

Health Plan Hawaii Plus

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.



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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. For Health Plan Hawaii, 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 professionals who specialize in obstetrics or gynecology, visit 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.

If you were covered by HMSA under a different group coverage immediately prior to this coverage, any maximums you accrued under the previous coverage carry forward and count against the same types of maximum amounts under this coverage. Any copayment amounts you paid toward meeting your copayment maximum will also carry over.

If you become a member under another HMSA coverage, then you will be subject to the carryover provisions of the new coverage, and not this coverage.

| PLAN PROVISIONS | HEALTH PLAN HAWAII PLUS (XB) |
|--|--|
| | In-Network |
| Lifetime Maximum | Unlimited |
| Annual Copayment Maximum | \$2,500 per person Maximum: \$7,500 per family |
| Annual Deductible | None |
| MEDICAL SERVICES | HEALTH PLAN HAWAII PLUS (XB) |
| | YOUR COPAYMENT |
| | In-Network |
| PHYSICIAN SERVICES | |
| Office Visits | \$15 |
| Hospital Visits | \$15 (hospital outpatient) None (hospital inpatient) |
| Emergency Room | None |
| HOSPITAL AND FACILITY SERVICES | |
| Hospital Room and Board; semiprivate room rate; unlimited number of days | \$75 per day |
| Hospital Ancillary | None |
| Intensive Care Unit; Coronary Care Unit | \$75 per day |
| Emergency Room | \$75 |
| SURGICAL SERVICES | |
| Surgical Procedures | None (outpatient surgical center) \$15 (outpatient professional charges) None (hospital operating room) None (inpatient professional charges) |
| Anesthesia | \$15 (outpatient professional charges) None (inpatient professional charges) |
| LABORATORY AND RADIOLOGY | |
| Diagnostic Testing | 10% (office visit) 10% (hospital outpatient) None (hospital inpatient) |
| Laboratory and Pathology | 10% (office visit) 10% (hospital outpatient) None (hospital inpatient) |
| X-Ray and Other Radiology | 10% (office visit) 10% (hospital outpatient) None (hospital inpatient) |
| Radiation Therapy for Malignancies and Non-malignancies | \$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient) |

| MEDICAL SERVICES | HEALTH PLAN HAWAII PLUS (XB) |
|---|--|
| | YOUR COPAYMENT |
| OTHER MEDICAL SERVICES | In-Network |
| Allergy Testing | \$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient) |
| Ambulance (air) | 20% |
| Ambulance (ground) | 20% |
| Blood and Blood Products | None |
| Chemotherapy – Infusion / Injections | \$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient) |
| Dialysis and Supplies | 10% (hospital outpatient) None (hospital inpatient) |
| Durable Medical Equipment and Supplies | 50% |
| Hospice | None |
| Implanted Internal Items / Implants | None |
| Injections | \$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient) |
| Inter-island Transportation | None |
| Organ Donor Services | \$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient) |
| Organ and Tissue Transplant ⁽¹⁾ | \$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient) |
| Orthotics and External Prosthetics | 50% |
| Physical and Occupational Therapy | \$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient) |
| Speech Therapy Services | \$15 (outpatient) None (inpatient) |
| Vision and Hearing Appliances (<i>certain limitations apply</i>) | 50% |
| Vision Exam | \$15 (One exam per calendar year) |

| SPECIAL BENEFITS | HEALTH PLAN HAWAII PLUS (XB) |
|---|-------------------------------------|
| | YOUR COPAYMENT |
| | In-Network |
| BENEFITS FOR CHILDREN | |
| Newborn Circumcision | Regular Plan Benefits |
| Well Child Care Immunizations (through age 21) | None |
| Well Child Care Laboratory (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 |
| Vasectomy | Regular Plan Benefits |
| BENEFITS FOR WOMEN | |
| Contraceptives⁽²⁾ (See Limited Rx section for additional contraceptive benefits) | |
| Implants | 50% |
| IUD | 50% |
| Injectables ⁽³⁾ | 50% |
| Mammography (screening) | None |
| Maternity Care | Regular Plan Benefits |
| Pap Smears (screening) | None |
| Well Woman Exam | None |

⁽¹⁾ This benefit includes transplants such as: stem-cell (including bone marrow), heart, heart and lung, liver, lung, pancreas, simultaneous kidney/pancreas and small bowel and multivisceral. You must receive services from a provider that is under contract with us for the specific type of transplant you will receive for these benefits to apply. Refer to your Guide to Benefits for information on other transplants.

⁽²⁾ Copayments will not count towards the annual copayment maximum.

⁽³⁾ A separate copayment may be charged for administration of the injection.

| SPECIAL BENEFITS | HEALTH PLAN HAWAII PLUS (XB) |
|---|--|
| | YOUR COPAYMENT |
| | In-Network |
| PHYSICAL EXAMS | None |
| SCREENING SERVICES ⁽⁴⁾ | None |
| DISEASE MANAGEMENT AND PREVENTIVE SERVICES PROGRAMS | 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. This new tool will be available in the first quarter of 2012. |
| PRENATAL CARE | A service that offers guidance in receiving the appropriate care throughout the duration of your pregnancy and up to six weeks after the baby is born. You will receive specialized telephonic support from clinicians as needed to enhance traditional office-based care, along with links to other resources in the community. Includes written information specific to your needs, as well as a pregnancy or baby care book at no cost. |
| POSITIVELY PREGNANT (Pregnancy Workshop) | Workshops open to all pregnant women and their partners, or women thinking about starting a family at no cost. You will be given information on appropriate prenatal care and taught how to look for signs and symptoms of complications and what to do if they occur. Includes a pregnancy guide for all members at no cost. |
| DISEASE MANAGEMENT | |
| For Asthma, COPD, Diabetes, Heart Disease and CKD | Chronic disease management support services including regular care calls from a team of specially trained clinicians, medication review, educational newsletters, reminders for important tests and screenings and strategies to engage in a healthy, active life. Members with diabetes are also eligible to attend diabetes education classes from select participating providers at no additional cost. |
| BEHAVIORAL HEALTH (Mental Health & Substance Abuse) | Screenings for depression and substance abuse, educational materials, referrals to participating providers and treatment centers, and case management services if needed. |
| STOP SMOKING | Personalized stop-smoking program including private telephonic counseling for up to 12 months, education on therapies and strategies from a care specialist, and referrals to community resources at no cost |

⁽⁴⁾ U.S. Preventive Services Task Force Recommended Grade A & B Screenings

| SPECIAL BENEFITS | HEALTH PLAN HAWAII PLUS (XB) | |
|---|------------------------------|----------------------------|
| | YOUR COPAYMENT | |
| LIMITED Rx BENEFITS ⁽²⁾ | 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 | | |
| Generic | 50% | 50% |
| Preferred Brand Name | 50% | 50% |
| Other Brand Name | 50% | 50% |
| Diaphragms/Cervical Caps | 50% | 50% |
| U.S. Preventive Services Task Force (USPSTF) Recommended Drugs ⁽⁵⁾ | None | 20% |

- **NOTE:** 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⁽⁶⁾

(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 | | |
| Generic | 50% | Not covered |
| Preferred Brand Name | 50% | Not covered |
| Other Brand Name | 50% | Not covered |
| Diaphragms/Cervical Caps | 50% | Not covered |
| U.S. Preventive Services Task Force (USPSTF) Recommended Drugs ⁽⁵⁾ | None | Not covered |

- **NOTE:** 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.

⁽⁵⁾ USPSTF A & B Recommendations.

⁽⁶⁾ To utilize the mail order program, only credit card payments are accepted.