

# Affiliated Computer Services Inc.

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## *BENEFIT PLAN COMPARISON*

*This comparison is intended to provide a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions may apply. Please refer to the plan Guide to Benefits or certificate, which may be obtained from your employer, for complete information on benefits and provisions. In the case of a discrepancy between this comparison and the language contained within the Guide to Benefits or certificate, the latter will take precedence.*



An Independent Licensee of the Blue Cross  
and Blue Shield Association

*Working for a Healthier Hawaii*

## Important Information

All copayments shown are based on eligible charge. The eligible charge is the amount that HMSA's participating providers have agreed to accept as payment in full for services rendered. All services received from a nonparticipating provider will likely result in significantly higher out-of-pocket expenses since the member is responsible for any difference between HMSA's eligible charge and the nonparticipating provider's actual charge.

For Health Plan Hawaii, services from a non-network provider are not covered with the exception of emergency care and/or referrals from your in-network personal care physician.

If you were covered by HMSA under a different group coverage immediately prior to this coverage, any maximums you accrued under the previous coverage carry forward and count against the same types of maximum amounts under this coverage. Any copayment amounts you paid toward meeting your copayment maximum will also carry over.

If you become a member under another HMSA coverage, then you will be subject to the carryover provisions of the new coverage, and not this coverage.

Note: Asterisk \* = Indicates annual deductible applies.

PLAN PROVISIONS	COMPAMED – A (633)		HEALTH PLAN HAWAII PLUS (XT)
	Participating Providers	Nonparticipating Providers	In-Network
Lifetime Maximum	Unlimited		Unlimited
Annual Copayment Maximum	\$2,500 per person Maximum: \$7,500 per family		\$2,500 per person Maximum: \$7,500 per family
Annual Deductible	None		None

  

MEDICAL SERVICES	COMPAMED – A (633)		HEALTH PLAN HAWAII PLUS (XT)
	YOUR COPAYMENT		YOUR COPAYMENT
	Participating Providers	Nonparticipating Providers	In-Network
<b>PHYSICIAN SERVICES</b>			
Office Visits	\$14 <sup>(1)</sup>	\$14 <sup>(1)</sup>	\$15
Hospital Visits	\$20 <sup>(1)</sup>	\$20 <sup>(1)</sup>	\$15 (hospital outpatient) None (hospital inpatient)
<b>HOSPITAL AND FACILITY SERVICES</b>			
Hospital Room and Board; Semiprivate Room Rate; unlimited number of days	20%	20%	\$75 per day
Hospital Ancillary	20%	20%	None
Intensive Care Unit; Coronary Care Unit	20%	20%	\$75 per day
Emergency Room	\$100 <sup>(1)</sup>	\$100 <sup>(1)</sup>	\$75 (in-state) \$75 (BlueCard provider) 20% (worldwide)
<b>SURGICAL SERVICES</b>			
Surgical Procedures	20%	20%	None (outpatient surgical center) \$15 (outpatient professional charges) None (hospital operating room) None (inpatient professional charges)
Anesthesia	20%	20%	\$15 (outpatient professional charges) None (inpatient professional charges)
<b>LABORATORY AND RADIOLOGY</b>			
Diagnostic Testing	20%	20%	10% (office visit) 10% (hospital outpatient) None (hospital inpatient)
Laboratory and Pathology	None (outpatient) 20% (inpatient)	None (outpatient) 20% (inpatient)	10% (office visit) 10% (hospital outpatient) None (hospital inpatient)
X-Ray and Other Radiology	20%	20%	10% (office visit) 10% (hospital outpatient) None (hospital inpatient)
Radiation Therapy for Malignancies and Non-malignancies	20%	20%	\$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient)
<b>MENTAL HEALTH SERVICES</b>			
Hospital / Facility Services – Inpatient	20%	20%	\$75 per day
Physician Services – Inpatient	\$20 <sup>(1)</sup>	\$20 <sup>(1)</sup>	None
Physician Services – Outpatient	\$14 <sup>(1)</sup>	\$14 <sup>(1)</sup>	\$15

<sup>(1)</sup> This amount does not include tax.

