

Alliance HealthCare Services, Inc.

Hawaii Medical PPO

Effective: July 1, 2019

Medical Plan Benefits	HMSA PPO (762) Current / Renewal	
	In-Network	Out-of-Network ¹
Calendar Year Deductible Individual / Family	None	Embedded \$100 / \$300
Annual Out-of-Pocket Maximum Individual / Family	Embedded \$2,500 / \$7,500	
Physician Office Visit	\$12 copay	30%
Specialist Copay	\$12 copay	30%
Preventative Care	No Charge	30% (deductible waived)
Outpatient Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	20% 20%	30% 30%
Hospitalization Inpatient Outpatient	10% 10%	30% 30%
Emergency Room	20%	20% (deductible waived)
Urgent Care Services	\$12 copay	30%
Durable Medical Equipment	20%	30%
Acupuncture Care	Not Covered	
PRESCRIPTION DRUGS	In-Network	Out-of-Network
Rx Deductible	None	
Rx Copay Out-of-Pocket Maximum	\$3,600 / \$4,200	
Retail - 30 day supply Tier 1: Mostly Generics Tier 2: Mostly Preferred Brands Tier 3: Mostly Other Brands Tier 4: Mostly Preferred Specialty Tier 5: Mostly Other Brand Name Specialty	\$7 copay \$30 copay \$30 copay, plus \$45 other brand name cost share \$100 copay \$200 copay	\$7 copay + 20% \$30 copay + 20% \$30 copay+ 20%, plus \$45 other brand name cost share Not Covered Not Covered
Mail Order - 90 day supply Tier 1: Mostly Generics Tier 2: Mostly Preferred Brands Tier 3: Mostly Other Brands Tier 4: Mostly Preferred Specialty Tier 5: Mostly Other Brand Name Specialty	\$11 copay \$65 copay \$65 copay, plus \$135 other brand name cost share Not Covered Not Covered	Not Covered Not Covered Not Covered Not Covered Not Covered
MONTHLY RATES	Current	Renewal ³
Employee Only	\$676.14	\$662.48
Employee + 1	\$1,352.28	\$1,324.96
Employee + 2 or More	\$2,028.42	\$1,987.44
MONTHLY PREMIUM	\$6,085	\$5,962
ANNUAL PREMIUM	\$73,023	\$71,548
ANNUAL DOLLAR CHANGE		-\$1,475
ANNUAL PERCENT CHANGE		-2.0%

¹If you go to an out-of-network provider you will be responsible for your normal portion of the costs plus any charges that exceed HMSA's maximum allowed

²Enrollment based on census received from Alliance on 5/29/19.

³Rates pending final approval from the State.

This document is intended as a quick reference, not a comprehensive description. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern.

Alliance HealthCare Services, Inc.

