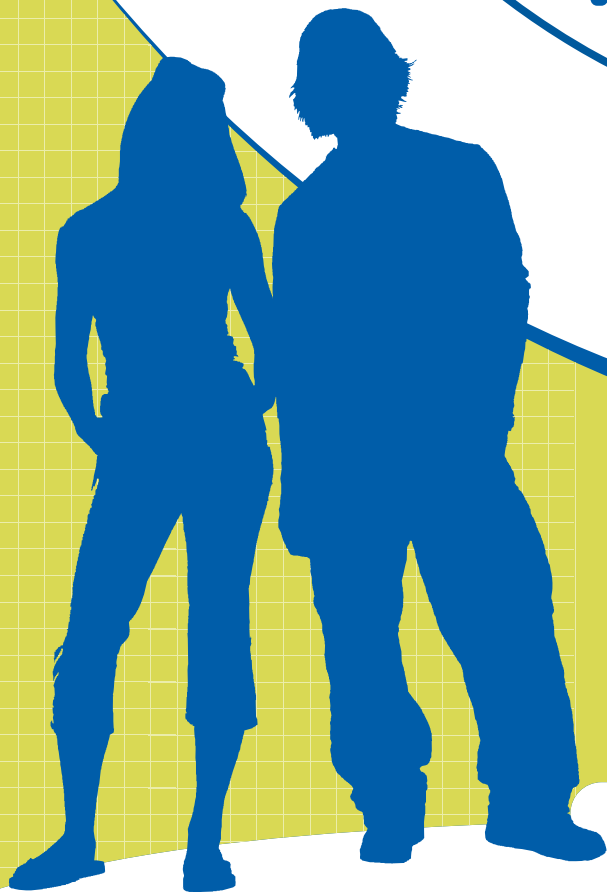


JANUARY 2011

HMSA'S STUDENT PLAN 19



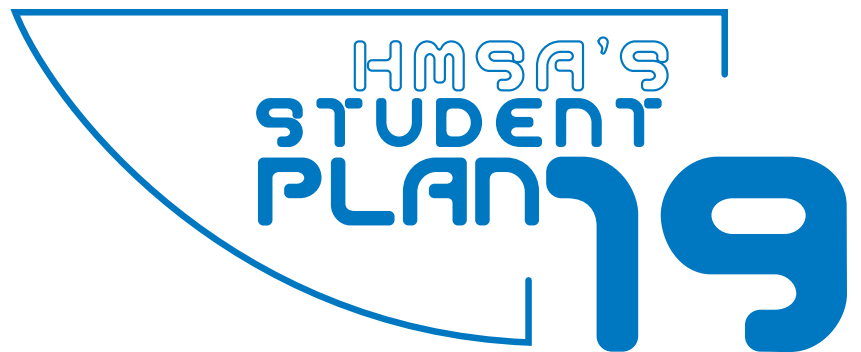
HMSA's Health Plan
for Full-time Students
Age 19 Through 24

HMSA



Blue Cross
Blue Shield
of Hawaii

An Independent Licensee of the Blue Cross
and Blue Shield Association

The logo for HMSA's Student Plan 19 features the text "HMSA'S STUDENT PLAN 19" in a blue, sans-serif font. The words "HMSA'S" and "STUDENT" are stacked above "PLAN", which is followed by a large "19". The text is contained within a blue graphic element consisting of a horizontal line at the top, a vertical line on the right, and a curved line on the left that forms a partial arc.

Joining HMSA's Student Plan 19 is one of the best investments you can make to protect your good health.

Combined with a lifestyle of good nutrition, regular exercise, and adequate rest, your HMSA health plan should be a regular part of your personal plan to stay well.

A Special Plan for You

If you're like most students, you really can't afford any serious health problems. That's why HMSA has designed a special plan for you. Our Student Plan 19 takes the worry out of health care coverage by offering the major features of our regular health plans at a price that's right for your budget.

