

Health Plan Hawaii Plus (HMSA)



State: HI

Benefits 2010

		In-Network Coverage	
Plan facts	Member services Member services hours Web address Product name	(808) 948-6372 Mon-Fri: 8:00 AM-4:00 PM HT www.hmsa.com Health Plan Hawaii Plus (HMSA)	Annual enrollment information: (808) 948-5060
Your medical expenses	Annual deductible Out-of-pocket maximum Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	None \$2,500 individual / \$7,500 family* \$15 copay per visit (PCP or specialist)* Covered at 100% \$75 copay per day* \$15 copay per visit* Covered at 90%* \$75 copay/visit (waived if admitted). Out-of-area: Covered at 80%* \$15 copay/visit*	
Your prescription drug expenses	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	
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100% \$15 copay per visit. Limit 1 visit per calendar year* Covered at 100% (through age 5). Contact plan for details Covered at 100%	
Mental health	Inpatient Outpatient	\$75 copay per day* \$15 copay per visit*	
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	\$75 copay per day* \$75 copay per day* \$15 copay per visit* \$15 copay per visit*	
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care Infertility	\$15 copay per visit. Visit limitation varies by condition. Contact plan for details* Not covered Treatment: \$15 copay per treatment; Diagnosis covered at 100%; In Vitro Fertilization: \$15 copay, limit 1 per lifetime. Artificial insemination: \$15 copay. Contact plan for details*	
Out-of-network coverage	Out-of-network non-emergency care	Not covered	
Key facts	NCQA status: PCP referral required for specialist: Lifetime maximum benefit: Provider network:	Excellent Yes NA See website for details	Domestic partner coverage available: Yes Domestic partner children coverage avail.: Yes

* Indicates a benefit change

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