HMAA
HAWAII MEDICAL ASSURANCE ASSOCIATION

Comprehensive Plus

Medical Plan Schedule of Benefits 2021

Annual Deductible $100 per person / $300 maximum per family
Stop Loss $2,000 per person / $6,000 per family (per calendar year, includes deductibles & copayments)
Lifetime Maximum Unlimited

Benefit	Coinsurance/Copayment	
	Participating	Non-Participating
Hospital and Facility Services		
Ambulatory Surgical Center (ASC)	20%	20%
Hospital Ancillary Services	20%	20%
Hospital Room and Board	20%	20%
Outpatient Facility	20%	20%
Skilled Nursing Facility	20%	20%
Emergency Services		
Emergency Room	20%	20%
Physician Visits	$15	$15
Online and Telephonic Care via HMAA's HiDoc Service	None	Not Covered
Physician Services		
Physician Visits	$15	$15
Hospital Visits	$15	$15
Immunizations (standard, including travel)	None	None
Telehealth Services	$15	Not Covered
Testing, Laboratory and Radiology		
Allergy Testing	20%*	20%*
Allergy Treatment Materials	$5	$5
Diagnostic Testing	20%	20%
Laboratory and Pathology — Inpatient	20%	20%
Outpatient	None	None
Radiology	20%	20%
Chemotherapy and Radiation Therapy		
Chemotherapy — Infusion/Injections	20%*	20%*
Radiation Therapy — Inpatient	20%*	20%*
Outpatient	20%	20%
Other Medical Services and Supplies		
Acupuncture, Chiropractic, Massage, & Naturopathic Services	20%	20%
Ambulance (air)	20%*	20%*
Ambulance (ground)	20%	20%
Blood and Blood Products	20%*	20%*
Dialysis and Supplies	20%*	20%*
Durable Medical Equipment and Supplies	20%*	20%*
Evaluations for Hearing Aids	20%*	20%*
Growth Hormone Therapy	20%	20%
Home IV Therapy	20%	20%
Inhalation Therapy	20%	20%
Injections	20%*	20%*
Medical Foods	20%	20%
Orthotics and External Prosthetics	20%*	20%*
Vision and Hearing Appliances	20%*	20%*

* = Annual Deductible Applies | % = Coinsurance (Percentage based on eligible charge) | $ = Copayment (Fixed dollar amount)

Benefit	Coinsurance/Copayment	
	Participating	Non-Participating
Rehabilitation Therapy		
Physical and Occupational Therapy		
Inpatient	20%	20%
Outpatient	20%*	20%*
Speech Therapy Services		
Inpatient	20%	20%
Outpatient	20%*	20%*
Special Benefits – Disease Management and Preventive Services		
Disease Management	None	Not Covered
Preventive Services — Laboratory	None	None
Preventive Services — Physical Exam	None	None
Screening and Preventive Counseling	None	None
Special Benefits for Children		
Newborn Care	10%	10%
Well Child Care Immunizations	None	None
Well Child Care Laboratory Tests	None	None
Well Child Care Physician Office Visits	None	None
Special Benefits for Men		
Prostate Specific Antigen Test (screening)	None	None
Special Benefits for Women		
Breast Pump	None	None
Chlamydia Screening	None	None
Contraceptive Implants (generic)	None	None
Contraceptive Injectables (generic)	None	None
Contraceptive IUD (generic)	None	None
In Vitro Fertilization	20%*	20%*
Mammography (screening)	None	None
Maternity Care	10%	10%
Pap Smears (screening)	None	None
Tubal Ligation	None	None
Well Woman Exam	None	None
Special Benefits for Homebound, Terminal, or Long-Term Care		
Home Health Care	20%	20%
Hospice Services	None	None
Behavioral Health – Mental Health and Substance Abuse		
Hospital and Facility Services	20%	20%
Physician Services		
Inpatient	None	None
Outpatient	$15	$15
Psychological Testing	20%	20%
Special Offers		
Employee Assistance Program (EAP)	Up to 6 fully-covered visits to assist subscribers with personal or family issues	
Health and Wellness Programs	A variety of solutions for healthy living including Active&Fit®, Flu Prevention, Colorectal Cancer Screening, Maternity & Baby Care Incentive Program, and more	
Member Plus Discount Program	Discounted prices and special offers from HMAA member groups and other participating merchants	

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* = Annual Deductible Applies | % = Coinsurance (Percentage based on eligible charge) | $ = Copayment (Fixed dollar amount)

Note: Reimbursement is based on a percentage of HMAA's eligible charges, not the billed charges. Eligible charges may be based on a procedure fee schedule, a percentage of billed charges, per day (per diem) fees, per case fees, per treatment fees, or other methods. This document is intended to provide a condensed explanation of benefits. Please refer to the Description of Coverage (DOC) for details. In the case of a discrepancy between this document and the language contained within the DOC, the latter will take precedence.