

HSTA Voluntary Employees Beneficiary Association Trust

**PRIMARY SELF-FUNDED HMA 80/20 MEDICAL PLAN WITH CATALYST RX DRUG PLAN vs.
PRIMARY FULLY INSURED HMSA PPO 90/10 MEDICAL AND DRUG PLAN**

(The following is a brief summary comparison of the major benefits between the two Plans. Please refer to the plan document or plan brochure for a complete description of benefits.)

BENEFITS	SELF-FUNDED HMA 80/20 MEDICAL PLAN (Effective 7/1/09)	NEW FULLY INSURED HMSA PPO 90/10 MEDICAL PLAN (Effective 10/1/09)	
		Participating Provider	Non-Participating Provider
Annual Deductible	None	None	\$100 per person/ \$300 per family
Annual Copayment Maximum	\$2,500 per person \$7,500 per family	\$2,000 per person \$6,000 per family	
Lifetime Maximum	\$1,000,000 per person	\$2,000,000 per person	
PHYSICIAN SERVICES			
Home, Office and Skilled Nursing Facility	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Hospital and Emergency Room	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Well Woman Exam	100% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Well-Child Care Visits/ Immunizations Under Age 6	100% of E.C.	100% of E.C.	70% of E.C. (100% of E.C. for well-child care immunizations)
Immunizations	80% of E.C.	100% of E.C.	70% of E.C. after annual deductible
HOSPITAL SERVICES			
Room & Care Based on semi-private room rate (365 days per year)	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Isolation/Intensive/Intermediate Coronary Care Unit	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Emergency Room	80% of E.C.	90% of E.C.	90% of E.C.

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SURGICAL SERVICES			
Surgery	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Anesthesiologist	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
DIAGNOSTIC, LABORATORY & X-RAY SERVICES	<u>Participating and Non-Participating Providers</u>	<u>Participating Provider</u>	<u>Non-Participating Provider</u>
Laboratory and Pathology			
Inpatient	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Outpatient	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Diagnostic, X-Ray, Radiation Therapy			
Inpatient	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Outpatient	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Mammography, Pap Smears, Prostate Specific Antigen Tests and Tuberculin Tests	100% of E.C.	90% of E.C.	70% of E.C. after annual deductible
MATERNITY SERVICES			
Physician Services	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Nurse Midwives	80% of E.C.	Regular Plan Benefits	
MENTAL ILLNESS SERVICES			
Mental Health and Substance Abuse Facility Services	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Physician Services	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Psychological Testing			
Inpatient	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Outpatient	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible

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SKILLED NURSING FACILITY	Participating and <u>Non-Participating Providers</u>	<u>Participating Provider</u>	<u>Non-Participating Provider</u>
Skilled Nursing Facility (120 days per calendar year)	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
HOSPICE CARE SERVICES			
Hospice Care (Unlimited number of days)	100% of E.C.	100% of E.C.	Not a benefit
HOME HEALTH CARE			
Home Health Care (150 visits per calendar year)	100% of E.C.	100% of E.C.	70% of E.C. after annual deductible
AMBULANCE SERVICES			
Ambulance (Ground)	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Air Ambulance	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
OTHER SERVICES			
Allergy Testing & Treatment	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Blood and Blood Products	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Chemotherapy	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Evaluations for Use of Hearing Aids	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Growth Hormone, Home IV and Inhalation Therapy	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Outpatient Injections	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Medical Equipment, Appliances and Supplies	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible

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OTHER SERVICES (Cont'd)	<u>Participating and Non-Participating Providers</u>	<u>Participating Provider</u>	<u>Non-Participating Provider</u>
Medical Foods	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Prosthetics & Orthotics	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Physical, Occupational and Speech Therapy			
Inpatient	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
Outpatient	80% of E.C.	90% of E.C.	70% of E.C. after annual deductible
PREVENTIVE SERVICES			
<u>Physical Exam</u>			
Ages 6 - 12	Up to \$90.00	Up to \$90.00	
Ages 13 - 18	Up to \$115.00	Up to \$115.00	
Ages 19 - 39	Up to \$180.00	Up to \$180.00	
Ages 40 and over	Up to \$245.00	Up to \$245.00	
	<u>Frequency of Benefits</u>	<u>Frequency of Benefits</u>	
Ages 13 and over include: Complete history and physical exam; audio-gram (optional); urinalysis; blood count and chest x-ray	Once per calendar year	Once per calendar year (Chest x-rays once every 2 years)	
Ages 40 and over include: Complete history and physical exam; audiogram (optional); urinalysis; blood count; chest x-ray, biochemistry panel and electrocardiogram			

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DISEASE MANAGEMENT AND PREVENTIVE CARE PROGRAMS	NOT APPLICABLE	<u>Participating Providers</u>
He Hapai Pono		Prenatal Care Management Program
Positively Pregnant		Workshops for pregnant women and partners
Care Connection		Chronic disease management programs for Diabetes, Asthma, Heart Disease and COPD
Behavioral Health		For mental health and substance abuse
Ready, Set, Quit		Personalized stop smoking program
HEALTHPASS		Free annual health assessment

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PRESCRIPTION DRUG	CATALYST RX PLAN	HMSA DRUG PLAN
RETAIL (Up to 30-Day Supply)	<u>Participating Pharmacy</u> Member Pays	<u>Participating Pharmacy</u> Member Pays
Generic Drugs & Insulin	\$5.00	\$5.00
Brand Name Drugs	\$15.00	\$15.00
Diabetic Supplies	No Copayment	No Copayment
MAIL ORDER (Up to 90 Day Supply)		
Generic Drugs	\$9.00	\$9.00
Brand Name Drugs	\$27.00	\$27.00