

RCUH Benefits  
Plan Year:  
July 1, 2021 - June 30, 2022

HMSA Health Plans

**RCUH**

Research Corporation  
of the University of Hawai'i

We're here with you

RCUH

Research Corporation  
of the University of Hawai'i

Research Corporation of the  
University of Hawai'i

Open Enrollment

Plan year: July 1, 2021 – June 30, 2022



July 2021

## INTRO

Aloha. I'm [ \_\_\_\_\_ ] from HMSA.

Thank you for choosing HMSA. As we continue to monitor the COVID-19 pandemic, we're working to provide reliable information and access to care. As always, your health and well-being are top priorities for HMSA. That's why we're focused on providing you and your family with a high-quality health plan.

In this video, we'll share information to guide you through the process of making key health care decisions that impact you and your family.

We'll be sharing a great deal of information, so mahalo for your attention as we map out your options. Feel free to rewind this video at any time if you need to hear the information again.

I'll talk about the comprehensive HMSA benefits available to you, how it'll work for you and your family, and why you should choose HMSA to make sure you have access to all these great benefits.

## Supporting HMSA members



- No cost for:
  - COVID-19 tests and services\* (Physician referral required, prior authorization waived for eligible diagnostic tests)
  - COVID-19 treatment\*
  - Pre-operative diagnostic tests\*
  - COVID-19 vaccine, including administration fee
- COVID-19 tests for travel is not a benefit

Visit [hmsa.com](https://hmsa.com) for COVID-19-related resources.

\*Benefits are effective during the public health emergency period. The end date for these benefits is subject to change.

### COVID-19 BENEFITS

Before we talk about 2021, I'd like to share some of the changes that 2020 brought. During the COVID-19 pandemic, we supported and continue to support our members.

Benefits were expanded to include:

- Medically appropriate diagnostic tests and testing related services for COVID-19 at no cost. Physician referral is required, but you don't need prior authorization to get eligible diagnostic tests.
- COVID-19 diagnostic tests for patients with no COVID-19 symptoms who will undergo surgery and other procedures and treatment at no cost. These benefits are effective through the end of the public health emergency period.
- The COVID-19 vaccine, including the administration fee, is a benefit at no cost.
- Diagnostic testing for COVID-19 for travel purposes is not a benefit.

The end dates for these benefits are subject to change and could be extended if the public health emergency is extended by the federal government.

For resources related to COVID-19, visit [hmsa.com](https://hmsa.com).

## What's new for 2021?



This change starts July 1, 2021, for RCUH HMSA plans.

- Nutritional counseling changed to Medical Nutrition Therapy (MNT)
  - Available to all members with an expanded list of conditions
  - Available at no cost

\* When seeing a participating provider. For a full description of your benefits, see your plan's *Guide to Benefits*.

### MEDICAL – NEW FOR 2021

Here's what's new for RCUH HMSA plans effective July 1, 2021.

- Nutritional counseling is now called Medical Nutrition Therapy (MNT). This program is available at no cost to members with an expanded list of health conditions when you see a participating provider.

Please see your *Guide to Benefits* for a full description of your plan benefits.

## RCUH PPO Medical Plans

This is only a summary. For complete information, see your plan's Guide to Benefits, found in RCUH Policy 3.520 Health Plans. All benefits are for services from a participating provider.

Medical Plan	Preferred Provider Plan	CompMED	CompMED Basic
Annual maximum Out-of-Pocket Limit	\$2,500 per person, \$7,500 per family	\$2,500 per person, \$7,500 per family	\$4,600 per person, \$12,000 per family
Annual deductible	None	None	\$500 per person/ \$1,500 per family
Office visit/urgent care	\$12 / visit	\$14 /visit	25% coinsurance
Annual Preventive Health Evaluation	\$0 copayment	\$0 copayment	\$0 copayment
Emergency room	20% coinsurance	20% coinsurance	25% coinsurance*
Hospitalization facility fee	10% coinsurance	20% coinsurance	25% coinsurance*

\*Annual deductible applies.

