

2025 Hawaii Medical Service Association (HMSA)

THERE ARE NO CHANGES FOR 2025

Plan Name	HSMA: MED 730 / DRG 972 / VIS 0DU	
Choice of Providers	Any licensed provider; no referrals needed If you choose a non-participating provider, you are responsible for paying billed amounts that exceed HSMA's eligible charges ¹	
Website (medical and prescription drugs)	www.hmsa.com	
Phone (medical)	(800) 776-4672 For claims questions, call the customer service number on your ID card.	
Phone (prescription drugs)	CVS Caremark® Pharmacy Services: (888) 332-7909 Home Delivery Pharmacy: (800) 875-0867	
ID Card	When you first enroll, you'll receive an ID card — one card for both medical and prescription drugs — for each member of your family Contact HSMA for replacement cards.	
Plan Features	Participating Provider¹	Non-Participating¹
Health Savings Account (HSA)	Not available	
Calendar Year Deductible	None	
Coinsurance/Copayment (Copay)	80% of the negotiated rate	80% of eligible charges
Out-of-Pocket/Copay Maximum (per calendar year)	Includes annual deductible and copayment Medical: \$2,500 per person ² \$7,500 family maximum ² Rx: \$3,600 per person ² \$4,200 family maximum ²	
Prior Authorization, Preservice/ Concurrent Reviews	Certain services require our prior approval. HSMA participating providers get approval for you, but other providers may not. Call HSMA at (800) 948-6464 (Oahu) or (800) 344-6122 (Neighbor Islands) or visit www.hmsa.com/precert for more information.	
Coverage for Specific Services		
Acupuncture	Not covered	
Allergy Test/Treatment	20% coinsurance	20% coinsurance
Ambulance	20% coinsurance	20% coinsurance
Chiropractic Care	\$14 copay. Deductible does not apply Requires pre-authorization. After 8 visits, another pre-authorization is needed.	\$14 copay
Durable Medical Equipment/Hearing Aids	20% coinsurance	20% coinsurance
Emergency Room Care	Facility: 20% coinsurance Provider: \$20 copay per visit	Covered as In-Network

2025 Hawaii Medical Service Association (HMSA)

	Participating Provider ¹	Non-Participating ¹
Home Health Care	20% coinsurance Coverage for in-network provider and non-network provider combined is limited to 150 visit limit per benefit period.	20% coinsurance
Hospice Care	0% coinsurance	0% coinsurance
Hospitalization – Facility Fees, Doctor and other Services	20% coinsurance Provider Visits: \$20 copay per visit	20% coinsurance
Infertility Diagnosis and Treatment	Outpatient and Inpatient Procedures: 20%	
Infertility Prescription Drug Coverage:	Retail and Mail: See “Prescription Drug Coverage” in-network coverage below. Covered under the Medical Benefit: 20% coinsurance	Retail and Mail: See “Prescription Drug Coverage” out-of-network coverage below. Covered under the Medical Benefit: 20% coinsurance
Telehealth	Your copayment amounts vary depending on the type of service or supply.	
Occupational Therapy	20% coinsurance	20% coinsurance
Physical Therapy	20% coinsurance	20% coinsurance
Physician Office Visits	\$14 copay per visit	\$14 copay per visit
Pregnancy/Maternity Care (including Routine Nursery Care)	20% coinsurance	20% coinsurance
Prescription Drug Coverage: Retail	For up to a 30-day supply: \$7 copay for generics ³ \$30 copay for brand-name formulary ^{3,4} \$30 copay for brand-name non-formulary ^{3,4} (In addition to your copay and/or coinsurance, you will be responsible for a \$45 Tier 3 Cost Share per retail copay.)	For up to a 30-day supply: 20% after \$7 copay for generic ³ 20% after \$30 copay for brand name formulary ^{3,4} 20% after \$30 copay for brand-name non-formulary ^{3,4} (In addition to your copay and/or coinsurance, you will be responsible for a \$45 Tier 3 Cost Share per retail copay.)

