

Hawaii Residency Programs

BENEFIT PLAN COMPARISON

This comparison 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 comparison and the language contained within the Guide to Benefits or certificate, the latter will take precedence.



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Choices for a Healthier Hawaii

Important Information

All benefits for the non-participating providers in the Preferred Provider Plan are payable after the application of the annual deductible, unless otherwise noted.

All plan benefits shown are based on the eligible charge. The eligible charge is the amount that HMSA's participating providers have agreed to accept as payment in full for services rendered. All services received from a nonparticipating provider will likely result in significantly higher out-of-pocket expenses since the member is responsible for any difference between HMSA's eligible charge and the nonparticipating provider's actual charge.

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.

Plan Provisions

	PREFERRED PROVIDER PLAN		HEALTH PLAN HAWAII PLUS
	YOUR CHARGE		YOUR CHARGE
	Participating Providers	Nonparticipating Providers	
Annual Deductible	None Except other services	\$100 per person; Maximum: \$300 per family	None
Annual Copayment Maximum	\$2,500 per person; Maximum: \$7,500 per family		\$1,500 per person; Maximum: \$4,500 per family
Lifetime Maximum	\$1,000,000 per person		Unlimited

Medical Services

	PREFERRED PROVIDER PLAN		HEALTH PLAN HAWAII PLUS
	PLAN PAYS		PLAN PAYS
	Participating Providers	Nonparticipating Providers	
PHYSICIAN SERVICES			
Office Visits	90%	70%	All but \$12 per visit
Hospital Visits	90%	70%	100% for inpatient; All but \$12 per visit for outpatient
HOSPITAL SERVICES			
Room & Care - semiprivate room rate; unlimited number of days	90%	70%	100%
Intensive Care Unit, Coronary Care Unit, Ancillary Services, Inpatient Laboratory and X-ray	90%	70%	100%
Emergency Room Facility	90%	90%*	Statewide: All but \$25 per visit; Worldwide: 80%
Ambulatory Surgical Center	90%	70%	Facility: 100%; Physician Services: All but \$12 per visit
*Benefit not subject to annual deductible			
INPATIENT SURGICAL SERVICES			
Surgery	90% for cutting; 80% for non-cutting	70%	100%
Anesthesiologist	90%	70%	100%
OUTPATIENT LABORATORY & X-RAY SERVICES			
Laboratory & Pathology	80%	70%	100%
X-Ray Films and Diagnostic Services	80%	70%	90% for X-rays; 100% for Diagnostic Services
Radiotherapy for malignancies and non-malignancies	80%	70%	All but \$12 per visit
TOTAL MATERNITY CARE	Regular Plan Benefits	Regular Plan Benefits	Regular Plan Benefits

MENTAL HEALTH SERVICES**INPATIENT⁽¹⁾**

Hospital & Facility Services; 30 days maximum per calendar year

Refer to Hospital Services

Refer to Hospital Services

100% based on semiprivate room rate

Psychiatrist & Psychologist Services; 30 visits maximum per calendar year

90%

70%

80%

OUTPATIENT⁽¹⁾

Psychiatrist & Psychologist Services

90%

70%

All but \$12 for each individual or each group session

24 visits maximum per calendar year

24 sessions maximum per calendar year

⁽¹⁾The following mental illness conditions are not subject to mental health plan maximums: bipolar mood disorder types I and II, delusional disorder, dissociative disorder, major depressive disorder, obsessive-compulsive disorder, schizophrenia and schizo-affective disorder.

CONTRACEPTIVE SUPPLIES⁽²⁾

IUD

50%

50%

All but \$60 copayment per device

Implants

50%

50%

All but \$200 copayment

Injectable

50%

50%

All but \$5/month or \$15/quarter copayment per injection⁽³⁾

⁽²⁾Contraceptive Supplies are not subject to the annual deductible. Copayments will not count towards the annual copayment maximum and benefits paid will not be applied towards the lifetime maximum.

