

NAF - Hawaii

2009 BENEFIT PLAN SUMMARY

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



Choices for a Healthier Hawaii

Important Information

All copayments shown are based on eligible charge. The eligible charge is the amount that HMSA's participating providers have agreed to accept as payment in full for services rendered.

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.

If you were covered by HMSA under a different group coverage immediately prior to this coverage, any maximums you accrued under the previous coverage carry forward and count against the same types of maximum amounts under this coverage. Any copayment amounts you paid toward meeting your copayment maximum will also carry over.

If you become a member under another HMSA coverage, then you will be subject to the carryover provisions of the new coverage, and not this coverage.

Plan Provisions

	HEALTH PLAN HAWAII PLUS (YI)
Lifetime Maximum	Unlimited
Annual Copayment Maximum	\$1,500 per person; Maximum: \$4,500 per family
Annual Deductible	None

Medical Services

	HEALTH PLAN HAWAII PLUS (YI)
	YOUR COPAYMENT
PHYSICIAN SERVICES	In-Network
Office Visits	\$14
Hospital Visits	\$14 (hospital outpatient) None (hospital inpatient)
HOSPITAL AND FACILITY SERVICES	
Hospital Room and Board; semiprivate room rate; unlimited number of days	None
Hospital Ancillary	None
Intensive Care Unit; Coronary Care Unit	None
Emergency Room	\$25 (in-state) \$25 (BlueCard provider) 20% (worldwide)
SURGICAL SERVICES	
Surgical Procedures	None (outpatient surgical center) \$14 (outpatient professional charges) None (hospital operating room) None (inpatient professional charges)
Anesthesia	\$14 (outpatient professional charges) None (inpatient professional charges)
LABORATORY AND RADIOLOGY	
Diagnostic Testing	None
Laboratory and Pathology	None
X-Ray and Other Radiology	10% (office visit) 10% (hospital outpatient) None (hospital inpatient)
Radiation Therapy for Malignancies and Non-malignancies	\$14 (office visit) \$14 (hospital outpatient) None (hospital inpatient)
MENTAL HEALTH SERVICES⁽¹⁾ (Benefits shown may not apply to Serious Mental Illness conditions)	
Hospital / Facility Services – Inpatient	None 30 days maximum per calendar year
Physician Services – Inpatient	20% 30 sessions maximum per calendar year
Physician Services – Outpatient	\$14 24 sessions maximum per calendar year

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

Medical Services

HEALTH PLAN HAWAII PLUS (YI)

	YOUR COPAYMENT
OTHER MEDICAL SERVICES	In-Network
Allergy Testing	\$14 (office visit) \$14 (hospital outpatient) None (hospital inpatient)
Ambulance (air)	20%
Ambulance (ground)	20%
Blood and Blood Products ⁽²⁾	20%
Chemotherapy	\$14 (office visit) \$14 (hospital outpatient) None (hospital inpatient)
Dialysis and Supplies	\$14 (hospital outpatient) None (hospital inpatient)
Hospice	None
Injections	\$14 (office visit) None (hospital outpatient) None (hospital inpatient)
Inter-island Transportation ⁽²⁾	None
Medical Equipment, Appliances, and Supplies	50%
Organ Donor Services	\$14 (office visit) None (hospital outpatient) None (hospital inpatient)
Organ and Tissue Transplant ⁽³⁾	\$14 (office visit) None (hospital outpatient) None (hospital inpatient)
Physical and Occupational Therapy	\$14 (office visit) \$14 (hospital outpatient) None (hospital inpatient)
Speech Therapy	\$14 (outpatient) None (inpatient)
Vision Exam	\$14 (One exam per calendar year)

⁽²⁾ Copayments will not count towards the annual copayment maximum.

⁽³⁾ This benefit includes transplants such as: bone marrow, heart, heart and lung, liver, lung, pancreas, simultaneous kidney/pancreas and small bowel and multivisceral. You must receive services from a provider that is under contract with us for the specific type of transplant you will receive for these benefits to apply. Refer to your Guide to Benefits for information on other transplants.

Special Benefits

HEALTH PLAN HAWAII PLUS (YI)

	YOUR COPAYMENT
BENEFITS FOR CHILDREN	In-Network
Newborn Circumcision	Regular Plan Benefits
Well Child Care Immunizations	None
Well Child Care Laboratory	None
Well Child Care Physician Office Visits	None
BENEFITS FOR MEN	
Prostate Specific Antigen Test	Regular Plan Benefits
Vasectomy	Regular Plan Benefits
BENEFITS FOR WOMEN	
Contraceptives⁽⁴⁾	
Implants	\$200
IUD	\$60
Injectables ⁽⁵⁾	\$5 times the number of months the drug is effective
Mammography (screening)	None
Pap Smears (routine)	None
Total Maternity Care	Regular Plan Benefits
Well Woman Exam	None

⁽⁴⁾ Copayments will not count towards the annual copayment maximum.

