

RCUH Medical Insurance Summary: Plan Comparison: In-Network Coverages

July 1, 2024 - June 30, 2025

	HMSA Comprehensive Medical Basic	HMSA Comprehensive Medical	HMSA Preferred Provider	HMSA HMO	Kaiser HMO Standard (Plan A)	Kaiser HMO Comprehensive (Plan B)
	Plan Document	Plan Document	Plan Document	Plan Document	Plan Document	Plan Document
Links to Full Plan Document and Summary of Benefits & Coverages (SBC)	SBC	SBC	SBC	SBC	SBC	SBC
Plan Type	Preferred Provider Organization			Health Maintenance Organization		
In-Network	Blue Cross Blue Shield https://www.hmsa.com/search/providers/			HMSA Facility and Primary Care Physician (PCP)	Kaiser Permanente Hawaii https://healthy.kaiserpermanente.org/hawaii/doc-tors-locations#/search-form	
Mainland Coverage	Mainland care: Blue Cross Blue Shield			Out of network	Out of network *Additional coverage available for dependents outside service area	
Annual Deductible	Individual: \$500 Family: \$1,500	\$0	\$0	\$0	\$0	\$0
Annual Out of Pocket Maximum: Medical (calendar year)	Individual: \$4,600 Family: \$12,000	Individual: \$2,500 Family: \$7,500	Individual: \$2,500 Family: \$7,500	Individual: \$2,500 Family: \$7,500	Individual: \$3,000 Family: \$9,000	Individual: \$2,500 Family: \$7,500
Annual Out of Pocket Maximum: Drug (calendar year)	Individual: \$3,600 Family: \$4,200				Applies toward the maximum out of pocket limit	
Monthly Premium Cost (Employee cost only)	Single: \$258.09 2-Party: \$516.16 Family: \$903.64	Single: \$296.39 2-Party: \$592.74 Family: \$1,037.67	Single: \$375.36 2-Party: \$750.71 Family: \$1,314.14	Single: \$343.58 2-Party: \$687.16 Family: \$1,202.86	Single: \$199.33 2-Party: \$398.67 Family: \$697.67	Single: \$231.16 2-Party: \$462.32 Family: \$809.05
To help maintain your health						
Annual Preventive Health Exam	no charge					
If you need immediate medical attention						
Urgent Care	25% coinsurance	\$14 copayment	\$12 copayment	\$20 copayment	\$25 copayment	\$15 copayment
Emergency Room	25% coinsurance	20% coinsurance		\$100 copayment	20% coinsurance	\$100 copay
Ambulance (ground or interisland air)	25% coinsurance	20% coinsurance		20% coinsurance	20% coinsurance	
If you visit a doctor or clinic (outpatient)						
Doctor or Specialist Visit (includes mental health)	25% coinsurance	\$14 copayment	\$12 copayment	\$20 copayment	\$25 copay per visit	\$15 copay per visit no charge for children under 17
Lab Tests (bloodwork)	25% coinsurance	\$0	20% coinsurance	\$10 copayment	20% coinsurance per dept/day	\$15 copay per dept/day
Surgery (outpatient)	25% coinsurance	20% coinsurance	10% coinsurance	10% coinsurance	\$25 copayment	10% coinsurance
If you have a hospital stay (inpatient)						
Hospitalization/Inpatient services	25% coinsurance	20% coinsurance	10% coinsurance	10% coinsurance	\$150 copay per day	10% coinsurance
If you're pregnant						
Routine Prenatal, Postnatal Visits	25% coinsurance	20% coinsurance	10% coinsurance	10% coinsurance	\$0	\$0
Delivery, Hospital Room & Board	25% coinsurance	20% coinsurance	10% coinsurance	10% coinsurance	\$150 copay per day	\$0
Other coverages						
Outpatient prescription drugs	Refer to Drug Rider: \$7 copayment (Tier 1); \$30 copayment (Tier 2); \$30 copayment + \$45 cost share (Tier 3); \$100 copayment (Tier 4); \$200 copayment (Tier 5)				Refer to Drug Rider: \$3 generic maintenance; \$10 generic; \$45 brand; \$200 specialty	
Gym Membership Discount	Active & Fit Program				\$200 Gym/\$10 Home Fitness	
Vision Exam	\$10 copayment				no charge	
Chiropractic Office Visits	n/a	\$14 copayment	\$12 copayment	\$10 copayment	20 visits @ \$20/visit Refer to Kaiser CAMN+ flyer	
Alternative Medicine (Acupuncture, Massage Therapy, Naturopathy)	n/a					

This summary is a brief description of select benefits for vendor and plan comparison purposes only. Refer to Full Plan Documents and Summary of Benefits & Coverages (SBC) for details of plan coverage and exclusions.

