

# Health Plan Hawaii Plus (HMSA)



State: HI

Benefits 2009

		<b>In-Network Coverage</b>		
<b>Plan facts</b>	Member services	(808) 948-6372	Annual enrollment information: (808) 948-6278	
	Member services hours	Mon-Fri: 8:00 AM-4:00 PM HT		
	Web address	www.hmsa.com		
	Product name	Health Plan Hawaii Plus		
<b>Your medical expenses</b>	Annual deductible	None		
	Out-of-pocket maximum (includes deductible)	\$1,500 individual / \$ 4,500 family		
	Office visits	\$14 copay per visit (PCP or specialist)		
	Maternity care prenatal office visits	\$14 copay for initial visit, thereafter covered at 100%		
	Inpatient hospitalization	Covered at 100%		
	Outpatient surgical care	\$14 copay per visit		
	Outpatient lab and X-ray	X-ray: Covered at 90%. Lab: Covered at 100%		
	Emergency room care	\$25 copay/visit (waived if admitted). Out-of-area: Covered at 80%		
<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 are not covered		
<b>Preventive care</b>	Routine physical and GYN exam	Covered at 100%		
	Routine vision exam	\$14 copay per visit. Limit 1 visit per calendar year		
	Well-child care and immunizations	Covered at 100% (through age 5). Contact plan for details		
	Routine mammography	Covered at 100%		
<b>Mental health</b>	Inpatient	Covered at 100% (facility) and 80% (physician). Limit 30 days/calendar year		
	Outpatient	\$14 copay per visit. Limit 24 visits per calendar year		
<b>Substance abuse</b>	Inpatient detoxification	Covered at 100% (facility) and 80% (physician)		
	Inpatient rehabilitation	Covered at 100% (facility) and 80% (physician)		
	Outpatient detoxification	\$14 copay per visit		
	Outpatient rehabilitation	\$14 copay per visit		
<b>Other professional care</b>	Outpatient physical/speech/occupational therapy	\$14 copay per visit. Visit limitation varies by condition. Contact plan for details*		
	Chiropractic care	Not covered		
	Infertility	Testing: \$14 copay; In vitro fertilization: covered at 80%, limit 1 per lifetime per qualified couple, precertification required; Artificial insemination: \$14 copay. Contact plan for details		
<b>Out-of-network coverage</b>	Out-of-network non-emergency care	Not covered		
<b>Key facts</b>	NCQA status:	Excellent	Domestic partner coverage available:	Yes
	PCP referral required for specialist:	Yes	Domestic partner children coverage avail.:	Yes
	Lifetime maximum benefit:	NA		
	Provider network:	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.