

**HAWAII TEAMSTERS HEALTH AND WELFARE TRUST
SELF-FUNDED HMO PLAN (THROUGH QUEEN'S) VS. TEAMSTERS KAISER PLAN**

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

BENEFIT	SELF-FUNDED HMO PLAN* (Effective 9/01/11)	TEAMSTERS KAISER PLAN (Effective 10/01/10)
	<u>Member Pays</u>	<u>Member Pays</u>
Annual Deductible	None	None
Annual Copay Maximum	\$2,000 per person \$6,000 per family	\$1,750 per person \$5,250 per family
Lifetime Maximum	Unlimited	Unlimited
Annual Maximum	Unlimited	Unlimited
PREVENTIVE SERVICES		
Well-child office visits	No charge	No charge
Routine immunizations	No charge (age 18 or younger) \$10 per dose (age 19 or older)	No charge (age 18 or younger) \$10 per dose (age 19 or older)
One preventive care office visit per calendar year (age 2 and older)	No charge	No charge
One gynecological office visit per calendar year (for female members)	No charge	No charge
Preventive screening services (includes mammography)	No charge	No charge
OUTPATIENT SERVICES		
Office visits	\$14 copay	\$15 copay
Routine obstetrical (maternity) care	No charge	No charge
FDA-approved contraceptive devices (administered by a physician)	50% of E.C. (subject to office visit copay)	50% of E.C. (subject to office visit copay)
SURGERY AND PROCEDURES		
Office visits	\$14 copay	\$15 copay
Ambulatory Surgical Center (ASC)	\$100 per admission	\$100 per admission
INPATIENT SERVICES		
Hospital room and board, doctors' medical and surgical services, and anesthesia services	\$100 per admission	\$100 per admission
LABORATORY, IMAGING, AND TESTING SERVICES		
Inpatient	\$100 per admission	\$100 per admission
Outpatient	\$14 copay per service	\$15 copay
SKILLED NURSING VISIT		
	No charge (up to 120 days)	No charge (up to 60 days)
HOME HEALTH CARE		
	No charge	No charge
HOSPICE		
	No charge	No charge
MENTAL HEALTH SERVICES		
Inpatient	10% of E.C.	20% of E.C.
Outpatient	\$14 copay	20% of E.C.
Day treatment or partial hospitalization services	\$14 copay	20% of E.C.
Non-hospital residential services	\$100 per admission	20% of E.C.
Psychological testing		
Inpatient	Included with inpatient benefit	Included with inpatient benefit
Outpatient	\$14 copay	\$15 copay

E.C. = Eligible Charges

Black = Neutral

Blue = Positive

Red = Negative

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	<u>Member Pays</u>	<u>Member Pays</u>
CHEMICAL DEPENDENCY SERVICES		
Inpatient	\$100 per admission	\$100 per admission
Outpatient	\$14 copay	\$15 copay
Day treatment or partial hospitalization services	\$14 copay	20% of E.C.
Non-hospital residential services	\$100 per admission	20% of E.C.
EMERGENCY SERVICES (for initial treatment only)		
Within the designated service area	\$30 copay	\$25 copay
Outside the designated service area and out-of-state	20% of E.C.	20% of E.C.
AMBULANCE SERVICES		
Air	10% of E.C.	20% of E.C.
Ground	20% of E.C.	20% of E.C.
DIABETES EQUIPMENT	30% of E.C.	50% of E.C.
INTERNAL PROSTHETICS, DEVICES, AND AIDS	No charge	No charge
OTHER SERVICES		
Allergy testing	\$14 copay	\$15 copay
Blood and blood processing	No charge	No charge
Chemotherapy (outpatient)	No charge	No charge
Durable medical equipment (DME) other than diabetes equipment	20% of E.C.	Not a benefit
Artificial aids and corrective appliances such as external prosthetic devices, braces, and orthopedic aids	20% of E.C.	Not a benefit
Hearing aids	\$500 allowance (once every 3 years)	Not a benefit
In vitro fertilization	10% of E.C.	20% of E.C.
Artificial insemination	\$14 copay per visit	\$15 copay per visit
Medical foods and low-protein modified food products	20% of E.C.	20% of E.C.
Outpatient dialysis procedures	10% of E.C.	10% of E.C.
Outpatient injections (administered by a physician)	No charge (subject to office visit copay)	No charge (subject to office visit copay)
Physical, occupational, and speech therapy		
Inpatient	\$100 per admission	\$100 per admission
Outpatient	\$14 copay	\$15 copay

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***Emergency and non-emergency medical services are available through Queen's Health Systems (Queen's Medical Center and affiliated companies) and Queen's physician base and other independent physicians and physician groups who have privileges to practice at Queen's managed facilities. If a member uses a non-designated or non-contracted facility, there is no coverage. For emergency and urgent services outside of the service area, contact HMA's Care Management to assist you and your provider as to what services are covered and what copays are applicable.**

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	<u>Member Pays</u>	<u>Member Pays</u>
PRESCRIPTION DRUG		
Outpatient retail	\$12 copay or cost of drug, whichever is less (up to a 15-day supply for acute or initial fill)	\$15 copay (up to a 30-day supply)
Outpatient retail (up to a 30-day supply)	\$14 copay or cost of drug, whichever is less	
Mail order/90-day retail (up to a 90-day supply)	\$28 copay or cost of drug, whichever is less	\$30 copay

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***Prescriptions are available through contracted pharmacies only. If a member uses a non-designated or non-contracted pharmacy, there is no coverage.**