HMSA's Student Plan 19 can help you meet the expenses of office visits, surgery, hospital care, and diagnostic tests. Your benefits cover you even when you travel anywhere in the world.

Additionally, HMSA has arranged, through Benefit Services of Hawaii, Inc., a \$15,000 group term life and accidental death and dismemberment benefits policy for plan subscribers. We think you'll agree that Student Plan 19 is your best choice.

Unlimited Benefit Protection

To protect you against serious illness or injury, this plan provides unlimited benefits for **covered expenses** should you need them. However, certain services are limited by dollar amount, or duration or number of visits. Please refer to the Student Plan 19 *Guide to Benefits* for specific information.

Choice of Providers

The Student Plan 19 gives you the freedom to choose any provider, participating or nonparticipating, without referrals. There are more than 2,000 participating providers in the state of Hawaii to choose from. You may select any provider; however, you will always receive the best value from this plan by using HMSA participating providers.

Participating providers have agreements with HMSA to charge members no more than HMSA's eligible charge. Nonparticipating providers do not have agreements with HMSA. If you receive services from nonparticipating providers, you will be responsible for paying the nonparticipating provider the copayment plus

any difference between the actual charge and HMSA's eligible charge, if applicable.

BlueCard Program

When you're traveling away from home, the last thing you want to worry about is your health. This plan provides nationwide coverage through BlueCard, a Blue Cross and Blue Shield national network, which will provide you with access to covered services across the nation. One phone call is all it takes to access a representative who can provide you with the name, telephone number, and address of several BlueCard PPO or BlueCard participating providers in your area.

Benefit payment for covered services received out of state are based on contracts negotiated between the out-of-state Blue Cross and/or Blue Shield plans and BlueCard participating and BlueCard PPO providers.

Pre-Certification

This plan includes special features that control expenses by helping you get appropriate health care in the proper setting.

Prior to services being rendered, benefits for nonparticipating or out-of-state hospital admissions, certain diagnostic tests, and certain surgeries must be approved by HMSA's benefit manager. When you visit HMSA participating providers, these providers will be responsible for contacting HMSA for any required review. If you visit a nonparticipating provider, you will be responsible for contacting HMSA's benefit manager. Other services may require pre-certification prior to these services being rendered. For a complete list of services, please refer to the Student Plan 19 *Guide to Benefits*.

Financial Protection

This plan has a maximum annual copayment of \$2,500, which includes the annual deductibles* per calendar year. If this maximum is reached, you will owe no copayment for covered services for the rest of that calendar year. Copayments

for prescription drugs and supplies, insulin, medical foods, and Online Care do not count toward the maximum annual copayment.

**A copayment applies to most covered services and is either a fixed percentage of the eligible charge or a fixed dollar amount. If you receive services from a nonparticipating or noncontracting provider, you are responsible for the copayment plus any difference between the actual charge and the eligible charge.*

Deductibles

To help keep your monthly dues affordable, this plan includes deductibles and waiting periods for some services or conditions.

The annual deductible is the first \$100 of eligible charges not paid by the plan for covered services when using a nonparticipating provider. This means you need to pay \$100 each calendar year before the plan will begin paying benefits. This annual deductible does not apply when using a participating provider.

Waiting Period

You are subject to a 12-month waiting period for all services related to maternity care, pregnancy, childbirth, and related conditions. This waiting period does not apply to services related to miscarriage, abortion, or premature birth if the waiting period would have been met had the pregnancy gone the full term.

HealthPass

HealthPass is HMSA's innovative health education and wellness program. This program is a benefit of this plan and is offered at no charge to you. Once a year, you will be eligible to participate in this program at one of HMSA's HealthPass offices conveniently located throughout the state. This program will help you understand how your current lifestyle and family history affect your health and will provide you with recommendations to improve or maintain your health status.

We will mail your HealthPass invitation to you prior to your birthday each year. Please call your local HealthPass office to schedule your health assessment.

