

ATTACHMENT B

STATE HEALTH INSURANCE PROGRAM BENEFITS

HMSA

State Health Insurance Program Benefits: HMSA

<u>Services</u>	<u>Explanation</u>	<u>CoPavment</u>
<u>Preventive:</u>		
Well-baby care (0-5 years)	12 visits during child's first 5 years of life. Visits include history, physical exam, developmental assessment, anticipatory guidance, appropriate immunizations and lab tests (see details on year-by-year exams)	Covered in full
Physical exam, child (6-18)	Height, weight, blood pressure general appearance, skin, mouth, teeth, gums, ear, nose, throat, neck, thyroid, abdomen, back, extremities, cardiovascular, neurological, genital, vision, audiogram, complete blood count, urinalysis, tine test (when required for school admission)	Covered in full, one every other year
Physical exam, adult (19-35)	Same as for child, plus chest x-ray (medically necessary), Pap smear, rectum-prostate	Covered in full, one every fifth year
Physical exam, adult (36-55)	Same as for adult (19-35), plus tonometry, electrocardiogram (12 lead), biochemistry (7 to 12 panel study), mammography	Covered in full, one every other year
Physical exam, adult (older than 55)	Same as for adult (36-55)	Covered in full, annually
Immunizations	Diphtheria, whooping cough, tetanus, measles, mumps, rubella, and polio as needed. When appropriate, influenza/pneumovax, hemophilus influenza, cholera, typhoid, and typhus	Covered in full
<u>Medical:</u>		
Physician office services	Up to 12 office visits/year	\$5/visit

Office procedures	Diagnosis & treatment, specialist referral	\$5/visit
Outpatient services	Selected outpatient services subject to prior authorization	Covered in full
Diagnostic tests	Laboratory, x-ray services	Covered in full
Treatment	Radiation therapy & Chemotherapy for malignancy	50% per treatment
Surgical services	Up to 3 office surgeries and short-stay surgeries per year	Covered in full
Psychiatric therapy	Up to 3 visits per year, one treatment per day	Covered in full
Mental health services	Initial evaluation, follow-up	\$5/visit
Substance abuse	Screening and referral	\$5/visit
Hospital inpatient	Up to 5 days per year, subject to preadmission review	Covered in full
Room & Board	Semi-private room & board and general nursing care; intensive care room & board and general nursing care	Covered in full
Inpatient ancillary services	Operating room, surg. supplies, anesthesia & transfusion services, oxygen, inhalation therapy, drugs & dressings, lab tests, x-ray, radiation therapy & chemotherapy for malignancies	Covered in full
Physician's services	Operative procedures include post-operative hospital visits or up to 5 physician visits for non-surgical confinement, one consultation per year, assistant surgeon, anesthesiologist (physician visits not counted as part of 12-visit maximum office visit benefit)	Covered in full
Maternity services	Up to 2 days for normal delivery (not counted as part of 5-day maximum hospital benefit), Two-day maximum for normal routine newborn nursery care.	Covered in full

Room & board	Semi-private room, newborn nursery	Covered in full
Inpatient ancillary services	Operating & delivery rooms, surgical supplies, anesthesia, transfusion, oxygen, drugs, & dressings	Covered in full
Professional services	Physician or certified nurse midwife for normal delivery or miscarriage or other termination of pregnancy, C-section, surgery from complications of pregnancy, prenatal care, physician routine nursery care of newborn child (see details on prenatal exams)	Covered in full
Dental services	Dental surgery for accidental injury only, subject to prior authorization; services must be rendered by a physician or dentist	Covered in full
Surgery	Surgery to correct accidental injuries to the jaw, cheeks, lips, tongue, roof or floor of the mouth, soft tissue, and gums	Covered in full
Emergency care facility/MD	Use of emergency room and physician services in conjunction with care	\$25/visit
Ambulance services	Ground ambulance from site of injury or illness to hospital or facility	Covered in full
<u>Supplemental:</u>		
Blood	Blood, blood products, & blood bank services for inpatient confinement only	Covered in full
General health education	Health Plan orientation, routine patient education, healthy pregnancy classes	Covered in full
Managed care services	Preadmission review, concurrent review, prior authorization	Covered in full

Well-baby Physical Examinations:

Younger than age 1

- six office visits
- three diphtheria-tetanus-pertussis (DPT) injections
- three oral polio vaccines
- one tuberculin test
- one hemoglobin or hematocrit

Age 1

- two office visits
- one measles-mumps-rubella (MMR) vaccine
- one DPT injection
- one oral polio vaccine
- one conjugated hemophilus B vaccine (at 18 months)
- one tuberculin test

Age 2

- one office visit
- one tuberculin test
- one urinalysis

Age 3

- one office visit
- one tuberculin test
- one hemoglobin or hematocrit

Age 4

- one office visit
- one tuberculin test
- one vision screening (Titmus)
- one hearing screening (Maico)
- one DPT booster
- one oral polio booster

Age 5

- one office visit
- one tuberculin test
- one vision screening (Titmus)
- one hearing screening (Maico)
- one DPT booster
- one oral polio booster

Prenatal Care;

First Prenatal Visit

Screening

History

dietary intake

tobacco/alcohol/drug use

risk factors for intrauterine growth, retardation, & low birth weight

prior genital herpetic lesions

Physical Exam

blood pressure

Laboratory/Diagnostic Procedures

hemoglobin and hematocrit

Pap smear

ABO/Rh typing

Rh(D) antibody test

venereal disease research laboratory (VDRL)

