

Feature	Health Plan Hawaii HMO
Provider	Hawaii Medical Service Association 1-808-948-6372 www.hmsa.com
Cost Sharing	
Annual Deductible	\$0 Individual; \$0 Family
Out-of-pocket maximum	\$1,500 Individual; \$4,500 Family
Lifetime coverage limit	Limit does not apply
Policies/Requirements	
Need to file claims	No; except for out-of-network
Domestic partner benefits	Yes
Access	
Ability to self-refer to OB/GYN	Yes
Ability to self-refer to specialists	No
Out-of-area dependent coverage	Yes
Out-of-area participant coverage	Yes
Spending Account	
You only	Not applicable
You and spouse	Not applicable
You and child	Not applicable
You and family	Not applicable
Eligible expenses for reimbursement	Not applicable
Outpatient Services	
Primary doctor office visit	\$14 copay
Specialist doctor office visit	\$14 copay
Preventive Care	
Annual physical exam	100% covered
Well-woman exam (includes pap)	100% covered
Mammogram	100% covered
Pediatric exams	100% covered
Immunizations (child)	100% covered
Colonoscopy	100% covered; eligibility criteria apply; office visit copay may apply; check with Plan for details
Cancer screenings	100% covered; eligibility criteria apply; office visit copay may apply; check with Plan for details
Cardiovascular screenings	100% covered; eligibility criteria apply; office visit copay may apply; check with Plan for details
Allergy tests and treatments	100% covered; inpatient; \$14 copay outpatient
Outpatient Care	
Outpatient surgery	\$14 copay
Outpatient laboratory services	100% covered
Outpatient physical therapy	\$14 copay; limited to short-term only
Outpatient X-ray	90% covered
Outpatient occupational therapy	\$14 copay; limited to short-term only
Outpatient speech therapy	\$14 copay; limited to short-term only; check with Plan for details
Outpatient cardiac rehabilitation	Not covered; check with Plan for details about the Cardiac Care Connection disease management program

Feature	Health Plan Hawaii HMO
	Family Planning/Maternity Care
Office visit: pre/postnatal	\$14 copay initial visit only
In-hospital delivery services	100% covered; limited to semi-private room
Newborn nursery services	100% covered
Fertility services	Varies by type of service; check with Plan for details
In vitro fertilization	80% covered; limited to one procedure per lifetime; preauthorization required
Artificial insemination	\$14 copay; preauthorization required
Female tubal ligation	\$14 copay
Male vasectomy	\$14 copay
	Hearing
Hearing evaluations	100% covered; office visit copay may apply
Hearing aids	50% covered; limited to one hearing aid per ear every five years; digital aids limited to no more than the amount Plan would pay for analog aids
	Vision
Routine vision exams	\$14 copay; limited to one exam per calendar year
Regular lenses and frames	Not covered
Contact lenses	Not covered
	Dental
Dental implants	Not covered
Accidental injury to teeth	100% covered; inpatient; \$14 copay outpatient; limitations apply to oral surgery; check with Plan for details
Surgical removal of tumors, cysts and impacted teeth	100% covered; inpatient; \$14 copay outpatient; removal of impacted teeth not covered
	Inpatient Services
Hospital copay	100% covered; limited to semi-private room
Hospital semi-private room	100% covered
Inpatient lab and X-ray	100% covered
Inpatient surgery	100% covered
Inpatient physician and surgeon services	100% covered
	Emergency Care
Emergency room (not followed by admission)	\$25 copay; statewide and BlueCard providers; 80% covered worldwide
Urgent care clinic visit	\$14 copay
Ambulance services	80% covered
	Prescription Drug Coverage
Annual prescription deductible	Not applicable
Prescription drug website	Same as medical plan
Prescription drug member services	Same as medical plan
Prescription drug vendor	Same as medical plan
Annual Rx out-of-pocket maximum	Not applicable
	Retail
Retail generic	\$5 copay; participating pharmacies; 80% covered after \$5 copay at non-participating pharmacies; 30 day supply

Feature	Health Plan Hawaii HMO
Retail formulary brand	\$20 copay; participating pharmacies; 80% covered after \$20 copay at non-participating pharmacies; 30 day supply
Retail nonformulary brand	\$20 copay; plus \$35 cost-sharing charge at par pharmacies; 80% covered after \$20 copay and \$35 cost-sharing charge at non-par pharmacies; 30 day supply
	Mail Order
Mail order generic	\$10 copay; 90 day supply
Mail order formulary brand	\$45 copay; 90 day supply
Mail order nonformulary brand	Not covered
	Other
Oral contraceptives	Retail and mail order available; applicable prescription drug formulary and copays apply; check with Plan for details
Fertility drugs	Check with Plan for details
Injectables	\$5 copay; times the number of months the drug is effective; plus office visit copay or max allowable fee for administration of drug whichever is less
	Mental Health
Mental Health: Combined with substance abuse	No
Mental Health: Outpatient coverage	\$14 copay; limited to 24 visits per calendar year
Mental Health: Inpatient coverage	100% covered; facility; 80% covered for physician services; limited to 30 days per calendar year
	Substance Abuse
Detox: Outpatient coverage	\$14 copay
Detox: Inpatient coverage	100% covered; facility; 80% covered for physician services
Rehab: Outpatient coverage	\$14 copay
Rehab: Inpatient coverage	100% covered; facility; 80% covered for physician services
	Alternative Care
Chiropractic	Not covered
Acupuncture	Not covered
	Care Management Programs
Heart disease care management	Yes
Hypertension care management	No
Diabetes care management	Yes
Asthma care management	Yes
Prenatal care management	Yes
Cancer care management	No
Smoking cessation program	Yes
Weight control program	Yes
	Other
Noncustodial home health care	100% covered; limited to 365 visits per illness or injury
Hospice care	100% covered
Prescribed care in noncustodial skilled nursing facility	100% covered; limited to 100 days per calendar year
Durable medical equipment	50% covered; preauthorization required
Prosthetic devices	50% covered; preauthorization required