

Alliance HealthCare Services, Inc.

Hawaii Medical HMO  
Effective: July 1, 2019

Medical Plan Benefits	Kaiser HI HMO Current / Renewal		
	In-Network		
Calendar Year Deductible Individual / Family	None		
Annual Out-of-Pocket Maximum Individual / Family	Aggregate \$2,500 / \$7,500		
Physician Office Visit	\$20 copay		
Specialist Copay	\$20 copay		
Preventative Care	No Charge		
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	\$10 per day OR 20% of applicable charges for: specialty lab tests, specialty imaging, specialty testing		
Hospitalization Inpatient	10% \$20 copay if provided in medical office		
Outpatient	10% if provided in ambulatory surgery center (ASC) or hospital based setting		
Emergency Room	\$100 copay		
Urgent Care Services	\$20 copay		
Durable Medical Equipment	20%		
Chiropractic Care	\$20 copay (max 20 visits combined with acupuncture)		
Acupuncture Care	\$20 copay (max 20 visits combined with chiropractic)		
<b>PRESCRIPTION DRUGS</b>	Generic Maintenance / Other Generics / Brand / Specialty		
Rx Deductible	None		
Rx Copay Out-of-Pocket Maximum	Medical Out-of-Pocket Maximum applies		
Retail - 30 day supply	\$3 / \$10 / \$45 / \$200		
Mail Order - up to 90 day supply	\$6 / \$20 / \$90 / \$400		
<b>MONTHLY RATES</b>	<b>EEs<sup>1</sup></b>	<b>Current</b>	<b>Renewal</b>
Employee Only	4	\$647.76	\$681.71
Employee + 1	0	\$1,295.52	\$1,363.41
Employee + 2 or More	0	\$1,943.28	\$2,045.12
	4		
<b>MONTHLY PREMIUM</b>		\$2,591	\$2,727
<b>ANNUAL PREMIUM</b>		\$31,092	\$32,722
<b>ANNUAL DOLLAR CHANGE</b>			\$1,630
<b>ANNUAL PERCENT CHANGE</b>			5.24%

<sup>1</sup>Enrollment based on census received from Alliance on 5/29/19.

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.