

# CompMED - A

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## ***BENEFIT PLAN SUMMARY FOR SOLE PROPRIETORS***

*This summary 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 for complete information on benefits and provisions. In the case of a discrepancy between this summary and the language contained within the Guide to Benefits or certificate, the latter will take precedence.*



*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.

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.

PLAN PROVISIONS	COMPAMED – A (635)	
	Participating Providers	Nonparticipating Providers
Lifetime Maximum	Unlimited	
Annual Copayment Maximum	\$2,500 per person Maximum: \$7,500 per family	
Annual Deductible	None	

MEDICAL SERVICES	COMPAMED – A (635)	
	YOUR COPAYMENT	
	Participating Providers	Nonparticipating Providers
<b>PHYSICIAN SERVICES</b>		
Office Visits	\$14 <sup>(1)</sup>	\$14 <sup>(1)</sup>
Hospital Visits	\$20 <sup>(1)</sup>	\$20 <sup>(1)</sup>
<b>HOSPITAL AND FACILITY SERVICES</b>		
Hospital Room and Board; Semiprivate Room Rate; unlimited number of days	20%	20%
Hospital Ancillary	20%	20%
Intensive Care Unit; Coronary Care Unit	20%	20%
Emergency Room	\$100 <sup>(1)</sup>	\$100 <sup>(1)</sup>
<b>SURGICAL SERVICES</b>		
Surgical Procedures	20%	20%
Anesthesia	20%	20%
<b>LABORATORY AND RADIOLOGY</b>		
Diagnostic Testing	20%	20%
Laboratory and Pathology	None (outpatient) 20% (inpatient)	None (outpatient) 20% (inpatient)
X-Ray and Other Radiology	20%	20%
Radiation Therapy for Malignancies and Non-malignancies	20%	20%

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

<b>MEDICAL SERVICES</b>	<b>COMPAMED – A (635)</b>	
	<b>YOUR COPAYMENT</b>	
	Participating Providers	Nonparticipating Providers
<b>OTHER MEDICAL SERVICES</b>		
Allergy Testing	20%	20%
Ambulance (air)	20%	20%
Ambulance (ground)	20%	20%
Blood and Blood Products	20%	20%
Chemotherapy – Infusion / Injections	20%	20%
Dialysis and Supplies	20%	20%
Hospice	None	None
Injections	20%	20%
Medical Equipment, Appliances and Supplies	20%	20%
Organ Donor Services	20%	20%
Organ and Tissue Transplant <sup>(2)</sup>	None	None <sup>(2)</sup>
Physical and Occupational Therapy	20%	20%
Speech Therapy Services	20%	20%

<b>SPECIAL BENEFITS</b>	<b>COMPAMED – A (635)</b>	
	<b>YOUR COPAYMENT</b>	
	Participating Providers	Nonparticipating Providers
<b>BENEFITS FOR CHILDREN</b>		
Newborn Circumcision	10%	10%
Well Child Care Immunizations	None	None
Well Child Care Laboratory	None	None
Well Child Care Physician Office Visits	None	None
<b>BENEFITS FOR MEN</b>		
Prostate Specific Antigen (PSA) Test (screening)	None	None
Vasectomy	20%	20%
<b>BENEFITS FOR WOMEN</b>		
<b>Contraceptives<sup>(3)</sup></b> (See Limited Rx section for additional contraceptive benefits)		
Implants	20%	20%
IUD	20%	20%
Injectables	20%	20%
Mammography (screening)	None	None
Pap Smears (routine)	None	None
Maternity Care	10%	10%
	(Includes facility & inpatient ancillary services)	
Well Woman Exam	None	None

<sup>(2)</sup> This benefit includes transplants such as: stem-cell (including 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> Copayments will not count towards the annual copayment maximum.

SPECIAL BENEFITS		COMPAMED – A (635)	
		YOUR COPAYMENT	
		Participating Providers	Nonparticipating Providers
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.		
<b>HMSA'S CARE CONNECTION</b>			
For Asthma, COPD, Diabetes, Heart Disease and CKD	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>LIMITED Rx BENEFITS<sup>(3)</sup></b>			
	Participating Providers	Nonparticipating Providers	
Oral Chemotherapy Drugs	None	None	
Diabetic Drugs			
Generic	20%		20%
Preferred Brand Name	20%		20%
Other Brand Name	30%		30%
Diabetic Supplies			
Preferred Brand Name	None		None
Other Brand Name	20%		20%
Insulin			
Preferred Brand Name	20%		20%
Other Brand Name	30%		30%
Oral Contraceptives & Other Contraceptive Methods			
Generic	20%		20%
Preferred Brand Name	20%		20%
Other Brand Name	30%		30%
Diaphragms/Cervical Caps	\$10 per device		\$10 per device
<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<sup>(4)</sup></b>			
(From an HMSA contracted provider – 90 day supply)			
Oral Chemotherapy Drugs	None		Not covered
Diabetic Drugs			
Generic	20%		Not covered
Preferred Brand Name	20%		Not covered
Other Brand Name	30%		Not covered
Diabetic Supplies			
Preferred Brand Name	None		Not covered
Other Brand Name	20%		Not covered
Insulin			
Preferred Brand Name	20%		Not covered
Other Brand Name	30%		Not covered
Oral Contraceptives & Other Contraceptive Methods			
Generic	20%		Not covered
Preferred Brand Name	20%		Not covered
Other Brand Name	30%		Not covered
Diaphragms/Cervical Caps	\$10 per device		Not covered
<b>NOTE:</b>			
<ul style="list-style-type: none"> <li>If you have an HMSA drug rider with similar benefits, your drug rider benefits apply. There shall be no duplication or coordination of benefits between this plan and your HMSA drug plan.</li> </ul>			

<sup>(4)</sup> To utilize the mail order program, only credit card payments are accepted.