

HMSA Hawaii PPO Medical & Prescription Plan

Otsuka employees residing in Hawaii have access to the following benefits.

You can find more details on your benefits by accessing HMSA's website at hmsa.com or by calling HMSA's customer service team at **808-948-6111** (Oahu) or **800-776-4672** (neighboring islands).

HMSA Hawaii PPO Medical Plan (What You Pay)		
Annual Deductible	In-Network	Out-of-Network
Employee only	\$0	\$100
Family	\$0	\$300
Annual Out-of-Pocket Maximum*		
Employee only	\$2,500	\$2,500 (+ \$3,600 for Rx only)
Family	\$7,500	\$7,500 (+ \$4,200 for Rx only)
Hospital and Other Facility Visits (What You Pay)		
Inpatient	10% after deductible	30% after deductible
Outpatient	20% after deductible	30% after deductible
Emergency room	20% after deductible	20% coinsurance (deductible does not apply)
Office Visits (What You Pay)		
Maternity office visits and delivery	10% after deductible	30% after deductible
Office visits (PCP)	\$12 copay	30% after deductible
Office visits (specialist)	\$12 copay	30% after deductible
Physical, speech, and occupational therapy	20% after deductible	30% after deductible
Other Eligible Expenses (What You Pay)		
Ambulance	20% after deductible	30% after deductible
Lab, X-rays, and diagnostic tests (outside the doctor's office)	10% after deductible	30% after deductible

*Copays and out-of-pocket costs paid toward meeting the annual deductible will be applied to your annual out-of-pocket maximum.

HMSA Prescription Drug Plan

Here's how the plan covers prescription drugs.

Prescription Drug Costs	Generic	Preferred Brand	Non-Preferred Brand
Retail pharmacy (up to a 30-day supply)	\$7 copay	\$30 copay	\$30 copay + \$45 Tier 3 cost share
Mail order (84- to 90-day supply)	\$11 copay	\$65 copay	\$65 copay + \$135 Tier 3 cost share