MEDICAL SERVICES	COMP MED – A (633)		HEALTH PLAN HAWAII PLUS (XT)
	YOUR COPAYMENT		YOUR COPAYMENT
	Participating Providers	Nonparticipating Providers	In-Network
<b>OTHER MEDICAL SERVICES</b>			
Allergy Testing	20%	20%	\$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient)
Ambulance (air)	20%	20%	20%
Ambulance (ground)	20%	20%	20%
Blood and Blood Products	20%	20%	None
Chemotherapy	20%	20%	\$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient)
Dialysis and Supplies	20%	20%	10% (hospital outpatient) None (hospital inpatient)
Hospice	None	None	None
Injections	20%	20%	\$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient)
Inter-island Transportation	Not covered	Not covered	None
Medical Equipment, Appliances and Supplies	20%	20%	50% (external devices) None (internal devices)
Organ Donor Services	20%	20%	\$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient)
Organ and Tissue Transplant	None <sup>(2)</sup>	None <sup>(2)</sup>	\$15 (office visit) <sup>(3)</sup> \$15 (hospital outpatient) <sup>(3)</sup> None (hospital inpatient) <sup>(3)</sup>
Physical and Occupational Therapy	20%	20%	\$15 (office visit) \$15 (hospital outpatient) None (hospital inpatient)
Speech Therapy	20%	20%	\$15 (outpatient) None (inpatient)
Vision Exam	Not covered	Not covered	\$15 (One exam per calendar year)

SPECIAL BENEFITS	COMP MED – A (633)		HEALTH PLAN HAWAII PLUS (XT)
	YOUR COPAYMENT		YOUR COPAYMENT
	Participating Providers	Nonparticipating Providers	In-Network
<b>BENEFITS FOR CHILDREN</b>			
Newborn Circumcision	10%	10%	Regular Plan Benefits
Well Child Care Immunizations	None	None	None
Well Child Care Laboratory	None	None	Regular Plan Benefits
Well Child Care Physician Office Visits	None	None	None
<b>BENEFITS FOR MEN</b>			
Prostate Specific Antigen Test	None	None	Regular Plan Benefits
Vasectomy	20%	20%	Regular Plan Benefits
<b>BENEFITS FOR WOMEN</b>			
<b>Contraceptives<sup>(4)</sup></b>			
Implants	20%	20%	50%
IUD	20%	20%	50%
Injectables	20%	20%	50% <sup>(5)</sup>
Mammography (screening)	None	None	None
Pap Smears (routine)	None	None	None
Total Maternity Care	10%	10%	Regular Plan Benefits
	(Includes facility & inpatient ancillary services)		
Well Woman Exam	None	None	None

<sup>(2)</sup> This benefit includes transplants such as: bone marrow, heart, heart and lung, liver, lung, pancreas, simultaneous kidney/pancreas and small bowel and multivisceral. Refer to your Guide to Benefits for information on other transplants.

<sup>(3)</sup> This benefit includes transplants such as: bone marrow, heart, heart and lung, liver, lung, pancreas, simultaneous kidney/pancreas and small bowel and multivisceral. You must receive services from a provider that is under contract with us for the specific type of transplant you will receive for these benefits to apply. Refer to your Guide to Benefits for information on other transplants.

<sup>(4)</sup> Copayments will not count towards the annual copayment maximum.

<sup>(5)</sup> A separate copayment may be charged for administration of the injection.

SPECIAL BENEFITS	COMPED – A (633)		HEALTH PLAN HAWAII PLUS (XT)
	YOUR COPAYMENT		YOUR COPAYMENT
	Participating Providers	Nonparticipating Providers	In-Network
PHYSICAL EXAMS	Not covered	Not covered	None
ONLINE CARE	As an HMSA member, you and your covered dependents may access HMSA's Online Care through <a href="http://www.hmsa.com">www.hmsa.com</a> . Your copayment is \$10 for up to 10 minutes; \$5 for an additional 5 minute extension. Each session is limited to a total of 15 minutes.		
HEALTH ASSESSMENT (HealthPass)	As an HMSA member, you and your covered dependents age 14 and older are entitled to HealthPass, a <u>free</u> annual health assessment from a contracted HealthPass provider that evaluates your health and lifestyle. The program provides professional counseling to help you design a personal health action program that fosters healthy behavior.		
DISEASE MANAGEMENT AND PREVENTIVE SERVICES PROGRAMS	As an HMSA member, you are entitled to the following programs:		
HE HAPAI PONO – The Good Pregnancy (Prenatal Care Management Program)	A program that offers guidance in receiving the appropriate care throughout the duration of your pregnancy and up to six weeks after the baby is born. You will receive specialized telephonic support from clinicians as needed to enhance traditional office-based care, along with links to other resources in the community. Includes written information specific to your needs, as well as a free pregnancy or baby care book		
POSITIVELY PREGNANT (Pregnancy Workshop)	Free workshops open to all pregnant women and their partners, or women thinking about starting a family. You will be given information on appropriate prenatal care, taught how to look for signs and symptoms of complications and what to do if they occur. Includes a free pregnancy guide for all members.		
HMSA'S CARE CONNECTION	Chronic disease management support services including regular care calls from a team of specially trained clinicians, medication review, educational newsletters, reminders for important tests and screenings and strategies to engage in a healthy, active life. Members with diabetes are also eligible to attend diabetes education classes from select participating providers at no additional cost.		
BEHAVIORAL HEALTH (Mental Health & Substance Abuse)	Screenings for depression and substance abuse, educational materials, referrals to participating providers and treatment centers, and case management services if needed.		
READY, SET, QUIT!	Personalized stop-smoking program including free private telephonic counseling for up to 18 months, education on therapies and strategies from a care specialist, and referrals to community resources		
<b>FOR DIABETIC SUPPLIES, INSULIN AND ADDITIONAL CONTRACEPTIVES PLEASE REFER TO YOUR DRUG SECTION</b>			

