



Hawaii Medical Plans 2018-2019			
	HMSA PPO Plan		Kaiser Permanente HMO Plan
	In Network	Out of Network <i>Subject to Balance Billing</i>	In Network Only
<b>Annual Deductible</b>			
Individual Deductible		\$300	None
Family Deductible		\$900	None
<b>Coinsurance</b>	80%	80%	N/A
Individual Coinsurance Maximum		\$3,000	\$2,500
Family Coinsurance Maximum		\$9,000	\$7,500
<b>Office Visit</b>	\$17 copay; deductible applies	\$17 copay; deductible applies; covered up to HMSA Allowed Amount	\$15 copay
<b>Specialist Office Visit</b>			
<b>Preventative Care</b>	100% covered	Covered up to HMSA Allowed Amount	100% covered*
<b>Emergency Room</b>	80% after deductible	80% after deductible up to HMSA allowed amount	\$75 copay + 20% coinsurance for ambulance services
<b>Inpatient Hospitalization</b>	80% after deductible	80% after deductible up to HMSA allowed amount	\$75 copay per day
<b>Outpatient Surgery</b>	80% after deductible	80% after deductible up to HMSA allowed amount	\$15 copay
	Prescription Drugs		Prescription Drugs
Generic	\$7	\$7	Generic Maintenance = \$3
Brand non-formulary	\$30	\$30	Other Generics = \$10
Brand formulary	\$30 + \$45 (Other Brand Name Cost Share)	\$30 + \$45 (Other Brand Name Cost Share)	Brand = \$45
Mail Order (90 day supply)	\$11/\$65/\$200 for 90 day supply	\$11/\$65/\$200 for 90 day supply	2 times retail for a 90 day supply