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

OTHER SERVICES

All benefits payable after \$100 annual deductible

Preventive Care

PREFERRED PROVIDER PLAN

HEALTH PLAN HAWAII PLUS

	PLAN PAYS		PLAN PAYS
	Participating Providers	Nonparticipating Providers	
NEFITS FOR CHILDREN			
All Child Care Office Visits	90%	70%*	100%
All Child Care Immunization	100%	100%*	100%
All Child Care Lab Tests	80%	70%*	100%
*Benefit not subject to annual deductible			
NEFITS FOR WOMEN			
Pap Smears	80%	70%	100%
Mammography	80%	70%*	100%
All Woman Exam	90%	70%	100%
*Benefit not subject to annual deductible			
NEFITS FOR MEN			
Prostate Specific Antigen	80%	70%	100%
PHYSICAL EXAMS	Not a benefit	Not a benefit	100%
HEALTH ASSESSMENT	As a Preferred Provider Plan 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. HealthPass can also include referrals for medical screenings and physical examinations to detect early signs of disease, when appropriate, at no charge to you. The program provides professional counseling to help you design a personal health action program that fosters healthy behavior.		Services are available under the 'Physical Exams' benefit and must be provided or arranged by your personal care physician (PCP).
DISEASE MANAGEMENT AND PREVENTIVE SERVICES PROGRAMS			
HAWAII PONO (prenatal care management program)	100%	Not a benefit	100%
POSITIVELY PREGNANT (pregnancy workshop)	100%	Not a benefit	100%
PHARMACY CARE CONNECTION			
For Asthma, Chronic Obstructive Pulmonary Disease or Diabetes	Pharmacist's medication review and education, phone calls from program nurses, information mailed to your home	Not a benefit	Pharmacist's medication review and education, phone calls from program nurses, information mailed to your home
For Cardiac Disease (CAD and CHF)	Pharmacist's medication review and education, phone calls from program nurses, information mailed to your home. Certain members may qualify for home monitoring equipment	Not a benefit	Pharmacist's medication review and education, phone calls from program nurses, information mailed to your home. Certain members may qualify for home monitoring equipment
ADULT, SET, QUIT!	Personalized stop-smoking program including free phone counseling for 18 months, education on therapies and strategies from a care specialist, free classes from participating providers	Not a benefit	Personalized stop-smoking program including free phone counseling for 18 months, education on therapies and strategies from a care specialist, free classes from participating providers
For DIABETIC SUPPLIES, INSULIN and ADDITIONAL CONTRACEPTIVES please refer to your drug section.			

Prescription Drugs

PREFERRED PROVIDER PLAN

HEALTH PLAN HAWAII PLUS

	PLAN PAYS		PLAN PAYS	
	Participating Pharmacy	Nonparticipating Pharmacy	Participating Pharmacy	Nonparticipating Pharmacy
GENERIC	All but \$5 member copayment	80% after \$5 member copayment	All but \$5 member copayment	80% after \$5 member copayment
PREFERRED BRAND NAME	All but \$20 member copayment	80% after \$20 member copayment	All but \$20 member copayment	80% after \$20 member copayment
OTHER BRAND NAME	No more than the Preferred Brand Eligible Charge after a \$20 member copayment ⁽⁵⁾	No more than 80% of the Preferred Brand Eligible Charge after a \$20 member copayment	No more than the Preferred Brand Eligible Charge after a \$20 member copayment ⁽⁵⁾	No more than 80% of the Preferred Brand Eligible Charge after a \$20 member copayment
INSULIN				
Preferred Brand Name	All but \$5 member copayment	80% after \$5 member copayment	All but \$5 member copayment	80% after \$5 member copayment
Other Brand Name	All but \$20 member copayment	80% after \$20 member copayment	All but \$20 member copayment	80% after \$20 member copayment
DIABETIC SUPPLIES				
Preferred Brand Name	100%	100%	100%	100%
Other Brand Name	All but \$20 member copayment	All but \$20 member copayment	All but \$20 member copayment	All but \$20 member copayment
ADDITIONAL BENEFITS				
Preferred Oral Contraceptives⁽⁶⁾	All but \$5 copayment for covered preferred contraceptives	All but \$8 copayment for covered preferred contraceptives	All but \$5 copayment for covered preferred contraceptives	All but \$5 copayment for covered preferred contraceptives
Preferred Diaphragm and Cervical Caps	All but \$10 copayment per device	All but \$12 copayment per device	All but \$5 copayment per device	All but \$5 copayment per device
Other Methods (i.e. ring and patch)	No more than the Preferred Brand Eligible Charge after a \$20 member copayment ⁽⁵⁾	No more than 80% of the Preferred Brand Eligible Charge after a \$20 member copayment	No more than the Preferred Brand Eligible Charge after a \$20 member copayment ⁽⁵⁾	No more than the Preferred Brand Eligible Charge after a \$20 member copayment ⁽⁵⁾
Other Oral Contraceptives (Includes generics and other brand name oral contraceptives)	No more than the Preferred Brand Eligible Charge after a \$20 member copayment ⁽⁷⁾	No more than 80% of the Preferred Brand Eligible Charge after a \$20 member copayment	No more than the Preferred Brand Eligible Charge after a \$20 member copayment ⁽⁷⁾	No more than 80% of the Preferred Brand Eligible Charge after a \$20 member copayment
Other Diaphragms	No more than the Preferred Brand Eligible Charge after a \$10 member copayment ⁽⁵⁾	No more than 80% of the Preferred Brand Eligible Charge after a \$12 member copayment	No more than the Preferred Brand Eligible Charge after a \$10 member copayment ⁽⁵⁾	No more than 80% of the Preferred Brand Eligible Charge after a \$12 member copayment
Smoking Cessation Devices				
Limited to: 1) Nicotine transdermal patches, one treatment cycle per calendar year, limit of two treatment cycles per lifetime; 2) Zyban	Regular Plan Benefits	Regular Plan Benefits	Regular Plan Benefits	Regular Plan Benefits
Spacers for Inhaled Drugs⁽⁸⁾	Special member rates	Special member rates	Special member rates	Special member rates

⁽⁵⁾Member owes a copayment, plus any difference between the eligible charge of the other brand name and the average eligible charge for generic and preferred drugs in the same therapeutic class.