PRESCRIPTION DRUG	DRUG 374		DRUG 375	
	YOUR COPAYMENT		YOUR COPAYMENT	
	Participating Provider	Nonparticipating Provider	Participating Provider	Nonparticipating Provider
<b>GENERIC</b> (Includes Oral Contraceptives and Other Contraceptive Methods) <sup>(6)</sup>	\$5	\$5 plus 20% of remaining eligible charge	\$5	\$5 plus 20% of remaining eligible charge
<b>PREFERRED BRAND NAME</b> (Includes Oral Contraceptives and Other Contraceptive Methods) <sup>(6)</sup>	\$20	\$20 plus 20% of remaining eligible charge	\$20	\$20 plus 20% of remaining eligible charge
<b>OTHER BRAND NAME</b> (Includes Oral Contraceptives and Other Contraceptive Methods) <sup>(6)</sup>	\$20 plus \$35 Other Brand Name cost share	\$20 plus \$35 Other Brand Name cost share and 20% of remaining eligible charge	\$20 plus \$35 Other Brand Name cost share	\$20 plus \$35 Other Brand Name cost share and 20% of remaining eligible charge
<b>ORAL CHEMOTHERAPY DRUGS</b>	None	None	None	None
<b>INSULIN</b>				
Preferred Brand Name	\$5	\$5 plus 20% of remaining eligible charge	\$5	\$5 plus 20% of remaining eligible charge
Other Brand Name	\$20	\$20 plus 20% of remaining eligible charge	\$20	\$20 plus 20% of remaining eligible charge
<b>DIABETIC SUPPLIES</b>				
Preferred Brand Name	None	None	None	None
Other Brand Name	\$20	\$20	\$20	\$20
<b>ADDITIONAL BENEFITS</b>				
<b>Contraceptive Diaphragms</b> (per device)	\$10	\$10	\$10	\$10
<b>Smoking Cessation Drugs</b> Treatment is limited to: 180 days per calendar year	Regular Plan Benefits	Regular Plan Benefits	Regular Plan Benefits	Regular Plan Benefits
<b>Spacers for Inhaled Drugs</b> <sup>(7)</sup>	Special member rates	Special member rates	Special member rates	Special member rates
<b>NOTE:</b>				
<ul style="list-style-type: none"> <li>Each drug dispensed is limited to a 30-day supply. A 30-day supply is defined as a supply lasting the member for a period consisting of 30 consecutive days.</li> </ul>				
<b>MAIL SERVICE PRESCRIPTION PROGRAM</b> (From an HMSA contracted provider -- 90 day supply)				
<b>GENERIC</b>	\$10	Not covered	\$10	Not covered
<b>PREFERRED BRAND NAME</b>	\$45	Not covered	\$45	Not covered
<b>OTHER BRAND NAME</b>	\$45 plus \$105 <sup>(8)</sup> Other Brand Name cost share	Not covered	\$45 plus \$105 <sup>(8)</sup> Other Brand Name cost share	Not covered
<b>ORAL CHEMOTHERAPY DRUGS</b>	None	Not covered	None	Not covered
<b>INSULIN</b>				
Preferred Brand Name	\$10	Not covered	\$10	Not covered
Other Brand Name	\$45	Not covered	\$45	Not covered
<b>DIABETIC SUPPLIES</b>				
Preferred Brand Name	None	Not covered	None	Not covered
Other Brand Name	\$45	Not covered	\$45	Not covered
<b>NOTE:</b>				
<ul style="list-style-type: none"> <li>When a prescribed brand name drug has a generic equivalent that is listed on the Hawaii Drug Formulary of Equivalent Drug Products, you will be responsible for the appropriate copayment plus the difference between the generic and brand name cost. This procedure will apply regardless of whether you chose not to use the generic equivalent or the particular generic equivalent was not available at the pharmacy.</li> </ul>				
<sup>(6)</sup> See Additional Benefits section for Contraceptive Diaphragms.				
<sup>(7)</sup> HMSA has arranged with contracted drug manufacturers to offer spacers for inhaled drugs at special member rates.				
<sup>(8)</sup> \$35 retail Other Brand Name cost share times 3 month supply.				