



RCUH HMSA MEDICAL PLAN SUMMARY - PLAN YEAR JULY 1, 2017 – JUNE 30, 2018

| BENEFITS | PREFERRED PROVIDER PLAN (PPO) | COMPREHENSIVE MEDICAL(CompMED) | HEALTH PLAN HAWAII PLUS (HPH-Plus) | HEALTH PLAN HAWAII BASIC (HPH-Basic) |
|--|--|--|--|--|
| Coverage | Worldwide | Worldwide | State of Hawaii | State of Hawaii |
| Out of Pocket Maximum: | | | | |
| Individual/Family | \$2500/\$7500 | \$2500/\$7500 | \$2500/\$7500 | \$2500/\$7500 |
| Lifetime Maximum: | | | | |
| Individual/Family | Unlimited | Unlimited | Unlimited | Unlimited |
| Deductible | \$0 - Par \$100/\$300 - Non Par | \$0 | \$0 | \$0 |
| Outpatient | | | | |
| - Office Visit | \$12 | \$14 | \$20 | \$20 |
| - Preventative Care | \$0 - Par, 30% - Non Par | \$0 | \$0 | \$0 |
| - Ambulatory Surgery Center | 10% - Par 30% - Non Par | 20% | 10% | 20% |
| Other Professional | | | | |
| - Immunizations | \$0 - Par, 30% - Non Par | \$0 | \$0 | \$0 |
| Ambulance and Emergency Services | | | | |
| - Ambulance | 20% - Par, 30% - Non Par | 20% | 20% | 20% |
| - Claims & Emergency Room | 20% in/20% out | 20% in/20% out | \$100 in network | 20% in network |
| - Urgent Care | \$12 in/30% out | \$14 in/\$14 out | \$20 in network | \$20 in network |
| Laboratory and Imaging | | | | |
| - Laboratory | 10% in/20% out - par 30% nonpar | 20% in/20% out - par or nonpar | 10% in/\$10 out - in network | 20% in/20% out - in network |
| - Testing Services | 10% in/20% out - par 30% nonpar | 20% in/20% out - par or nonpar | 10% in/20% copay out - in network | 20% in/20% out - in network |
| - Diagnostic Image | 10% in/20% out - par 30% nonpar | 20% in/20% out - par or nonpar | 10% in/20% out - in network | 20% in/20% out - in network |
| Hospital Inpatient | | | | |
| - Inpatient | 10% - Par 30% - Non Par | 20% | 10% | 20% |
| Mental Health and Chemical Dependency | | | | |
| - Mental Health Outpatient | \$12 - par 30% nonpar | \$14 | \$20 | \$20 |
| - Mental Health Inpatient | 10% - par 30% nonpar | 20% | 10% | 20% |
| Other | | | | |
| - Aids & Appliances | DME 20% | DME 20% | DME 20% | DME 50% |
| - Chiropractic | 24 @\$12 | 24 @\$14 | 24 @\$10 | 24 @\$10 |
| Prescription Drugs | | | | |
| | Essential Drug Formulary | | | |
| Tier Structure | \$7/\$30/\$30+\$45 Cost Share/\$100/\$200 | \$7/\$30/\$30+\$45 Cost Share/\$100/\$200 | \$7/\$30/\$30+\$45 Cost Share/\$100/\$200 | \$7/\$30/\$30+\$45 Cost Share/\$100/\$200 |
| Out-of-Pocket Max: | \$3,600/\$4,200 | \$3,600/\$4,200 | \$3,600/\$4,200 | \$3,600/\$4,200 |
| Vision | | | | |
| - Office Visit | \$10 exam | \$10 exam | Refer to Medical copay for exam | Refer to Medical copay for exam |
| Premium Cost (Per Month) | | | | |
| Single Plan | Employee + (Employer) = Total \$225.15 (\$337.68) = \$562.80 | Employee + (Employer) = Total \$188.95 (\$283.43) = \$472.38 | Employee + (Employer) = Total \$215.57 (\$323.35) = \$538.92 | Employee + (Employer) = Total \$190.34 (\$285.50) = \$475.84 |
| 2 - Party Plan | \$450.18 (\$675.26) = \$1,125.44 | \$377.87 (\$566.81) = \$944.68 | \$431.09 (\$646.63) = \$1,077.72 | \$380.65 (\$570.97) = \$951.62 |
| 3+ Family Plan | \$778.28 (\$1,167.42) = \$1,945.70 | \$653.20 (\$979.80) = \$1,633.00 | \$745.27 (\$1,117.91) = \$1,863.18 | \$658.02 (\$987.02) = \$1,645.04 |

All PLAN BENEFITS ARE BASED ON ELIGIBLE CHARGE. *This amount does not include tax; **Eligible charges are the amount that HMSA's Participating Providers have agreed to accept as payment in full for services rendered. Services received from a nonparticipating provider will likely result in significantly higher out-of-pocket expenses since the member is responsible for any difference between HMSA's eligible charges & the nonparticipating provider's actual charges. NOTE: This is a high level summary & does not contain complete information. Please refer to plan certificate for complete information on benefits & provisions.