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Coinsurance	\$200																																																							
What isn't covered																																																								
Limits or exclusions	\$0																																																							
The total Joe would pay is	\$1,100																																																							

RCUH Medical Insurance Summary: Plan Comparison – July 1, 2024 – June 30, 2025

Coverage EXAMPLES for Plan Comparison: Extracted from Summary of Benefits & Coverages (SBC) Documents:

This is NOT a cost estimator. Treatments are just examples of how each plan might cover the medical care.

HMSA Comprehensive Medical Basic	HMSA Comprehensive Medical	HMSA Preferred Provider																																																						
<p>Mia's Simple Fracture (in-network emergency room visit and follow up care)</p> <ul style="list-style-type: none"> The plan's overall deductible: \$500 Specialist coinsurance: 25% Hospital (facility) coinsurance: 25% Other coinsurance: 25% <p>This EXAMPLE event includes services like: Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)</p> <table border="1"> <tr> <td>Total Example Cost</td> <td>\$2,800</td> </tr> <tr> <td colspan="2">In this example, Mia would pay:</td> </tr> <tr> <td colspan="2">Cost Sharing</td> </tr> <tr> <td>Deductibles</td> <td>\$500</td> </tr> <tr> <td>Copayments</td> <td>\$10</td> </tr> <tr> <td>Coinsurance</td> <td>\$600</td> </tr> <tr> <td colspan="2">What isn't covered</td> </tr> <tr> <td>Limits or exclusions</td> <td>\$0</td> </tr> <tr> <td>The total Mia would pay is</td> <td>\$1,110</td> </tr> </table>	Total Example Cost	\$2,800	In this example, Mia would pay:		Cost Sharing		Deductibles	\$500	Copayments	\$10	Coinsurance	\$600	What isn't covered		Limits or exclusions	\$0	The total Mia would pay is	\$1,110	<p>Mia's Simple Fracture (in-network emergency room visit and follow up care)</p> <ul style="list-style-type: none"> The plan's overall deductible: \$0 Specialist copayment: \$14 Hospital (facility) coinsurance: 20% Other coinsurance: 20% <p>This EXAMPLE event includes services like: Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)</p> <table border="1"> <tr> <td>Total Example Cost</td> <td>\$2,800</td> </tr> <tr> <td colspan="2">In this example, Mia would pay:</td> </tr> <tr> <td colspan="2">Cost Sharing</td> </tr> <tr> <td>Deductibles</td> <td>\$0</td> </tr> <tr> <td>Copayments</td> <td>\$90</td> </tr> <tr> <td>Coinsurance</td> <td>\$400</td> </tr> <tr> <td colspan="2">What isn't covered</td> </tr> <tr> <td>Limits or exclusions</td> <td>\$0</td> </tr> <tr> <td>The total Mia would pay is</td> <td>\$490</td> </tr> </table>	Total Example Cost	\$2,800	In this example, Mia would pay:		Cost Sharing		Deductibles	\$0	Copayments	\$90	Coinsurance	\$400	What isn't covered		Limits or exclusions	\$0	The total Mia would pay is	\$490	<p>Mia's Simple Fracture (in-network emergency room visit and follow up care)</p> <ul style="list-style-type: none"> The plan's overall deductible: \$0 Specialist copayment: \$12 Hospital (facility) coinsurance: 10% Other coinsurance: 20% <p>This EXAMPLE event includes services like: Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)</p> <table border="1"> <tr> <td>Total Example Cost</td> <td>\$2,800</td> </tr> <tr> <td colspan="2">In this example, Mia would pay:</td> </tr> <tr> <td colspan="2">Cost Sharing</td> </tr> <tr> <td>Deductibles</td> <td>\$0</td> </tr> <tr> <td>Copayments</td> <td>\$70</td> </tr> <tr> <td>Coinsurance</td> <td>\$400</td> </tr> <tr> <td colspan="2">What isn't covered</td> </tr> <tr> <td>Limits or exclusions</td> <td>\$0</td> </tr> <tr> <td>The total Mia would pay is</td> <td>\$470</td> </tr> </table>	Total Example Cost	\$2,800	In this example, Mia would pay:		Cost Sharing		Deductibles	\$0	Copayments	\$70	Coinsurance	\$400	What isn't covered		Limits or exclusions	\$0	The total Mia would pay is	\$470