### MEDICAL – PPO Plans

Now let's get into your plan benefits.

At HMSA, we offer two types of plans, a preferred provider organization or PPO plan and a health maintenance organization or HMO plan.

All plans come with an annual out-of-pocket maximum, which is your financial safety net. Once you reach that limit in copayments or coinsurances in a calendar year, HMSA will pay 100% of eligible charges for the rest of the year excluding taxes.

Let's first review our Preferred Provider Plan.

This plan is our most popular option because it provides members with the flexibility to choose their own doctors.

You can go to any licensed medical provider, even if they don't participate with HMSA. Still, to save the most money, we always recommend visiting an HMSA participating provider.

About 7,500 doctors, specialists, and other health care providers statewide participate with HMSA, so you can see a provider close to home or where you work.

Here's a quick look at services that are commonly used.

With this plan, your benefits include office visits, emergency room visits, hospitalization, and more.

Now let's talk about our CompMED plans. These plans work just like a PPO plan giving you the flexibility to choose your own doctors.

Our CompMED plan is popular with members who expect to see a doctor just a few times a year for preventive services. But, of course, if you need to see a doctor more often, this plan will still support you and give you peace of mind.

**DEDUCTIBLE (CompMED Basic plan)**

As you can see, the CompMED Basic plan has an annual deductible.

For services that apply to the deductible, you must first meet the deductible in out-of-pocket costs before your plan pays. Once you meet the deductible for the calendar year, your plan benefits will kick in for all covered services.

## Understanding your deductible

Scenario 1 [Need example from GTB]	Single
Annual deductible	\$500
Eligible charge	\$300
How much do you owe?	\$300
Annual deductible remaining	<b>\$200</b>
Scenario 2 [Need example from GTB]	Single
Annual deductible remaining	\$200
Eligible charge	\$300
Remaining eligible charge not paid by deductible	\$100
25% coinsurance of remaining eligible charge	\$25
How much do you owe? (Deductible + 25% coinsurance)	<b>\$225</b>



### DEDUCTIBLE (CompMED Basic plan)

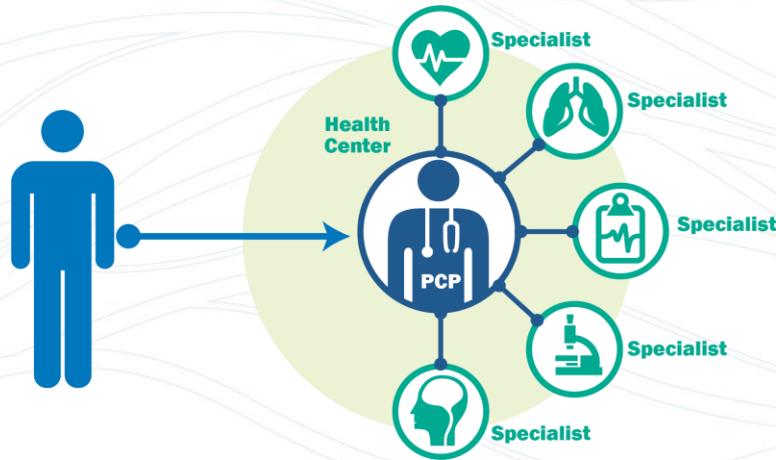
Here's an example of how the annual deductible works if you have single coverage, your annual deductible is \$500, and you receive services from a participating provider.

- In March, you fall down the stairs and prescribed outpatient physical therapy. The eligible charge for the covered sessions is \$300. You're responsible for the entire amount because you haven't met your annual deductible.
- In April, you become ill and require ground ambulance transportation to the hospital. the eligible charge is \$300. You owe \$200 to meet the remaining deductible balance, plus a \$25 copayment or 25% of the remaining \$100 balance. For the remainder of the calendar year, you'll pay no deductible.

As a reminder, your deductible resets every calendar year on Jan. 1. For those newly enrolling into one of the plan options, you'll need to first meet the annual deductible between July 1 - Dec. 31, 2021, then it restarts on Jan. 1, 2022.

