

[Tips for Printing](#)**Member Services for Health Plan Hawaii Plus**

Hours	Monday through Friday 8am to 4pm
Phone Number	808 948 6372
Web Address	www.hmsa.com
Group Contract Number	93683-1-7

Details on this page represent a summary for this plan. For further information, call the carrier directly at the number listed in Member Services.

Plan Provisions**Medical Coinsurance/Copay/Deductibles/Benefit Maximum**

Office Visits - Preventive	\$10 copay (SEE NOTE)
Office Visits - Diagnostic	\$10 copay for office visit; lab, x-ray covered at 100%.
Office Visits - Specialist	\$10 copay
Annual Medical Deductible - Individual	None
Annual Medical Deductible - Family	None
Annual Out of Pocket Maximum - Individual	\$750 annual copay maximum
Annual Out of Pocket Maximum - Family	\$2,250 annual copay maximum
Lifetime Benefit Maximum	None

Note(s)

- **Office Visits - Preventive** - Physical exams \$10 copay; well child care 100% to age 5; OB-GYN annual exams 100%; Routine immunizations-related office visits \$10 copay; immunizations covered at 100%.

Prescription Drugs

Retail	Up to 30 day supply: \$0 Merck-brand drugs; \$4 Generic drugs; \$12 Non-Merck drugs. (SEE NOTE)
Mail / Home Delivery	Up to 90 day supply: \$0 Merck-brand drugs; \$4 Generic drugs; \$12 Non-Merck drugs. Oral contraceptives and male erectile dysfunction are covered--but only when ordered by mail or online through Medco Health Home Delivery Service. (SEE NOTE)
Note(s)	<ul style="list-style-type: none"> • Retail - Oral contraceptives & male erectile dysfunction drugs NOT covered through retail. Prescription contraceptive devices NOT covered through Managed RX Program. Prescription contraceptive devices NOT covered through this HMO. • Mail / Home Delivery - Prescription contraceptive devices NOT covered through Managed RX Program. Prescription contraceptive devices not covered through this HMO.

Inpatient Services

Inpatient Hospital Services	Semi-private room rate: 100% for Hospital, Surgical, and Maternity.
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Outpatient Services

Emergency Room	\$25 local; 80% worldwide. (SEE NOTE)
Note(s)	<ul style="list-style-type: none"> • Emergency Room - Out of Network: 1-800-810-BLUE for mainland referral. Follow-up care must be coordinated by PCP.
Mental Health / Substance Abuse	
Mental Health Inpatient	30 day max per calendar year. Some conditions not subject to mental health plan maximums.
Mental Health Outpatient	\$10 copay per each individual or each group session; 24 sessions max per calendar year.
Substance Abuse Inpatient	30 days max per calendar year; 2 treatment episodes max per lifetime does not apply to Detox services.
Substance Abuse Outpatient	\$10 copay per each individual or group sessions; 12 sessions max per calendar year.

A summary of the benefits provided under the plan is contained in the Summary Plan Description. Full details are provided in the official plan document, which governs the operation of the plan. In the event that the content of this application or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. Any specific questions regarding coverage information please refer to your Summary Plan Description (SPD) or the carrier.

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