Hawaii Medical CompMED

Effective: July 1, 2019

Medical Plan Benefits	HMSA CompMED (730) Current / Renewal	
	In-Network	Out-of-Network ¹
Calendar Year Deductible Individual / Family	None	
Annual Out-of-Pocket Maximum Individual / Family	Embedded \$2,500 / \$7,500	
Physician Office Visit	\$14 copay	\$14 copay
Specialist Copay	\$14 copay	\$14 copay
Preventative Care	No Charge	No Charge
Outpatient Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	20% 20% (no charge for blood work)	20% 20% (no charge for blood work)
Hospitalization Inpatient	20%	20%
Outpatient	20%	20%
Emergency Room	20%	20%
Urgent Care Services	\$14 copay	\$14 copay
Durable Medical Equipment	20%	20%
Acupuncture Care	Not Covered	
PRESCRIPTION DRUGS	In-Network	Out-of-Network
Rx Deductible	None	
Rx Copay Out-of-Pocket Maximum	\$3,600 / \$4,200	
Retail - 30 day supply Tier 1: Mostly Generics Tier 2: Mostly Preferred Brands Tier 3: Mostly Other Brands Tier 4: Mostly Preferred Specialty Tier 5: Mostly Other Brand Name Specialty	\$7 copay \$30 copay \$30 copay, plus \$45 other brand name cost share \$100 copay \$200 copay	\$7 copay + 20% \$30 copay + 20% \$30 copay+ 20%, plus \$45 other brand name cost share Not Covered Not Covered
Mail Order - 90 day supply Tier 1: Mostly Generics Tier 2: Mostly Preferred Brands Tier 3: Mostly Other Brands Tier 4: Mostly Preferred Specialty Tier 5: Mostly Other Brand Name Specialty	\$11 copay \$65 copay \$65 copay, plus \$135 other brand name cost share Not Covered Not Covered	Not Covered Not Covered Not Covered Not Covered Not Covered
MONTHLY RATES	Current	Renewal³
Employee Only	\$659.62	\$646.74
Employee + 1	\$1,319.24	\$1,293.48
Employee + 2 or More	\$1,978.86	\$1,940.22
MONTHLY PREMIUM	\$0	\$0
ANNUAL PREMIUM	\$0	\$0
ANNUAL DOLLAR CHANGE		\$0
ANNUAL PERCENT CHANGE		0.0%

¹If you go to an out-of-network provider you will be responsible for your normal portion of the costs plus any charges that exceed HMSA's maximum allowed amount. You will have to pay the provider in full at the time of your visit and file your own claim with HMSA.

²Enrollment based on census received from Alliance on 5/29/19.

³Rates pending final approval from the State.

Medical Plan Benefits		HMSA HMO (MED E-V) Current / Renewal	
		In- Network	
Calendar Year Deductible Individual / Family		None	
Annual Out-of-Pocket Maximum Individual / Family		Embedded \$2,500 / \$7,500	
Physician Office Visit		\$20 copay	
Specialist Copay		\$20 copay	
Preventative Care		No Charge	
Outpatient Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests		20% 20% (\$10 copay for blood work and basic x-rays)	
Hospitalization Inpatient Outpatient		10% 10%	
Emergency Room		\$100 copay	
Urgent Care Services		\$20 copay	
Durable Medical Equipment		20%	
Acupuncture Care		Not Covered	
PRESCRIPTION DRUGS		In-Network	Out-of-Network
Rx Deductible		None	
Rx Copay Out-of-Pocket Maximum		\$3,600 / \$4,200	
Retail - 30 day supply Tier 1: Mostly Generics Tier 2: Mostly Preferred Brands Tier 3: Mostly Other Brands Tier 4: Mostly Preferred Specialty Tier 5: Mostly Other Brand Name Specialty		\$7 copay \$30 copay \$30 copay, plus \$45 other brand name cost share \$100 copay \$200 copay	\$7 copay + 20% \$30 copay + 20% \$30 copay+ 20%, plus \$45 other brand name cost share Not Covered Not Covered
Mail Order - 90 day supply Tier 1: Mostly Generics Tier 2: Mostly Preferred Brands Tier 3: Mostly Other Brands Tier 4: Mostly Preferred Specialty Tier 5: Mostly Other Brand Name Specialty		\$11 copay \$65 copay \$65 copay, plus \$135 other brand name cost share Not Covered Not Covered	Not Covered Not Covered Not Covered Not Covered Not Covered
MONTHLY RATES		Current	Renewal ²
Employee Only	0	\$660.60	\$646.08
Employee + 1	0	\$1,321.20	\$1,292.16
Employee + 2 or More	0	\$1,981.80	\$1,938.24
MONTHLY PREMIUM		\$0	\$0
ANNUAL PREMIUM		\$0	\$0
ANNUAL DOLLAR CHANGE		\$0	
ANNUAL PERCENT CHANGE		0.0%	

¹Enrollment based on census received from Alliance on 5/29/19.²Rates pending final approval from the State.