## How the HMO plan works

*RCUH HMO plans are for Hawai'i residents only*



### **MEDICAL – HMO Plans**

Now let's talk about our HMO plan, which is a health maintenance organization plan. HMSA has one of the largest HMO networks in Hawaii that lets you choose from 1,700 doctors and specialists.

HMO plans are all about coordinated and managed care, which is why these plans require you to choose a primary care provider or PCP. This doctor will be the point person who'll coordinate all your medical needs.

You'll also need to select a health center that your PCP participates with. Think of it as your health care hub, where you'll have easy access to your PCP as well as a number of medical specialists.

If you need specialty care outside your health center, your PCP will refer you to a specialist. Please note that if you see a specialist outside of your health center without a referral, you'll be responsible for 100% of the cost.

But you won't always need a referral. For example, you don't need a referral to see a specialist in your own health center, but please let your PCP know if you do.

If you don't have a PCP, you can use the Find a Doctor tool on [hmsa.com](https://www.hmsa.com) to help you find one.

## RCUH HMO Medical Plans

For Hawai'i residents only

This is only a summary. For complete information, see your plan's *Guide to Benefits*, found in RCUH Policy 3.520 Health Plans. All benefits are for services from a participating provider.

Medical Plan	Health Plan Hawaii Plus	Health Plan Hawaii Basic
Annual maximum Out-of-Pocket Limit	\$2,500 per person, \$7,500 per family	\$3,000 per person, \$9,000 per family
Annual deductible	None	\$350 per person, \$1,050 per family
Office visit/urgent care	\$20 /visit	\$20 /visit
Annual Preventive Health Evaluation	\$0 copayment	\$0 copayment
Emergency room	\$100 /visit	20% coinsurance*
Hospitalization facility fee	10% coinsurance	20% coinsurance*

\*Annual deductible applies.

### MEDICAL – HMO Plans

Here's a quick look at services that are commonly used. Please note that HMO plan options are only available for those residing in Hawaii.

Plan benefits for these plans include office visits, emergency room visits, hospitalization, and more.

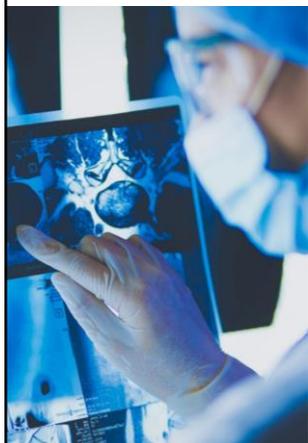
#### DEDUCTIBLE (Health Plan Hawaii Basic plan)

You can see that the Health Plan Hawaii Basic plan also has an annual deductible.

For details about your plan benefits, including a list of services that apply to the deductible, please refer to your *Guide to Benefits* found in your RCUH Policy 3.250 Health Plans Online or log in to My Account on [hmsa.com](http://hmsa.com) for more information about your benefits.

Regardless of which plan you choose, you'll receive quality care. And HMSA is with you every step of the way.

## Access to Hawaii's top hospitals



**Adventist Health**  
Castle

**HAWAII  
PACIFIC  
HEALTH**

KAPI'OLANI  
PALI MOMI  
STRAUB  
WILCOX

CREATING A HEALTHIER HAWAII



**THE QUEEN'S  
HEALTH SYSTEMS**

### SLIDE - HOSPITALS

You'll also have access to every full-service and community hospital in the state.

Here are just some of the hospitals in our HMSA ohana.