This health assessment program offers preventive services designed to help you identify potential health problems, develop ways to reduce your health risks, and encourage you to develop and continue healthy habits. HealthPass is available annually to all Student Plan 19 members at no charge.

Value-Added Services

Being an HMSA member means more than just having a health plan. We offer:

- HMSA365 discount program.
- Programs and classes to help you maintain good health and preserve your quality of life.
- Classes include Body Power, Stress Master, Positively Pregnant, and much more.

Best of all, they're available to HMSA members at no additional cost. For more information, please visit our website at hmsa.com or call your local HMSA office.

Group Term Life Benefits

HMSA has arranged through Benefit Services of Hawaii, Inc., to provide Student Plan 19 subscribers a \$15,000 group term life and accidental death and dismemberment policy as part of your benefit package. Benefits terminate when you are no longer a member of Student Plan 19.

The policy will pay the face value to your beneficiary in the event of your death. If your death is accidental, an additional amount equal to the face value of the policy will be paid. In case of an accidental injury resulting in the loss of two members (hands, feet, or eyes), the face value will be paid to you. Half the face value will be paid for an accidental injury resulting in the loss of one member.

This is a brief description of the benefits of the policy. Upon joining, you will receive a certificate fully describing the benefits, limitations and exclusions of the policy. The group term life insurance is underwritten, and all benefits are provided through US Able Life. Benefit Services of Hawaii, Inc., is the local agent.

BENEFIT SUMMARY

This brochure is for general information only. It is intended to give you a summary of HMSA's Student Plan 19 benefits and is not to be used as the *Guide to Benefits* for the plan. Upon joining, you will receive a Student Plan 19 *Guide to Benefits*, which gives further information on benefits, limitations, and exclusions that are not described in this summary.

If you receive services from a nonparticipating or noncontracting provider, you are responsible for the annual deductible for this

plan. Once the deductible is met, you are responsible for the copayment plus any difference between the actual charge and the eligible charge for services that are a benefit of your plan.

If you are hospitalized at a nonparticipating facility, you will be responsible for copayments plus any difference between the actual charge and the eligible charge for services that are a benefit of your plan. For a list of participating providers, please visit hmsa.com or call your local HMSA office.

HMSA's Student Plan 19 BENEFIT DESCRIPTION

BENEFIT DESCRIPTION	AMOUNT OF ELIGIBLE CHARGE YOU PAY WHEN YOU USE:	AMOUNT YOU PAY WHEN YOU USE:
	Participating Providers	Nonparticipating Providers
PREVENTIVE CARE SERVICES		
HealthPass Health assessment at HMSA's HealthPass Centers statewide	No copayment	Not a benefit
Annual Pap smear screening and well-woman exam	No copayment	30%*
PHYSICIAN SERVICES		
Physician visits (office, home, or facility)	\$15	30%*
Online Care	\$10 for up to 10 minutes \$5 for a 5-minute extension	Not a benefit
SURGICAL SERVICES		
Surgery	10%	30%*
Anesthesia	10%	30%*
TESTING, LABORATORY, AND RADIOLOGY SERVICES		
Diagnostic testing – Inpatient/Outpatient	10%	30%*
Laboratory services – Inpatient	10%	30%*
Laboratory services – Outpatient	No copayment	30%*
Radiology – Inpatient/Outpatient	10%	30%*
Tuberculin test	10%	30%*
MATERNITY CARE		
Routine pre/postnatal care and delivery (Please refer to waiting periods on page 3.)	No copayment	30%*
HOSPITAL AND FACILITY SERVICES		
Room and Care – Based on semiprivate room rate	10%	30%*
Intermediate Care Unit	10%	30%*
Isolation Unit	10%	30%*
Intensive Care Unit	10%	30%*