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<p>Mia's Simple Fracture (in-network emergency room visit and follow up care)</p> <ul style="list-style-type: none"> The plan's overall deductible: \$0 Specialist copayment: \$20 Hospital (facility) coinsurance: 10% Other coinsurance: 20% <p>This EXAMPLE event includes services like: Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)</p> <table border="1"> <tr> <td>Total Example Cost</td> <td>\$2,800</td> </tr> <tr> <td colspan="2">In this example, Mia would pay:</td> </tr> <tr> <td colspan="2">Cost Sharing</td> </tr> <tr> <td>Deductibles</td> <td>\$0</td> </tr> <tr> <td>Copayments</td> <td>\$200</td> </tr> <tr> <td>Coinsurance</td> <td>\$300</td> </tr> <tr> <td colspan="2">What isn't covered</td> </tr> <tr> <td>Limits or exclusions</td> <td>\$0</td> </tr> <tr> <td>The total Mia would pay is</td> <td>\$500</td> </tr> </table>	Total Example Cost	\$2,800	In this example, Mia would pay:		Cost Sharing		Deductibles	\$0	Copayments	\$200	Coinsurance	\$300	What isn't covered		Limits or exclusions	\$0	The total Mia would pay is	\$500	<p>Mia's Simple Fracture (in-network emergency room visit and follow up care)</p> <ul style="list-style-type: none"> The plan's overall deductible: \$0 Specialist copayment: \$25 Hospital (facility) copayment: \$150 Other (x-ray) coinsurance: 20% <p>This EXAMPLE event includes services like: Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)</p> <table border="1"> <tr> <td>Total Example Cost</td> <td>\$2,800</td> </tr> <tr> <td colspan="2">In this example, Mia would pay:</td> </tr> <tr> <td colspan="2">Cost Sharing</td> </tr> <tr> <td>Deductibles</td> <td>\$0</td> </tr> <tr> <td>Copayments</td> <td>\$200</td> </tr> <tr> <td>Coinsurance</td> <td>\$400</td> </tr> <tr> <td colspan="2">What isn't covered</td> </tr> <tr> <td>Limits or exclusions</td> <td>\$0</td> </tr> <tr> <td>The total Mia would pay is</td> <td>\$600</td> </tr> </table>	Total Example Cost	\$2,800	In this example, Mia would pay:		Cost Sharing		Deductibles	\$0	Copayments	\$200	Coinsurance	\$400	What isn't covered		Limits or exclusions	\$0	The total Mia would pay is	\$600	<p>Mia's Simple Fracture (in-network emergency room visit and follow up care)</p> <ul style="list-style-type: none"> The plan's overall deductible: \$0 Specialist copayment: \$15 Hospital (facility) coinsurance: 10% Other (x-ray) copayment: \$15 <p>This EXAMPLE event includes services like: Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)</p> <table border="1"> <tr> <td>Total Example Cost</td> <td>\$2,800</td> </tr> <tr> <td colspan="2">In this example, Mia would pay:</td> </tr> <tr> <td colspan="2">Cost Sharing</td> </tr> <tr> <td>Deductibles</td> <td>\$0</td> </tr> <tr> <td>Copayments</td> <td>\$300</td> </tr> <tr> <td>Coinsurance</td> <td>\$200</td> </tr> <tr> <td colspan="2">What isn't covered</td> </tr> <tr> <td>Limits or exclusions</td> <td>\$0</td> </tr> <tr> <td>The total Mia would pay is</td> <td>\$500</td> </tr> </table>	Total Example Cost	\$2,800	In this example, Mia would pay:		Cost Sharing		Deductibles	\$0	Copayments	\$300	Coinsurance	\$200	What isn't covered		Limits or exclusions	\$0	The total Mia would pay is	\$500
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