⁽⁶⁾Preferred oral contraceptives include: Alesse Contraceptives (Wyeth-Ayerst), Desogen and Mircette contraceptives (Organon Pharmaceuticals), Nor-Q-D contraceptives (Watson Labs), and Tri-Levlen and Yasmin contraceptives (Berlex Laboratories).

Note: This list is subject to change.

⁽⁷⁾Member owes a copayment, plus any difference between the eligible charge of the generic or other brand name drug and the average eligible charge for preferred products in the same therapeutic category.

⁽⁸⁾HMSA has arranged with contracted drug manufacturers to offer spacers for inhaled drugs at special member rates.

Prescription Drugs

PREFERRED PROVIDER PLAN

HEALTH PLAN HAWAII PLUS

	PLAN PAYS		PLAN PAYS	
	Participating Pharmacy	Nonparticipating Pharmacy	Participating Pharmacy	Nonparticipating Pharmacy
MAIL SERVICE PRESCRIPTION PROGRAM (From an HMSA contracted provider -- 90 day supply)				
GENERIC	All but \$10 member copayment	Not a benefit	All but \$10 member copayment	Not a benefit
PREFERRED BRAND NAME	All but \$35 member copayment	Not a benefit	All but \$35 member copayment	Not a benefit
INSULIN				
Preferred Brand Name	All but \$10 member copayment	Not a benefit	All but \$10 member copayment	Not a benefit
DIABETIC SUPPLIES				
Preferred Brand Name	100%	Not a benefit	100%	Not a benefit

NOTES:

- When a prescribed brand name drug has a generic equivalent that is listed on the Hawaii Drug Formulary of Equivalent Drug Products, you will be responsible for the appropriate copayment plus the difference between the generic and brand name cost. This procedure will apply regardless of whether you chose not to use the generic equivalent or the particular generic equivalent was not available at the pharmacy.
- 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.

Vision Care Services

PREFERRED PROVIDER PLAN

HEALTH PLAN HAWAII PLUS

	PLAN PAYS		PLAN PAYS	
	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider
EYE EXAMINATION One per calendar year	100% after \$10 annual deductible	Up to \$40	All but \$12 member copayment	Not a benefit
LENSES One of the following per calendar year:				
Single	100% after \$10 annual deductible	Up to \$16	100% after \$10 member copayment	Up to \$16
Multifocal	100% after \$10 annual deductible	Up to \$25	100% after \$10 member copayment	Up to \$25
Contact Lenses	Plan pays up to \$130 after \$25 annual deductible	Up to \$50	Plan pays up to \$130 after \$25 member copayment	Up to \$50
CONTACT LENS FITTING	Up to \$45 One fitting per calendar year	Up to \$20	Up to \$45 One fitting per calendar year	Up to \$20
FRAMES	100% after \$15 annual deductible One frame every other calendar year	Up to \$12	100% after \$15 member copayment One frame every other calendar year	Up to \$12

NOTES:

- Frames must be chosen from a group selected by the provider. If the member chooses a frame outside of the group, the member will have to pay any difference between HMSA's allowance and the provider's charge for the frames. If the member replaces only the lenses of his/her glasses, the allowance for frames cannot be applied to the cost of lenses and contact lenses.
- If the member receives benefits for contact lenses, the member is not eligible for frames in the same year.

Dental Care Services

PARTICIPATING PROVIDER PROGRAM

DENTAL NETWORK PROGRAM

PROVISIONS

Annual Maximum	\$1,000 per person	None
Choice of Dentists	Any of over 600 participating dentists	Choose any of our HMSA Dental Network Providers: Hawaii Family Dental Centers (statewide), Dental Independent Network (Oahu, Big Island, Kauai & Maui)

PREVENTIVE CARE

	PLAN PAYS	PLAN PAYS
Exams	100% Two per calendar year	100%
Cleaning	100% Two per calendar year	100%
X-rays	100% One full mouth series or equivalent per calendar year	100%

ROUTINE CARE

Fillings	70%	100% for amalgam; 100% less \$10 per tooth for composite resin restorations (anterior teeth and facial surface of bicuspids only)
Endodontics	70%	100% for pulpotomy; 100% less \$25 per tooth for root canal therapy/periapical services
Periodontics	70%	100% less \$50 per quadrant for gingivectomy or gingivoplasty for 4 or more contiguous teeth; 100% less \$10 per quadrant for 1 to 3 teeth

MAJOR CARE

Waiting Periods	12 Months for Bridges & Dentures	12 Months for Bridges, Crowns & Dentures
Crowns, Bridges	70%	100% for stainless steel
Dentures		
Repairs	70%*	100%*
Relines	70%*	100% less \$45 per procedure*
Partial upper or lower denture	70%	100% less \$150 per denture
Complete upper or lower denture	70%	100% less \$150 per denture
Orthodontics	Not a benefit	Special member rates
	*Not subject to waiting periods	*Not subject to waiting periods.