**You owe the applicable copayment plus the difference between the actual and the eligible charge.*

HMSA's Student Plan 19
BENEFIT DESCRIPTION

AMOUNT OF ELIGIBLE CHARGE
YOU PAY WHEN YOU USE:
Participating Providers

AMOUNT **YOU** PAY
 WHEN YOU USE:
Nonparticipating Providers

EMERGENCY SERVICES

Emergency room facility services	\$100	\$100* (Not subject to annual deductible)
Emergency room physician visits	\$15	\$15* (Not subject to annual deductible)
Ground ambulance	10%	30%*
Air ambulance (Within the state of Hawaii)	10%	30%*

AMBULATORY SURGICAL CENTER (ASC)	10%	30%*
---	-----	------

HOSPICE SERVICES	No copayment	Not a benefit
-------------------------	--------------	---------------

SKILLED NURSING FACILITY

Room and Care – Based on semiprivate room rate	10%	30%*
--	-----	------

OTHER MEDICAL SERVICES

Physical therapy, chemotherapy – infusion/injection, blood and blood products, outpatient injections, speech therapy, and appliances and medical equipment	10%	30%*
--	-----	------

MENTAL HEALTH AND SUBSTANCE ABUSE

Licensed physician, psychiatrist, psychologist, clinical social worker, marriage and family therapist, mental health counselor, or advanced practice registered nurse Limited to 24 outpatient sessions per calendar year except for serious mental illness	\$15	30%*
Inpatient Facility – Based on semiprivate room rate Up to 30 days per calendar year	10%	30%*
Psychological Testing – Inpatient/Outpatient	10%	30%*

PRESCRIPTION DRUGS AND SUPPLIES

U.S. Preventive Services Task Force (USPSTF)
 Recommended Drugs

Your Copayment

Network Pharmacy
 None

Non-Network Pharmacy
 You owe the entire charge and HMSA
 reimburses you 80% of the eligible charge

Contracted Mail Order Pharmacy
 None

**You owe the applicable copayment plus the difference between the actual and the eligible charge.*

HMSA's Student Plan 19 BENEFIT DESCRIPTION

Your Copayment

PRESCRIPTION DRUGS AND SUPPLIES (Continued)

CHEMOTHERAPY - ORAL DRUGS

Chemotherapy - Oral drugs

Network Pharmacy

None

Non-Network Pharmacy

You owe the entire charge and HMSA reimburses you 100% of the eligible charge

Contracted Mail Order Pharmacy

None

Diabetes self-management training and educational services focusing on self-managing diabetes care are available through HMSA's Care Connection. There is no copayment for services rendered by a provider contracted through the Care Connection program. Call 1 (800) 499-5036 for more information about this program.

DIABETIC DRUGS, SUPPLIES, AND INSULIN

Diabetic drugs

Network Pharmacy

20% of eligible charge (Generic)
20% of eligible charge (Preferred Brand Name)
30% of eligible charge (Other Brand Name)

Non-Network Pharmacy

You owe the entire charge and HMSA reimburses you 100% of the remaining eligible charge after deducting:
20% of eligible charge (Generic)
20% of eligible charge (Preferred Brand Name)
30% of eligible charge (Other Brand Name)

Contracted Mail Order Pharmacy

20% of eligible charge (Generic)
20% of eligible charge (Preferred Brand Name)
30% of eligible charge (Other Brand Name)

Diabetic supplies

Network Pharmacy

None (Preferred Brand Name)
20% of eligible charge (Other Brand Name)

Non-Network Pharmacy

You owe the entire charge and HMSA reimburses you 100% of the remaining eligible charge (Preferred Brand Name)
You owe the entire charge and HMSA reimburses you 100% of the remaining eligible charge after deducting:
20% of eligible charge (Other Brand Name)

Contracted Mail Order Pharmacy

None (Preferred Brand Name)
20% of eligible charge (Other Brand Name)

Insulin

Network Pharmacy

20% of eligible charge (Preferred Brand Name)
30% of eligible charge (Other Brand Name)

Non-Network Pharmacy

You owe the entire charge and HMSA reimburses you 100% of the remaining eligible charge after deducting:
20% of eligible charge (Preferred Brand Name)
30% of eligible charge (Other Brand Name)

Contracted Mail Order Pharmacy

20% of eligible charge (Preferred Brand Name)
30% of eligible charge (Other Brand Name)

continued from page 3

Eligible Charges

We calculate our payment and your copayment based on the eligible charge. The **eligible charge** is the lower of either the provider's actual charge or the amount we establish as the **maximum allowable fee**. Eligible charge does not include excise or other tax. You are responsible for all taxes associated with the medical care you receive.

