

# Health Plan Hawaii Plus (HMSA)



State: HI

Benefits 2008

<b>Plan facts</b>	Member services Member services hours Web address Product name	(800) 776-4672 Annual enrollment information: (800) 776-4672 Mon-Fri: 8:00 AM-4:00 PM HT www.hmsa.com Health Plan Hawaii Plus
<b>Your medical expenses</b>	Office visits Maternity care prenatal office visits  Inpatient hospitalization Outpatient surgical care  Outpatient lab and X-ray Emergency room care Urgent care facility	\$14 copay per visit (PCP or specialist) \$14 copay for initial visit, thereafter covered at 100%  Covered at 100% \$14 copay per visit  X-ray: Covered at 90%. Lab: Covered at 100% \$25 copay/visit. Out-of-area: Covered at 80% (waived if admitted) \$14 copay/visit
<b>Your prescription drug expenses</b>	Retail	\$5 copay (generic), \$20 copay (preferred brand), \$55 copay (non-preferred brand) per prescription up to 30-day supply (\$20 copay plus \$35 differential applies to non-preferred brand)*
	Mail order	\$10 copay (generic), \$45 copay (preferred brand) per prescription up to 90-day supply. Non-preferred brand drugs not covered
<b>Preventive care</b>	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100%. Limit 1 visit per year \$14 copay per visit. Limit 1 visit per calendar year Covered at 100% (through age 5) Covered at 100%. Limit 1 visit per year
<b>Mental health</b>	Inpatient Outpatient	Covered at 100% (facility) and 80% (physician). Limit 30 days/calendar year \$14 copay per visit. Limit 24 visits per calendar year
<b>Substance abuse</b>	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 100% (facility) and 80% (physician) Covered at 100% (facility) and 80% (physician) \$14 copay per visit \$14 copay per visit
<b>Other professional care</b>	Outpatient physical/speech/occupational therapy Chiropractic care	\$14 copay per visit. Plan approval required. Limited to short-term therapy Not covered
<b>Out-of-network coverage</b>	Out-of-network non-emergency care	Not covered
<b>Key facts</b>	NCQA status: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent    Domestic partner coverage available: Yes        Domestic partner children coverage avail.: NA        See website for details

\* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.