Benefits

Your 2017 Hawaii Medical Plan Comparison Chart

The following chart highlights the major provisions and benefits of each of the medical plans available and is not intended to fully describe your coverage. The percentage amounts shown reflect the amount of eligible charges the Plan(s) will pay for a covered service. You are responsible for paying the remaining percentage and the difference, if any, between the actual charges and the eligible charges. Additional details can be found in A&B's Benefits Handbook, available at www.flexab.com.

Benefit Provisions	HMSA Preferred Provider Plan (PPO Plan)		HMSA Health Plan Hawaii Plus HMO Plan	Kaiser Permanente HMO Plan
	Participating Providers	Non-Participating Providers		
At a Glance				
Provider Choice/ How the Plan Works	Individuals may visit any qualified provider; however, the Plan pays higher benefits when a participating provider is used. Participants are encouraged to select a Primary Care Physician (PCP) who will coordinate their care.		All services must be provided or arranged by your Primary Care Physician (PCP); no benefits are paid for non-approved out-of network care.	Individuals must use Kaiser Permanente HMO providers or have authorized referrals; no benefits are paid for non-approved out-of-network care except for emergencies.
Annual Deductible	$100/individual; $300/family		None	None
Annual Out-of-Pocket Maximum	$2,500/individual; $7,500/family		$2,500/individual; $7,500/family	$2,500/individual; $7,500/family (includes prescription drug costs)
Lifetime Maximum	Unlimited		Unlimited	Unlimited
At the Doctor's Office				
Office Visits	90%	70% after annual deductible	100% after $15 copayment	100% after $15 copayment
Preventive Care Exam	Not covered	Not covered	Physical exams: 100% ($15 copayment applies for immunizations when not part of an office visit)	100%. No charge for annual preventive exams, flu shots or routine immunizations. Women's preventive care services per the Affordable Care Act: 100%
Well Child Care	90%	70%	100% through age 6; 100% for standard childhood immunizations	100%
	6 visits per year for children to age 1; 2 visits for age 1 to 2; 1 visit per year for ages 2 through 6			
At the Hospital				
Emergency Room[1] (for true emergency)	90%	90%	100% after $75 copayment in Hawaii; 80% outside Hawaii	100% after $75 copayment at any emergency room in or out of Hawaii (waived if admitted)
Semi-Private Room and Board	90%	70% after annual deductible	100% after $75 inpatient copayment per day	100% after $75 inpatient copayment per day
Inpatient X-Ray and Lab Services	90%	70% after annual deductible	100%	100%
Surgery				
Outpatient	90% (cutting); 80% (non-cutting)	70% after annual deductible	100% ($15 copayment applies for physician services)	100% after $15 copayment
Inpatient	90% (cutting); 80% (non-cutting)	70% after annual deductible	100%	100% after $75 per day copayment
Maternity and Family Planning Services				
Office Visits	90%	70% after annual deductible	100% ($15 copayment for initial visit)	100% after confirmation of pregnancy for routine care
Hospital Services (Semi-private room rate)	90%	70% after annual deductible	100% after $75 inpatient copayment per day	100% after $75 copayment per day
Mental Health/Substance Abuse Treatment				
Inpatient (Semi-private room rate)	Regular hospital benefits for hospital facility services; 90% for psychiatrist/ psychologist services	Regular hospital benefits for hospital facility services; 70% after annual deductible for psychiatrist/ psychologist services	100% after $75 copayment per day	100% after $75 copayment per day
Outpatient	90%	70% after annual deductible	100% after $15 copayment per visit	100% after $15 copayment per visit
Other Services				
Prescription Drugs – Retail (up to a 30-day supply)	Participating pharmacy = You pay the following copayments for a 30-day supply: $10 for generic, $30 for brand name. No copayment for oral chemotherapy drugs. When a prescribed brand name drug has a generic equivalent, you will be responsible for the appropriate copayment plus the difference between the generic and brand name cost, even if the generic equivalent is not available at the pharmacy. Non-participating pharmacy, the above copayments apply, but you must pay the entire cost first and file a claim for reimbursement.			You pay the following copayments for a 30-day supply: $3 Generic maintenance, $10 Generic other, $45 Brand, $200 Specialty copayment at Kaiser Permanente pharmacies
Prescription Drugs – Mail Order (up to a 90-day supply)	You pay the following copayments for a 90-day supply: $20 copayment for generic, $60 copayment for brand name. No copayment for oral chemotherapy drugs. Only available through the HMSA mail order program			You pay the following copayments for a 90-day supply: $10 Generic maintenance, $20 Generic other, $90 Brand or Specialty copayment at Kaiser Permanente pharmacies
Outpatient X-Ray and Lab Services	80%	70% after annual deductible	90%	90%
Skilled Nursing Facility[2]	90% of semi-private room rate	70% after annual deductible	100% of semi-private room rate; limited to 60 days per benefit period.	100%, up to 120 days per incident
Home Health Care Visits (from a qualified Home Health Agency)	100% up to 150 visits per calendar year	70% after annual deductible up to 150 visits per calendar year	100% up to 365 days per illness or injury	100%
Hearing Exams/Hearing Aids	80% after deductible; limited to one device per ear every five years	70% after annual deductible; limited to one device per ear every five years	100% after $15 copayment for the exam; 50% for the device; limited to one device per ear every five years	Plan pays 100% after $15 copayment for an annual hearing exam to determine the need for correction; limited to one device per ear, covered at 60% per ear, every three years
Durable Medical Equipment	80% after annual deductible	70% after annual deductible	50% for external devices 100% for internal devices	80% for external prosthetics
Vision Care	Provided through VSP; see A&B's Enrollment Guide for details			All costs greater than the $150 allowance once every calendar year for glasses OR contact lenses
Active & Fit Gym/ Exercise Program	N/A		N/A	**New for 2017:** $200 annual gym membership at participating facilities or $10 home kit (up to 2 per year) for members age 16 and above

[1]Non-emergency use of an emergency room is not covered.
[2]Limited each calendar year to 120 days under the HMSA PPO Plan; 100 days under HMSA Health Plan Hawaii Plus