⁽⁵⁾ A separate copayment may be charged for administration of the injection.

YOUR COPAYMENT

PHYSICAL EXAMS	None
HEALTH ASSESSMENT (HEALTHPASS)	As an HMSA 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. The program provides professional counseling to help you design a personal health action program that fosters healthy behavior.
DISEASE MANAGEMENT AND PREVENTIVE SERVICES PROGRAMS	As an HMSA member, you are entitled to the following programs from a participating provider.
HE HAPAI PONO (Prenatal Care Management Program)	A program that offers guidance to assist you in getting the appropriate care throughout your pregnancy. You will receive written information specific to your needs and links to other resources in the community.
POSITIVELY PREGNANT (Pregnancy Workshop)	Open to all pregnant women or women thinking about starting a family. You will be given information on appropriate prenatal care, taught how to look for signs and symptoms of pre-term (early) labor and what to do if it occurs. You will also learn that treatment and medication used to stop pre-term labor work best when started early.
HMSA'S 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
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
BEHAVIORAL HEALTH (Mental Health & Substance Abuse)	Screenings for depression and substance abuse, educational materials, referrals to participating providers and treatment centers, and phone calls from program clinicians if needed.
READY, 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
For DIABETIC SUPPLIES, INSULIN and ADDITIONAL CONTRACEPTIVES please refer to your drug section.	

YOUR COPAYMENT			
	Participating Provider	Nonparticipating Provider	Out-of-State Nonparticipating Provider
GENERIC & INSULIN (Includes Oral Contraceptives and Other Contraceptive Methods) ⁽⁶⁾	\$10	\$10	\$10
BRAND NAME DRUGS (Includes Oral Contraceptives and Other Contraceptive Methods) ⁽⁶⁾	\$30	\$30	\$30
⁽⁶⁾ See Additional Benefits section for Contraceptive Diaphragms.			
DIABETIC SUPPLIES	None	None	None
ADDITIONAL BENEFITS	Participating Providers		Nonparticipating Providers
Contraceptive Diaphragms (per device)	\$10		\$10
Smoking Cessation Devices Limited to: 1) Nicotine transdermal patches; 2) Zyban and its generic equivalent	Regular Plan Benefits		Regular Plan Benefits
Spacers for Inhaled Drugs ⁽⁷⁾	Special member rates		Special member rates
⁽⁷⁾ HMSA has arranged with contracted drug manufacturers to offer spacers for inhaled drugs at special member rates.			
MAIL SERVICE PRESCRIPTION PROGRAM (From an HMSA contracted provider -- 90 day supply)			
GENERIC & INSULIN	\$20		Not covered
ALL OTHER DRUGS	\$60		Not covered

NOTES:

- For Out-of-State Non-Participating Providers, all copayments shown are based on actual charge.
- 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.

YOUR COPAYMENT

	Participating Provider	Nonparticipating Provider
EYE EXAMINATION One per calendar year	Refer to Medical Plan for Examination Benefits	Not covered
LENSES (One of the following) One pair per calendar year:		
Single	\$10 member copayment	All charges less \$16 plan payment
Multifocal	\$10 member copayment	All charges less \$25 plan payment
Contact Lenses	\$25 member copayment plus remaining eligible charge after \$130 plan payment	All charges less \$50 plan payment
ADDITIONAL BENEFITS		
Polycarbonate Lenses (For children through age 18); One pair per calendar year	None	All charges less \$18 plan payment
Contact Lens Fitting; One fitting per calendar year	All charges less \$45 plan payment	All charges less \$20 plan payment
FRAMES One frame every 24 months	\$15 member copayment	All charges less \$12 plan payment

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. If benefits for frames have been paid in a calendar year, those benefits will be deducted from the benefits for any contact lenses furnished in the same calendar year.
- Exclusions: Sunglasses, prescription inserts for diving masks and any protective eyewear, nonprescription industrial safety goggles, nonstandard items for lenses, including tinting, blending, oversized lenses, invisible bifocals or trifocals, and repair and replacement of frame parts and accessories.
- Contact lenses following cataract surgery are not a benefit.