Participating providers agree to accept the eligible charge as payment in full for covered services. Nonparticipating providers generally do not. Therefore, if you receive services from a nonparticipating provider, you are responsible for any difference between the actual charge and the eligible charge.

Copayment

Copayment applies to most covered services and is either a fixed percentage of the eligible charge or a fixed dollar amount.

If you receive services from a nonparticipating or noncontracting provider, you are responsible for the copayment plus any difference between the actual charge and the eligible charge.

Payment Determination Criteria

All covered services you receive must meet all of the following payment determination criteria:

- For the purpose of treating a medical condition.
- The most appropriate delivery or level of service, considering potential benefits and harms to the patient.
- Known to be effective in improving health outcomes, provided that:
 - Effectiveness is determined first by scientific evidence;
 - If no scientific evidence exists, then by professional standards of care; and
 - If no professional standards of care exist or if they exist but are outdated or contradictory, then by expert opinion.

- Cost-effective for the medical condition being treated compared to alternative health interventions, including no intervention. For purposes of this paragraph, cost-effective shall not necessarily mean the lowest price.

Services that are not known to be effective in improving health outcomes include services that are experimental or investigational.

Definitions of terms and more information regarding application of this Payment Determination Criteria are contained in the Patient's Bill of Rights and Responsibilities, Hawaii Revised Statutes § 432E-1.4. The current language of this statutory provision will be provided upon request. Requests should be submitted to HMSA's Customer Service department.

The fact that a physician may prescribe, order, recommend or approve a service or supply does not in itself mean that the service or supply meets Payment Determination Criteria, even if it is listed as a covered service.

Participating providers may not bill or collect charges for services or supplies that do not meet HMSA's Payment Determination Criteria unless a written acknowledgement of financial responsibility, specific to the service, is obtained from you or your legal representative prior to the time services are rendered.

Participating providers may, however, bill you for services or supplies that are excluded from coverage without obtaining a written acknowledgement of financial responsibility from you or your representative. *See Services Not Covered.*

More than one procedure, service or supply may be appropriate for the diagnosis and treatment of your condition. In that case, we reserve the right to approve the least costly appropriate treatment, service or supply.

You may ask your physician to contact us to determine whether the services you need meet our Payment Determination Criteria or are excluded from coverage before you receive care.

Services Not Covered Under the Plan

The following is an overview of some of the services not covered by this plan. Upon joining, you will receive a *Guide to Benefits*, which provides detailed information on benefits, limitations and exclusions that are not described in this summary. You may also request a *Guide to Benefits* for this plan by calling your local HMSA office before enrolling in this plan.

Counseling Services

- Bereavement counseling
- Genetic counseling (except as described in the plan's *Guide to Benefits*)
- Marriage or family counseling
- Nutritional counseling (except as described in the plan's *Guide to Benefits*)
- Sexual identification counseling

Coverage Under Other Programs or Laws

- **Military:** You are not covered for treatment of illness or injury related to military service when you receive treatment in a hospital operated by an agency of the United States government. You are not covered for services or supplies that are needed to treat an illness or injury received while you are on active status in the military service.
- **Payment responsibility:** You are not covered when someone else has the legal obligation to pay for your care, and when, in the absence of this coverage, you would not be charged.
- **Third-party reimbursement:** You are not covered for services or supplies for an illness or injury caused or alleged to be caused by a third party and/or you have or may have a right to receive payment or recover damages in connection with the illness or injury, or you have an illness or injury for which you may recover damages or receive payment without regard to fault.

