



Option Plus *one*

Medical Plan Schedule of Benefits 2024

Annual Deductible	\$100 per person / \$300 maximum per family
Out-of-Pocket Maximum (per calendar year, includes deductibles and copayments)	
Participating Provider	\$600 per person / \$1,800 per family
Non-Participating Provider	\$1,100 per person / \$3,300 per family
Lifetime Maximum	Unlimited

Benefit	Coinsurance/Copayment	
	Participating	Non-Participating
Hospital and Facility Services		
Ambulatory Surgical Center (ASC)	10%	20%
Extended Care Facility (Skilled Nursing, Sub-Acute, and Long-Term Acute Facilities)	10%	\$200 (per first confinement in calendar year) + 20%*
Hospital Ancillary Services	10%	20%*
Hospital Room and Board	10%	\$200 (per first confinement in calendar year) + 20%*
Outpatient Facility	10%	20%
Emergency Services and Urgent Care		
Emergency Room	10%	10%
Physician Visits	10%	10%
Urgent Care	\$25	\$50
Physician Services		
Physician Visits	10%	\$10 + 20%
Hospital Visits	10%	\$10 + 20%
Immunizations (standard, including travel)	None	30%
Online and Telephonic Care via HMAA's HiDoc® Service	None	Not Covered
Telehealth Services	Your deductible and copayment/coinsurance amounts vary depending on the type of service or supply. See copayment/coinsurance amounts listed in this chart for the service or supply you receive.	
Testing, Laboratory and Radiology		
Allergy Testing	\$15 + 10%*	\$25 + 20%*
Allergy Treatment Materials	\$15 + 10%*	\$25 + 20%*
Diagnostic Testing	10%	20%*
Laboratory and Pathology	10%	20%*
Radiology	10%	20%*
Chemotherapy and Radiation Therapy		
Chemotherapy — Infusion/Injections	10%*	20%*
Radiation Therapy	10%	20%*
Other Medical Services and Supplies		
Acupuncture, Chiropractic, Massage, and Naturopathic Services	10%	20%*
Ambulance (air or ground)	20%*	20%*
Blood and Blood Products	10%*	20%*
Dialysis and Supplies	10%*	20%*
Durable Medical Equipment and Supplies	10%*	20%*
Evaluations for Hearing Aids	10%*	20%*
Growth Hormone Therapy	10%*	20%*
Home IV Therapy	\$5 + 10%	30%
Inhalation Therapy	10%*	20%*
Injections	10%*	20%*
Medical Foods	10%	20%
Orthotics and External Prosthetics	10%*	20%*
Vision and Hearing Appliances	10%*	20%*

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

Phone 808-591-0088 • Fax 808-591-0463 • Toll-Free 800-621-6998 • www.hmaa.com • Customer Service 808-941-4622 • Toll-Free 888-941-4622

Benefit	Coinsurance/Copayment	
	Participating	Non-Participating
Rehabilitation Therapy		
Physical and Occupational Therapy		
Inpatient	10%	20%*
Outpatient	\$5 + 10%*	30%*
Speech Therapy Services		
Inpatient	10%	20%*
Outpatient	\$5 + 10%*	30%*
Special Benefits – Disease Management and Preventive Services		
Disease Management	None	Not Covered
Preventive Services — Laboratory	None	20%*
Preventive Services — Physical Exam	None	\$10 + 20%*
Screening and Preventive Counseling	None	20%*
Special Benefits for Children		
Newborn Care	10%	20%*
Well Child Care Immunizations	None	None
Well Child Care Laboratory Tests	None	20%
Well Child Care Physician Office Visits	None	\$10 + 20%
Special Benefits for Men		
Prostate Specific Antigen Test (screening)	10%	20%
Special Benefits for Women		
Breast Pump	None	None
Chlamydia Screening	None	20%*
Contraceptive Implants (generic)	None	30%
Contraceptive Injectables (generic)	None	30%
Contraceptive IUD (generic)	None	30%
In Vitro Fertilization	10%	20%
Mammography (screening)	None	20%
Maternity Care	10%	20%*
Pap Smears (screening)	None	20%
Pregnancy Termination	10%	20%
Tubal Ligation	None	20%
Well Woman Exam	None	20%
Special Benefits for Homebound, Terminal, or Long-Term Care		
Home Health Care	None	30%
Hospice Services	None	None*
Behavioral Health – Mental Health and Substance Abuse		
Hospital and Facility Services		
Inpatient	10%	\$200 (per first confinement in calendar year) + 20%*
Outpatient	10%	20%
Physician Services		
Inpatient	10%	20%*
Outpatient	10%	\$10 + 20%
Psychological Testing	10%	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, Baby & Me (our free maternity incentive program), and more	
Member Plus Discount Program	Discounted prices and special offers from HMAA member groups and other participating merchants	
<i>The Active&Fit and Active&Fit Direct programs are provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit Direct, Active&Fit Connected!, Active&Fit, and the Active&Fit Direct logos are trademarks of ASH and used with permission herein.</i>		

* = 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.