## Care Access Assistance Program (CAAP)

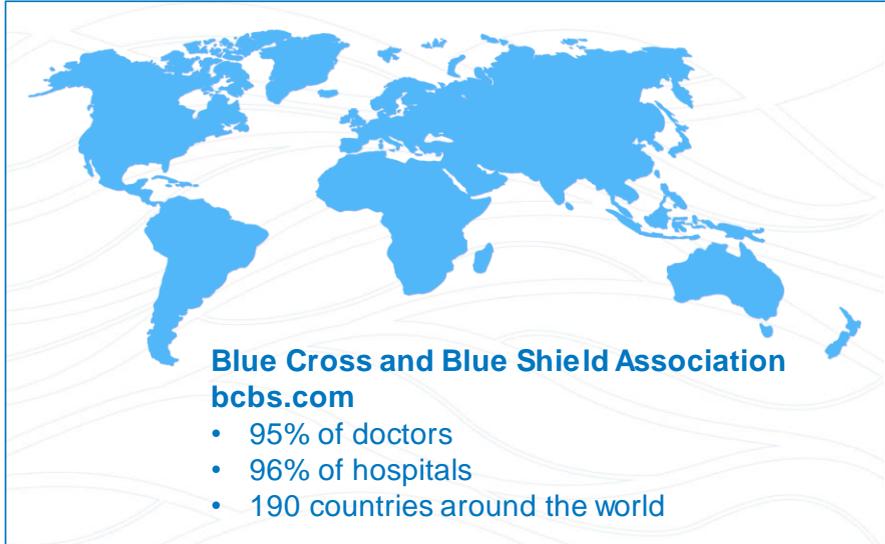
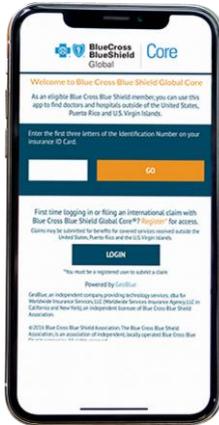


- Financial assistance for travel to another island for specialty care
- For example, you may qualify if:
  - The specialty care you need isn't available on your home island
  - The specialty care you need is available on your home island, but you can't get an appointment soon enough
- Call:
  - Neighbor Islands: 1 (844) 357-0726 toll-free
  - Oahu: 948-5440

### SLIDE - CAAP

For our Neighbor Island members, you'll have full access to hospitals on your island and in your county. But if you need care on Oahu, you may be eligible for HMSA's Care Access Assistance Program that helps pay for travel expenses.

## Get care in more places



### SLIDE – BCBS Network

You should also know that your HMSA benefits go wherever you go. If you must travel, we've got you covered.

As an HMSA member, you have access to 95% of doctors and 96% of hospitals across the country.

Outside the U.S., you're covered in 190 countries and territories. So before you travel, find a provider at your destination "just in case." Visit [bcbs.com](https://bcbs.com) to search for doctors and hospitals.

## Convenient after-hours care



Save time and money by choosing the right care options.



Urgent care providers



HMSA's Online Care®

Amwell® is an independent company providing hosting and software services for HMSA's Online Care platform on behalf of HMSA.

### SLIDE – ER Alternatives/ After Hours Care

HMSA members have access to convenient after-hours care outside traditional doctor's office hours. You can visit any of our 30 participating urgent care clinics or a CVS/minuteclinic in selected Longs Drugs stores on Oahu.

Thanks to HMSA's Online Care, you can contact a provider 24 hours a day, seven days a week from the comfort and safety of your home or wherever you are in Hawaii. You can connect with behavioral health providers, such as therapists or counselors, for emotional support or stress management. Or see a doctor for common conditions like headaches, colds or the flu and manage chronic conditions like allergies and diabetes. All you need is a smartphone, tablet, or computer connected to the internet.

And, the best part of Online Care is that there's no cost to you!

## RCUH Prescription Drug Benefits

This is only a summary. For complete information, see your plan's Guide to Benefits, found in RCUH Policy 3.520 Health Plans. All benefits are for services from a participating provider.

Drug Plan	PPO Plans (Preferred Provider Plan, Comp Med, & CompMED Basic)	HMO Plans (Health Plan Hawaii Plus & Health Plan Hawaii Basic)
Annual Maximum out-of-pocket limit	\$3,600 per person, \$4,200 per family	
	30-day supply	
Tier 1 - Mostly generic drugs	\$7 copayment/prescription	
Tier 2 - Mostly preferred drugs	\$30 copayment/prescription	
Tier 3 - Mostly other brand-name drugs	\$30 copayment/prescription plus \$45 tier 3 cost share	
Tier 4 - Mostly preferred specialty drugs	\$100 copayment/prescription	
Tier 5 - Other brand-name specialty drugs	\$200 copayment/prescription	
	90-day supply	
Tier 1 - Mail service - mostly generic drugs	\$11 copayment/prescription	
Tier 2 - Mail service - mostly preferred drugs	\$65 copayment/prescription	
Tier 3 - Mail service - mostly other brand-name drugs	\$65 copayment/prescription plus \$135 tier 3 cost share	

### SLIDE – Drug Plans

Prescription drugs are a big part of keeping you healthy and we have an excellent prescription drug plan.