Dental, Drug, and Vision

- Dental care (including orthodontics)
- Drugs (except as described in the plan's *Guide to Benefits*)
- Eyeglasses, contacts, and appliances
- Vision services

Fertility and Infertility

- Contraceptives or contraceptive services, including implanted, oral, or injected contraceptives, and contraceptive devices
- Infertility diagnosis, supplies, or services related to the diagnosis of infertility
- Infertility treatment
- Fertilization by artificial means (except for one in-vitro fertilization program per qualified married couple)
- Sterilization reversal

Preventive and Routine

- Health Appraisal (except as described in the plan's *Guide to Benefits*)
- Immunizations (except for those described in the plan's *Guide to Benefits*)
- Physical examinations (including for employment, insurance, back-to-school, and other non-medical reasons)
- Routine circumcision
- Routine foot care
- RSVP screenings

Provider Type

- Chiropractor services
- Complementary and alternative medicine provider
- Nonparticipating hospice agency
- Private duty nursing
- Services provided by immediate family members
- Services provided by physician assistants (unless P.A. is employed by a medical group, M.D., or D.O.)
- Social worker services (except for mental health or substance abuse services)

Transplants

- Living organ donor services if you are the organ donor
- Living donor transport
- Mechanical or non-human organs
- Organ purchase
- Transplant services or supplies (except as described in the plan's *Guide to Benefits*)
- Transportation related to organ and tissue transplants

Miscellaneous Exclusions

- Act of war – Injury or illness that results from an act of war or armed aggression, whether or not a state of war legally exists
- Acupuncture
- Airline oxygen
- Biofeedback
- Bionic devices
- Blood and blood products (except as described in the plan's *Guide to Benefits*)
- Carcinoembryonic antigen (CEA)
- Cardiac rehabilitation
- Chemotherapy, high dose (except as described in the plan's *Guide to Benefits*)
- Complications of a non-covered procedure
- Convenience treatments, services, or supplies
- Cosmetic services, surgery, or supplies
- Custodial care
- Developmental delay
- Ductal lavage
- Electron beam computed tomography (EBCT or Ultrafast CT)
- Environmental control equipment and supplies
- Enzyme–potentiated desensitization
- Erectile dysfunction, except if due to organic cause
- Extracorporeal shock wave therapy
- Foot orthotics, except for specific diabetic conditions
- Genetic testing and screening
- Growth hormone therapy (except as described in the plan's *Guide to Benefits*)
- Hair loss
- Hypnotherapy
- Injuries received as a result of practice for or participation in interscholastic or intercollegiate athletics
- Intradiscal electro thermal therapy (IDET)
- Motor vehicles
- Personal convenience items and supplies
- Provider's stand-by time
- Radiation nonionizing/high dose (except as described in the plan's *Guide to Benefits*)
- Self-help or self-cure programs or equipment
- Services or supplies gained by reason of a false statement or other misrepresentation

- Services prior to plan effective date:
You are not covered for services or supplies that you receive before the effective date of this coverage
- Sexual transformation
- Supplies billed separately by your provider when supplies are integral to services being performed or take-home supplies
- Thoracic electric bioimpedance (outpatient/office)
- Topical hyperbaric oxygen therapy
- Travel or lodging costs
- Vertebral axial decompression (VAX-D)
- Vitamins, minerals, medical foods, and food supplements
- Weight-reduction programs
- Wigs

If You are Hospitalized When Coverage Begins

If you are an inpatient in a hospital or skilled nursing facility on your effective date (i.e., the day on which your coverage under this plan begins), we will not cover the illness or injury requiring your stay. However, we will pay benefits for covered services that are received after the discharge date for that injury or illness as long as all other requirements of the plan are met. The discharge date is the day you can leave the hospital or skilled nursing facility because the attending physician has determined that continuous skilled medical care is no longer necessary.

Who Can Join?

