Hawaii Medical Plans 2024			
	HMSA PPO Plan		Kaiser Permanente HMO Plan
	In-Network	Out-of-Network	In-Network
Deductible: individual/family	$300/$1050		N/A
Coinsurance	80%	80%	N/A
Coinsurance/Copay Max: individual/family	$3000/$9000		$2500/$7500
Office Visit/Specialist Office Visit	$17 copay; deductible applies		$15 copay
Preventive care	100% Covered		100% Covered
Emergency Room	80% after deductible		$75 copay + 20% coinsurance for ambulance services
Inpatient Hospitalization	80% after deductible		$75 copay per day
Outpatient Surgery	80% after deductible		$15 copay
Family Planning Visits	80% after deductible		$15 Copay
Infertility Consultation	$20 copay; deductible applies		$15 Copay
In Vitro Fertilization	Deductible and copay amounts vary depending on service.		20% of applicable charges
Home Health Care	80% after deductible		100% Covered
Hospice	100% Covered after deductible		100% Covered
Skilled Nursing Facility	80% after deductible		100% Covered
Dialysis	80% after deductible		20% of applicable charges
Outpatient rehab therapy (speech, physical, occupational)	80% after deductible		$15 copay
Durable medical equipment	80% after deductible		20% of applicable charges
Telehealth	80% after deductible		$15 per visit; Cost share will vary depending on service.
Behavioral Health	80% after deductible		$15 copay
Prescription Drugs			
Generic	$7 copay; $11 mail order	$7 copay and 20% coinsurance	Generic Maintenance = $10 retail; $20 mail order
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 retail; $90 mail order
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

If you have specific claims or coverage related questions regarding our plans, please contact:
HMSA Customer Service at (800) 776-4672
Kaiser Permanente Customer Service at (800) 966-5955