We partner with CVS Caremark to work together to save our members time and money. We also provide our members with access to a large network of pharmacies here at home and more than 68,000 pharmacies nationwide.

Here's a summary of your drug plan benefits, which are based on the type of drug you're prescribed and the tier it's in. To reduce your out-of-pocket costs even more, ask your doctor if there's a generic or preferred brand that's right for you.

And for our members who take maintenance medications on a daily basis, be sure to take advantage of our mail-order program to save you time and money. You can sign up for ReadyFill at Mail, a service that automatically prepares mail-order refills. You can have your medications mailed to your home or you can pick them up at a participating pharmacy.

## RCUH Vision Benefits

This is only a summary. For complete information, see your plan's *Guide to Benefits*, found in RCUH Policy 3.520 Health Plans. All benefits are for services from a participating provider.

Vision Plan	PPO Plans (Preferred Provider Plan, CompMED, and CompMED Basic)	HMO Plans (Health Plan Hawaii Plus & Health Plan Hawaii Basic)
Annual Eye Exam	\$10 copayment	\$20 copayment
Basic lenses	\$10 copayment	
Basic frames	\$15 copayment/ 24 months	
Contact lenses	\$25 copayment, Up to \$130 maximum	

### SLIDE – Vision plans

Here are your vision benefits.

Annual eye exam copayments will depend on which medical plan you select.

If you choose one of the PPO medical plans, then you have the PPO vision plan. If you select an HMO medical plan, then you have the HMO vision plan.

No matter which plan you have, your appliance benefits, such as the cost of eye glasses, will be the same.

One thing I want to highlight on this slide is that you can't get contacts and glasses in the same calendar year, so you'll have to do a bit of planning if you need both.

Other than that, as always, we encourage members to visit a vision provider who's in their respective vision plan network to save the most money.

## RCUH Chiropractic Care

This is only a summary. For complete information, see your plan's *Guide to Benefits*, found in RCUH Policy 3.520 Health Plans. All benefits are for services from a participating provider.

Chiropractor Care	Preferred Provider Plan	CompMED	CompMED Basic	Health Plan Hawaii Plus & Health Plan Hawaii Basic
Office Visit (24 medically necessary visits per calendar year)	\$12 copayment	\$14 copayment	\$17 copayment* (deductible applies)	\$10 copayment
Radiology (e.g. X-Ray)	20% coinsurance	20% coinsurance	20% coinsurance* (deductible applies)	\$0 copayment

\*Annual deductible applies.

PPO plans administered through HMSA Medical Plans  
HMO plans administered through American Specialty Health (ASH)

### SLIDE – Chiro Rider

Last, but not least, let's talk about your chiropractic care benefits. You can get up to 24 medically necessary visits per calendar year.

For members who have one of our PPO plans, chiropractic services are covered under your medical plan and will correspond to your medical plan's copayment and/or coinsurance benefit categories for a doctor's office visit, physical therapy, and X-ray.

For those on the CompMED Basic plan, the deductible will apply for these services.

For HMO plan members, chiropractic services will be administered through American Specialty Health with a \$10 copayment.

## RCUH Chiropractic Care



- Medically necessary
- For PPO plans, chiropractic care will be administered through your medical plans
  - HMSA or ASH participating provider
  - **Office Visits:** Evaluation & Management (limited to one per calendar month) and chiropractic manipulative therapy
  - **Physical Therapy:** Modalities
  - **Radiology:** X-Rays
- For HMO plans, chiropractic care will be administered through ASH Chiropractic Care
  - Do **not** need a PCP referral
  - ASH in-network provider

To find an ASH provider, visit [Ashlink.com/ash/hmsa](http://Ashlink.com/ash/hmsa).

