO</b>	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.
<b>Provider</b>	A physician, hospital, pharmacy, or laboratory.
<b>U.S. Preventive Services Task Force</b>	An independent volunteer panel of national experts in prevention and evidence-based medicine that recommends certain clinical preventive services (e.g., screenings).

Understand important information about your plan: This "benefits at-a-glance"-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits, and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at [hmsa.com/appeals](https://hmsa.com/appeals).



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## BENEFITS AT-A-GLANCE: DRUG

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	Drug (812)
	Member Cost
Maximum Out-of-Pocket	N/A
<b>1-30-day supply from pharmacies</b>	
Generic	\$0
Preferred	\$2 copayment
Non-Preferred	\$2 copayment
Specialty	\$2 copayment
<b>84-90-day supply from participating pharmacies or mail-order prescription drug program</b>	
Generic	\$0
Preferred	\$0
Non-Preferred	\$0
Specialty	\$0

To learn more about HMSA's drug tiers, please visit [hmsa.com/drug-list](https://hmsa.com/drug-list).

## Key Terms

Term	Definition
<b>Cost Share</b>	A portion of the total drug cost you are required to pay in addition to a copayment or coinsurance.
<b>Drug Tiers</b>	The way in which HMSA categorizes drug types that are covered under the plan. The common categories are generic, preferred, brand name, and specialty drugs.
<b>Formulary</b>	A list of drugs that are covered under your drug plan. For a detailed list, please visit <a href="https://hmsa.com/drug-list">hmsa.com/drug-list</a> .
<b>Mail-Order Prescription Drug Program</b>	Program where you can get prescription drugs from our mail-order provider at the best prices possible and have medications delivered to your home. For more information, visit <a href="https://hmsa.com">hmsa.com</a> .
<b>Annual Copayment Maximum</b>	The maximum amount you have to pay for covered services (your deductibles, copayments, and coinsurance) in a calendar year before your health plan pays 100 percent of the cost of covered benefits.

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## BENEFITS AT-A-GLANCE: VISION

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	Vision (EA) – For PPO Network Plans	
	Member Cost	
	Adult	Child
<b>Routine Eye Care</b>		
Eye Exam (one per calendar year)	\$10 copayment	\$10 copayment
<b>Lenses &amp; Frames* (from participating vision care facilities)</b>		
Eyeglass Lenses	\$10 copayment	\$10 copayment
Contact Lenses	\$25 copayment (up to \$130 allowance)	\$25 copayment
Polycarbonate Lenses	Not covered	\$0
One Eyeglass Frame (from select group, once per 24 months)	\$15 copayment	\$15 copayment
<b>Additional Benefits</b>		
Contact Lens Fitting (one per calendar year)	All charges less \$45 plan payment	\$0

\*You're eligible for either contact lenses or eyeglass frames (not both) in the same calendar year.

### Key Terms

Term	Definition
<b>Contact Lens Fitting</b>	An eye exam to ensure that you have the correct fit and prescription for your contacts.
<b>Lenses</b>	Single vision or multifocal lenses for eyeglasses and non-disposable and disposable contact lenses.
<b>Polycarbonate Lens</b>	An impact-resistant eyeglass material that is thinner and lighter than traditional plastic eyeglass lenses. These lenses provide UV protection and are scratch resistant.

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# BENEFITS AT-A-GLANCE: CHIROPRACTIC

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	Chiropractic Care (CHIRO A)
	Member Cost
Office Visits (20 visits per calendar year)	All charges less \$10 per visit plan payment
X-ray Films	50% charge

Note: To be eligible for payment, chiropractic services must be necessary for the diagnosis and treatment of an injury or illness of the back or spine and performed by a properly licensed or certified chiropractor.