You may enroll in HMSA's Student Plan 19 if you are:

- Age 19 through 24.
- A full-time student.
- A legal resident of the state of Hawaii.
- Enrolled in an educational institution (such as high school, college, junior college, university, trade or business school, or industrial education center) recognized by HMSA.

If you are age 18 or under and are presently covered as a dependent under your parent's HMSA plan, you may enroll in Student Plan 19 immediately when you reach age 19. However, many HMSA group plans allow parents to cover dependents on their plan up to age 26. Please ask your parent to check with their group leader to see if you are eligible for this coverage.

HMSA reserves the right to request documentation, which demonstrates that a member meets the eligibility criteria of this plan. Failure to provide such documentation or to meet eligibility criteria shall result in termination of coverage.

How to Enroll

All you need to do is to send us the following:

- Completed application form.
- A completed group term life and accidental death and dismemberment beneficiary designation form.
- Proof of your current school registration, showing full-time status (usually 12 credits or more for undergraduate status).
- A check or money order for your first quarter's dues.

Mail to: HMSA
6-AMS
P.O. Box 860
Honolulu, HI 96808-0860

Membership Dues

Quarterly Rate: **\$337.50**

These rates are effective from Sept. 1, 2010.

Privacy Policies & Practices for Member Financial Information

HMSA and our affiliated organizations throughout the state of Hawaii have always respected your privacy and are committed to safeguarding your personal health and financial information. HMSA values your business and

the trust you have placed in selecting us as your health plan. We strive to recognize and respect your expectations regarding the treatment of your personal information and have established the following policies and practices to:

- Maintain physical, electronic, and procedural safeguards to protect the privacy, confidentiality, and integrity of personal information.
- Ensure that those in our workforce who have access to or use your personal information need that information to perform their jobs and have been trained to properly handle personal information. Our employees are fully accountable to management for following our policies and practices.
- Require that third parties who access your personal information on our behalf comply with applicable laws and agree to HMSA's strict standards of confidentiality and security.

Notice of Our Privacy Policies and Practices for Personal Financial Information Required by Law¹

HMSA is required by state law to provide an annual notice of our privacy policies and practices for personal financial information to members who are enrolled in our individual health plans. This notice contains information regarding how we collect and disclose personal financial information about our members to our affiliates and to nonaffiliated third parties. Provisions of this notice apply to former as well as current HMSA members.

¹ Privacy of Consumer Financial Information, H.R.S. Chapter 431, Article 3A

Collection of Personal Financial Information

HMSA collects personal financial information about you that is necessary to administer your health plan. We may collect personal financial information about you from sources such as enrollment applications and other forms that you complete, and your transactions with us, our affiliates, or others.

Sharing of Personal Financial Information

HMSA may share with our affiliates and with nonaffiliated third parties any of the personal financial information that is necessary to administer your health plan, as permitted by law. Nonaffiliated third parties are those entities that are not part of the family of organizations controlled by HMSA. We do not otherwise share your personal financial information with anyone without your permission.

HMSA is a Hawaii-based health care services organization dedicated, for over 70 years, to improving the health and wellness of individuals and our community. We will provide our customers real value and security by creating a broad range of products that gives them choices of health care plans, provider networks, prices, and other health care services, with a commitment to superior customer service.

HMSA



HAWAII MEDICAL SERVICE ASSOCIATION

hmsa.com

Honolulu 818 Keeaumoku St. • 96814 • Phone: 948-6111

Hilo, Hawaii 670 Ponahawai St., Suite 121 • 96720 • Phone: 935-5441

Kailua-Kona, Hawaii 75-1029 Henry St., Suite 301 • 96740 • Phone: 329-5291

Kahului, Maui 33 Lono Ave., Suite 350 • 96732 • Phone: 871-6295

Lihue, Kauai 4366 Kukui Grove St., Suite 103 • 96766 • Phone: 245-3393

If you are calling from the U.S. Mainland, please call 1 (800) 776-4672.

If you need to call a local Hawaii telephone number from the Mainland, the area code is 808.