### SLIDE – How to use chiro benefit

The chiropractor may be required to get a medical necessity review or preauthorization if you need continuation of services beyond the initial evaluation.

- For PPO plan members, it's encouraged that you see an HMSA participating provider to maximize your plan benefits. You may also see an ASH participating provider.
- Your copayments or coinsurances will depend on your medical plan coverage. Please note, if your plan has an annual deductible, deductibles may apply for applicable services such as X-rays.
- Depending on the type of treatment, you'll pay for an office visit, physical therapy, and/or radiology copayments or coinsurances.
  - For example, evaluation and management are limited to one per month and chiropractic manipulations require an office copayment. Treatment using modalities, such as heat or ice application, ultrasound, or muscle stimulation, requires a physical therapy copayment. X-rays ordered by a chiropractor also require a radiology coinsurance or copayment.
- For HMO plan members, you don't need a PCP referral to receive the service. This is an exception to the HMO referral rule. You must, however, see an ASH participating provider for services to be covered.

For a list of available ASH participating chiropractors, please visit [ashlink.com/ash/hmsa](http://ashlink.com/ash/hmsa).

## Your Online Portal



### **hmsa.com**

- Find a doctor
- COVID-19 resources
- Set up My Account
  - Use the annual out-of-pocket maximum and deductible calculators
  - View claims and *Guide to Benefits*
  - Print or request your HMSA membership card
  - Learn about well-being programs

### **SLIDE – hmsa.com & My Account**

That's a quick look at what we offer, all of which provide freedom of choice and quality, convenient care close to where you are.

For information and member resources, visit [hmsa.com](https://hmsa.com). Here you can search for a doctor, find information and resources related to COVID-19, and access My Account.

You can use My Account to view your claims, keep track of your annual out-of-pocket maximum or deductible (if any), download your *Guide to Benefits*, request or print a duplicate of your HMSA membership card, and find discounts on health and well-being products and services across the state.

A short video on how to use My Account is available on the RCUH employee intranet.

Now, you just need to decide which HMSA plan best fits your health and well-being needs and budget.

## We're here for you



### Call us

Preferred Provider Plan & CompMED (PPO)

- 948-6111

Health Plan Hawaii (HMO)

- 948-6372

Neighbor Islands

- 1 (800) 776-4672 toll-free

### Visit us

HMSA Centers and offices in Hilo, Honolulu, Pearl City, Kahului, Kailua-Kona, and Lihue

## SLIDE – Closing & Contact

As always, we're here to serve you.

Call, visit, or connect with us on social media. We'll be here to help you. Call the phone number on your HMSA membership card or go to [hmsa.com/contact](https://hmsa.com/contact) for locations and hours, phone numbers, and a link to our Facebook page.

Our friendly, knowledgeable, and licensed HMSA representatives will welcome you to our centers and focus on assisting you. Please note that we've made health and safety modifications to our centers and offices during the pandemic and ask that all visitors follow guidelines to minimize the risk of spreading COVID-19.

We're available to answer your questions, make sure you get the proper care, and help with whatever you may need.

Thank you for your time.

And mahalo for choosing HMSA!

If you have any questions about open enrollment, eligibility, or assistance with forms, please contact RCUH Benefits at:

- Email: [rcuh\\_benefits@rcuh.com](mailto:rcuh_benefits@rcuh.com)
- Phone: (808) 956-2326 or (808) 956-6979

If you are a current member and have specific questions about your health plan benefits, please contact HMSA at:

- Preferred Provider Plan and CompMED (PPO)  
948-6111
- Health Plan Hawaii (HMO)  
948-6372

Policies and forms

- [3.520 RCUH Health Plans](#)
- [3.520A Addendum: RCUH Health Plans](#)
- [RCUH Group Health Plan Enrollment Form \(B-5Ha\)](#)



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