

# Health Plan Hawaii – B (ZT)

---

## *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.*



*Working for a Healthier Hawaii*

## 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, services from a non-network provider are not covered with the exception of emergency care and/or referrals from your in-network personal care physician. 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 - B (ZT)
	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 - B (ZT)
	YOUR COPAYMENT
	In-Network
PHYSICIAN SERVICES	
Office Visits	\$15
Hospital Visits	\$15
HOSPITAL AND FACILITY SERVICES	
Hospital Room and Board; semiprivate room rate; unlimited number of days	20%
Hospital Ancillary	20%
Intensive Care Unit; Coronary Care Unit	20%
Emergency Room	\$75 (in-state) \$75 (BlueCard provider) 20% (out-of-state)
SURGICAL SERVICES	
Surgical Procedures	None (outpatient surgical center) \$15 (outpatient professional charges) 20% (hospital operating room) None (inpatient professional charges)
Anesthesia	\$15 (outpatient professional charges) 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)
Radiation Therapy for Malignancies and Non-malignancies	\$15 (office visit) \$15 (hospital outpatient) 20% (hospital inpatient)

<b>MEDICAL SERVICES</b>	<b>HEALTH PLAN HAWAII - B (ZT)</b>
	<b>YOUR COPAYMENT</b>
<b>OTHER MEDICAL SERVICES</b>	In-Network
Allergy Testing	\$15 (office visit) \$15 (hospital outpatient) 20% (hospital inpatient)
Ambulance (air)	20%
Ambulance (ground)	20%
Blood and Blood Products <sup>(1)</sup>	20%
Chemotherapy – Infusion / Injections	\$15 (office visit) \$15 (hospital outpatient) 20% (hospital inpatient)
Dialysis and Supplies	10% (hospital outpatient) 20% (hospital inpatient)
Hospice	None
Injections	\$15 (office visit) \$15 (hospital outpatient) 20% (hospital inpatient)
Inter-island Transportation	None
Medical Equipment, Appliances and Supplies	50%
Organ Donor Services	\$15 (office visit) \$15 (hospital outpatient) 20% (hospital inpatient)
Organ and Tissue Transplant <sup>(2)</sup>	\$15 (office visit) \$15 (hospital outpatient) 20% (hospital inpatient)
Physical and Occupational Therapy	\$15 (office visit) \$15 (hospital outpatient) 20% (hospital inpatient)
Speech Therapy Services <sup>(1)</sup>	\$15 (outpatient) 20% (inpatient)
Vision Exam	\$15 (One exam per calendar year)

<b>SPECIAL BENEFITS</b>	<b>HEALTH PLAN HAWAII - B (ZT)</b>
	<b>YOUR COPAYMENT</b>
	In-Network
<b>BENEFITS FOR CHILDREN</b>	
Newborn Circumcision	Regular Plan Benefits
Well Child Care Immunizations	None
Well Child Care Laboratory	Regular Plan Benefits
Well Child Care Physician Office Visits	None
<b>BENEFITS FOR MEN</b>	
Prostate Specific Antigen (PSA) Test (screening)	Regular Plan Benefits
Vasectomy	Regular Plan Benefits
<b>BENEFITS FOR WOMEN</b>	
<b>Contraceptives<sup>(1)</sup></b> (See Limited Rx section for additional contraceptive benefits)	
Implants	50%
IUD	50%
Injectables <sup>(3)</sup>	50%
Mammography (screening)	None
Pap Smears (routine)	None
Maternity Care	Regular Plan Benefits
Well Woman Exam	None

<sup>(1)</sup> Copayments will not count towards the annual copayment maximum.

<sup>(2)</sup> 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.

<sup>(3)</sup> A separate copayment may be charged for administration of the injection.

SPECIAL BENEFITS		HEALTH PLAN HAWAII - B (ZT)	
		YOUR COPAYMENT	
		In-Network	
PHYSICAL EXAMS		None	
<b>ONLINE CARE</b>	As an HMSA member, you and your covered dependents may access HMSA's Online Care through <a href="http://www.hmsa.com">www.hmsa.com</a> . 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.		
<b>HEALTH ASSESSMENT (HealthPass)</b>	As an HMSA member, you and your covered dependents age 14 and older are entitled to HealthPass, a <u>free</u> annual health assessment from a contracted HealthPass provider that evaluates your health and lifestyle. The program provides professional counseling to help you design a personal health action program that fosters healthy behavior.		
<b>DISEASE MANAGEMENT AND PREVENTIVE SERVICES PROGRAMS</b>	<b>As an HMSA member, you are entitled to the following programs:</b>		
<b>HE HAPAI PONO - The Good Pregnancy (Prenatal Care Management Program)</b>	A program 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 free pregnancy or baby care book		
<b>POSITIVELY PREGNANT (Pregnancy Workshop)</b>	Free workshops open to all pregnant women and their partners, or women thinking about starting a family. You will be given information on appropriate prenatal care, taught how to look for signs and symptoms of complications and what to do if they occur. Includes a free pregnancy guide for all members.		
<b>HMSA'S CARE CONNECTION</b>	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.		
<b>BEHAVIORAL HEALTH (Mental Health &amp; Substance Abuse)</b>	Screenings for depression and substance abuse, educational materials, referrals to participating providers and treatment centers, and case management services if needed.		
<b>READY, SET, QUIT!</b>	Personalized stop-smoking program including free private telephonic counseling for up to 18 months, education on therapies and strategies from a care specialist, and referrals to community resources		
<b>LIMITED Rx BENEFITS<sup>(1)</sup></b>	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%
<b>NOTE:</b>			
<ul style="list-style-type: none"> <li>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.</li> </ul>			
<b>MAIL SERVICE PRESCRIPTION PROGRAM<sup>(4)</sup></b>			
(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
<b>NOTE:</b>			
<ul style="list-style-type: none"> <li>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.</li> </ul>			

<sup>(4)</sup>To utilize the mail order program, only credit card payments are accepted.