

2012 HAWAII MEDICAL PLAN COMPARISON CHART

ALEXANDER & BALDWIN, INC.

The following chart highlights the major provisions and benefits of each of the medical plans available through *FlexSolutions*, and is not intended to fully describe your coverage. The percentage amounts shown reflect the amount of eligible charges the Plan(s) will pay for a covered service. You are responsible for paying the remaining percentage and the difference, if any, between the actual charges and the eligible charges. Additional details can be found in A&B's *Benefits Handbook*, available at www.flexab.com.

Note that not all Plans are available at each location; your 2012 Enrollment Worksheet will list those plans for which you are eligible to enroll.

BENEFIT PROVISIONS	HMSA PREFERRED PROVIDER PLAN (PPO PLAN)		HMSA HEALTH PLAN HAWAII PLUS HMO PLAN	Kaiser Permanente HMO PLAN
	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS		
AT A GLANCE				
Provider Choice/ How the Plan Works	Individuals may visit any qualified provider; however, the Plan pays higher benefits when a participating provider is used. Participants are encouraged to select a Primary Care Physician (PCP) who will coordinate their care.		All services must be provided or arranged by your Primary Care Physician (PCP); no benefits are paid for non-approved out-of-network care.	Individuals must use Kaiser Permanente HMO providers or have authorized referrals; no benefits are paid for non-approved out-of-network care except for emergencies.
Annual Deductible	\$100/individual; \$300/family		None	None
Annual Out-of-Pocket Maximum	\$2,500/individual; \$7,500/family		\$2,500/individual; \$7,500/family	\$2,500/individual; \$7,500/family
Lifetime Maximum	Unlimited		Unlimited	Unlimited
AT THE DOCTOR'S OFFICE				
Office Visits	90%	70% after annual deductible	100% after \$15 copayment	100% after \$15 copayment
Preventive Care Exam	100% for health assessment when services are provided by a HealthPass program provider	Not covered	Physical exams: 100% (\$15 copayment applies for immunizations when not part of an office visit)	100%. No charge for flu shots or routine immunizations.
Well Child Care	90% 6 visits per year for children to age 1; 2 visits for age 1 to 2; 1 visit per year for ages 2 through 6	70%	100% through age 6; 100% for standard childhood immunizations	100%
AT THE HOSPITAL				
Emergency Room ¹ (for true emergency)	90%	90%	100% after \$75 copayment in Hawaii; 80% outside Hawaii	100% after \$75 copayment at any emergency room in or out of Hawaii
Semi-Private Room and Board	90%	70% after annual deductible	100% after \$75 inpatient copayment per day	100% after \$75 inpatient copayment per day
Inpatient X-Ray and Lab Services	90%	70% after annual deductible	90%	100%
SURGERY				
Outpatient	90% (cutting); 80% (non-cutting)	70% after annual deductible	100% (\$15 copayment applies for physician services)	100% after \$15 copayment
Inpatient	90% (cutting); 80% (non-cutting)	70% after annual deductible	100%	100% after \$75 per day copayment
MATERNITY AND FAMILY PLANNING SERVICES				
Office Visits	90%	70% after annual deductible	100% (\$15 copayment for initial visit)	100% after confirmation of pregnancy for routine care
Hospital Services (Semi-private room rate)	90%	70% after annual deductible	100% after \$75 inpatient copayment per day	100%
MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT				
Inpatient (Semi-private room rate)	Regular hospital benefits for hospital facility services; 90% for psychiatrist/psychologist services	Regular hospital benefits for hospital facility services; 70% after annual deductible for psychiatrist/psychologist services	100% after \$75 copayment per day	100% after \$75 copayment per day
Outpatient	90%	70% after annual deductible	100% after \$15 copayment per visit	100% after \$15 copayment per visit
OTHER SERVICES				
Prescription Drugs – Retail (up to a 30-day supply)	Participating pharmacy = You pay the following copayments for a 30-day supply: \$10 for generic, \$30 for brand name. No copayment for oral chemotherapy drugs. When a prescribed brand name drug has a generic equivalent, you will be responsible for the appropriate copayment plus the difference between the generic and brand name cost, even if the generic equivalent is not available at the pharmacy. Non-participating pharmacy, the above copayments apply, but you must pay the entire cost first and file a claim for reimbursement.			100% after \$15 copayment at Kaiser Permanente pharmacies for generic and brand name on formulary
Prescription Drugs – Mail Order (up to a 90-day supply)	You pay the following copayments for a 90-day supply: \$20 copayment for generic, \$60 copayment for brand name. No copayment for oral chemotherapy drugs. Only available through the HMSA mail order program			100% after \$30 copayment for maintenance drugs on formulary
Outpatient X-Ray and Lab Services	80%	70% after annual deductible	90%	90%
Skilled Nursing Facility ²	90% of semi-private room rate	70% after annual deductible	100% of semi-private room rate; limited to 60 days per benefit period.	100%, up to 60 days per incident
Home Health Care Visits (from a qualified Home Health Agency)	100% up to 150 visits per calendar year	70% after annual deductible up to 150 visits per calendar year	100% up to 365 days per illness or injury	100%
Hearing Exams/Hearing Aids	80% after deductible; limited to one device per ear every five years	70% after annual deductible; limited to one device per ear every five years	100% after \$15 copayment for the exam; 50% for the device; limited to one device per ear every five years	Plan pays 100% after \$15 copayment for an annual hearing exam to determine the need for correction; appliances (devices) are not covered
Durable Medical Equipment	80% after annual deductible	70% after annual deductible	50% for external devices 100% for internal devices	50% for diabetes equipment 100% for internal prosthetics, devices, and aids
Vision Care	Provided through VSP; see A&B's Enrollment Guide for details			All costs greater than the \$150 allowance once every calendar year for glasses OR contact lenses

¹Non-emergency use of an emergency room is not covered.

²Limited each calendar year to 120 days under the HMSA PPO Plan; 100 days under HMSA Health Plan Hawaii Plus.