2025 Hawaii Medical Service Association (HMSA)

	Participating Provider¹	Non-Participating¹
Prescription Drug Coverage: Mail	For up to a 30-day supply: \$11 copay for generic ³ \$65 copay for brand-name formulary ^{3,4} \$65 copay for brand-name non-formulary ^{3,4} (In addition to your copay and/or coinsurance, you will be responsible for a \$135 Tier 3 Cost Share per retail copay.) Specialty not covered	Not covered
Specialty Pharmacy	For up to a 30-day supply: \$100 copay for preferred specialty ³ \$200 copay for non-preferred specialty ³	Not Covered
Preventive Care⁵ • Well Baby Exams and Immunizations • Annual Exams/Physicals (one per calendar year for adults and children age 3 and over) • Women's Preventive Care	100% covered	100% covered
Psychiatric Care: Inpatient	20% coinsurance	20% coinsurance
Psychiatric Care: Outpatient Day Treatment (or Outpatient Facility/Day Treatment)	Doctor Office Visit: \$14 copay per visit 20% coinsurance for facility fees	Doctor Office Visit: \$14 copay per visit 20% coinsurance for facility fees
Psychiatric Care: Physician Office Visits	\$14 copay per visit	\$14 copay per visit
Skilled Nursing Facility Care	20% coinsurance Coverage for In-Network and Non-Network Provider combined is limited to 120 visit limit per benefit period.	20% coinsurance
Speech Therapy	20% coinsurance	20% coinsurance
Substance Abuse: Inpatient	20% coinsurance	20% coinsurance
Substance Abuse: Outpatient Day Treatment (or Outpatient Facility/Day Treatment)	Doctor Office Visit: \$14 copay per visit 20% coinsurance for facility fees	Doctor Office Visit: \$14 copay per visit 20% coinsurance for facility fees
Substance Abuse: Physician Office Visits	\$14 copay per visit	\$14 copay per visit
Surgery, Outpatient (see <i>Hospitalization</i> for inpatient surgery)	20% coinsurance for Hospital and Freestanding Surgical Center facility fees \$14 copay for physician visits	20% coinsurance for Hospital and Freestanding Surgical Center facility fees \$14 copay for physician visits
Urgent Care Office Visit	\$14 copay per visit	\$14 copay per visit
Vision Exams and Materials	\$10 copay per visit	Plan will reimburse up to \$40 per visit
X-ray and Lab	20% coinsurance	20% coinsurance

2025 Hawaii Medical Service Association (HSMA)

¹If you choose a non-participating provider, you are responsible for paying billed amounts that exceed HSMA's eligible charges. (Eligible charges are determined by HSMA's maximum allowable fee) Participating providers agree to charge no more than HSMA's negotiated rates, which are less than HSMA's eligible charges.

²Non-covered expenses do not apply to the out-of-pocket maximum. After you pay the individual out-of-pocket maximum or the combined expenses of all covered family members reach the family maximum in any calendar year, the plan begins providing 100% coverage for services applicable to the out-of-pocket maximum. You're still responsible for billed amounts above eligible charges when you use non-participating providers and for non-covered expense.

³Preauthorization is required for some drugs. For details, check with your pharmacy, call HSMA Pharmacy Services at (800) 776-4672

⁴If you request a brand-name drug when a generic equivalent is available, you'll pay the generic drug copay plus an additional Cost Share amount per retail or mail order copay.

⁵Preventive care coverage includes preventive services rated A or B by the U.S. Preventive Services Task Force, based on federal regulations and age and frequency guidelines. Coverage also includes certain over-the-counter prescription drugs when prescribed by your doctor and obtained at a pharmacy counter.

For Additional Information

For additional information, including plan limits and exclusions, see the plan's benefits booklet — also called an evidence of coverage (EOC) — on www.hsma.com

This summary of plan benefits is not a contract. It describes benefits in general terms. Consult the individual plan booklets for specific details of benefit coverage. To permit a brief summary of benefits and services, use of actual contract language has been minimized. This summary does not replace the legal documents that establish the plans. Final interpretation of any provision of the plans will be governed by the master policies and service agreements, which are on file in the office of the plan administrator. The Institute expects and intends to continue the Caltech benefits program but reserves the right to amend, modify, suspend, or terminate it, in whole or in part, at any time and for any reason. If you are enrolled in Medicare, your Caltech medical plan coordinates with your Medicare Part A and B coverage.