

For Hawaii employees

Provided by HMSA



2022 Medical plan options overview

HMSA	PPO PLAN A	HMO PLAN	COMP MED
Preventive	If in-network, covered at 100% with no out-of-pocket cost to employee. If out-of-network, subject to out-of-network deductible and coinsurance, if applicable.		
Deductible			
In-network Individual/family	\$0	\$0	\$0
Out-of-network Individual/family	\$100/\$300	No coverage	\$0
Coinsurance: you pay			
In-network	10%	10%	20%
Out-of-network	30%	No coverage	20%
Out-of-pocket maximum (combined in and out of network)			
Individual/family	\$2,500/\$7,500	\$2,500/\$7,500 (no coverage out of network)	\$2,500/\$7,500
Office visit			
Primary care physician/specialist	\$12 copay	\$20 copay	\$14 copay
Hospital (In-network)			
Inpatient	10%	10%	20%
Outpatient	10%	\$20 copay	20%
Surgical Services			
> Cutting	10%	\$20 copay	20%
> Non-cutting	20%	\$20 copay	20%
Emergency room	20%	\$100 copay	20%
Diagnostic Tests/X-ray (In-network)			
Inpatient	10%	10%	20% (no charge for blood work)
Outpatient	20%	20% (diagnostic tests) or \$10 copay (X-ray/blood work)	20% (no charge for blood work)
PRESCRIPTION DRUG (In-network)			
Out-of-pocket maximum			
Individual/family	\$3,600/\$4,200	\$3,600/\$4,200	\$3,600/\$4,200
Retail (30-day supply):			
> Tier 1	\$7 copay	\$7 copay	\$7 copay
> Tier 2	\$30 copay	\$30 copay	\$30 copay
> Tier 3	\$30 copay + \$45 cost share per drug	\$30 copay + \$45 cost share per drug	\$30 copay + \$45 cost share per drug
> Tier 4	\$100 copay	\$100 copay	\$100 copay
> Tier 5	\$200 copay	\$200 copay	\$200 copay
Home Delivery (90-day supply)			
> Tier 1	\$11 copay	\$11 copay	\$11 copay
> Tier 2	\$65 copay	\$65 copay	\$65 copay
> Tier 3	\$65 copay + \$135 cost share per drug	\$65 copay + \$135 cost share per drug	\$65 copay + \$135 cost share per drug
> Tier 4	Not covered	Not covered	Not covered
> Tier 5	Not covered	Not covered	Not covered