Hepatitis B surface antigen (HBsAg)

urinalysis for bacteriuria

gonorrhea culture

rubella antibodies

tuberculin test

High-risk groups

hemoglobin electrophoresis

chlamydia testing

Counseling

nutrition

tobacco use

alcohol and other drug use

safety belts

Follow-up Visits

Screening

blood pressure

urinalysis for bacteriuria

50g oral glucose tolerance test

diagnostic tests if medically necessary

High-risk groups

amniocentesis

pre-term birth monitoring

Counseling

nutrition

safety belts

High-risk groups

tobacco use

alcohol and other drug use

Coverage Limitations:

- o Hospital benefits limited to no more than 5 days per year, maternity benefits and newborn nursery to no more than 2 days each per year,
- 0 If the 5 days of hospital inpatient benefits are exhausted, physician charges and related services will not be covered, Ambulatory surgery facility charges will be paid only if outpatient surgery benefit is still available.
- 0 Services of an assistant surgeon will not be paid unless the assistance was medically necessary based on the complexity of the surgery and the hospital did not have a resident or training program in effect so that a resident or intern on its staff could have assisted the surgeon.
- 0 If the enrollee is already confined to a hospital when SHIP coverage becomes effective, benefits for the same illness or injury requiring confinement will not be paid until 30 days have elapsed.
- 0 Dental services and services for temporomandibular joint problems will be covered, except for repair necessitated by accidental injury to sound natural teeth or jaw, provided that such repair commences within 90 days of an accidental injury or as soon thereafter as is medically feasible, and provided further that the enrollee is eligible for covered services at the time that services are provided and at the time of the accident.
- 0 Reconstructive surgery for developmental or acquired conditions will not be covered except for conditions that involve severe functional impairment, including but not limited to keloid removal, mammoplasty except after radical mastectomy, and deviated septum (subject to prior authorization), Psychological or psychiatric impairment alone shall not be a sufficient basis for reconstructive surgery.
- 0 SHIP coverage for emergency care is provided only for urgent, emergent, and life-threatening conditions and is subject to retrospective review.
- 0 SHIP coverage is provided only for services rendered within the State of Hawaii.
- 0 The benefit schedule pertains to services provided by participating providers. Services rendered by non-participating providers requires prior authorization.

Coverage Exclusions:

Services and supplies not specifically listed are not intended to imply that all other services and supplies are covered benefits. The fact that a physician may prescribe, order, recommend, or approve a service or supply does not, of itself, make it medically necessary or make the charge an allowable expense, even though it is not specifically listed as an exclusion.

The following services and supplies are not covered:

- o Acne surgery and removal or treatment of benign skin lesions or growths.

- o Acupuncture and biofeedback.
- 0 AIDS/AIDS-related complex (ARC) -- services and supplies specifically related to intravenous therapy or inpatient treatment.
- 0 Air ambulance services.
- 0 Allergy testing and treatment.
- 0 Cardiac open heart surgery and coronary artery bypass.
- 0 Cataract surgery (with or without lens implant).
- 0 Chiropractic services.
- 0 Circumcision for newborns.
- 0 Complications accompanying or related to any of the exclusions listed in the Plan.
- 0 Congenital anomalies; any services related thereto.
- 0 Contraceptive supplies and devices. ¹
- 0 Cosmetic surgery
- 0 Dental care, dental and oral surgery, temporomandibular joint problems, and prostheses (i.e., false teeth, crowns, dental splints, bridges) except for dental surgical benefits as stated above.
- 0 End-stage renal disease, treatment, including hemodialysis.
- 0 Eye examinations including refraction, eyeglasses, eye exercises, contact lenses, and/or fittings, except as provided as part of routine examination under well-baby care and adult health appraisals.
- 0 Experimental or investigational medical, surgical, and diagnostic procedures, drugs and devices, as defined by the American Medical Association, National Institutes of Health, the U.S. Food and Drug Administration (FDA), or a comparable, nationally recognized health care organization. Inpatient drugs are not covered until approved by the FDA and may be used only for the treatment for which FDA approval has been granted.
- 0 Hearing aids.

¹ In 1992, SHIP began offering selected family planning services to its HMSA subscribers through agreements with the Department of Health's Office of Family Planning. Access to family planning supplies is dependent on whether SHIP members have providers who participate in the contraceptive Partnership program. Similar services were already available to SHIP members under Kaiser Permanence insurance, Source: Hawaii State Department of Health, "SHIP offers more family planning benefits," Hawaii Health Messenger, V. 51, No. 1 (Spring 1992).

- o Home health agency services, skilled nursing facilities, rest cures, custodial or domiciliary care, or homemaker services.
- 0 Infertility treatment, including artificial insemination, in-vitro fertilization, and reversal of sterilization.
- 0 Medical equipment (purchase or rental), including, but not limited to, hospital beds, wheel chairs, walk-aids, or other medical equipment and supplies not specifically listed as a covered service, except as used while in the hospital.
- 0 Medical services received from or paid for by the Veterans Administration.
- 0 Medical services received from any federal, state, territorial, municipal, or other governmental instrumentality or agency for which there is no charge.
- 0 Medical services that are payable under the terms of any workers' compensation, automobile medical, automobile no-fault, underinsured or uninsured motorist, or any other health plan coverage-group or non-group.
- o Naturopathic services,
- 0 Neonatal intensive care services.
- 0 Nuclear Medicine,
- 0 Obesity treatment; any treatment relating thereto.
- 0 Occupational therapy.
- o“ Organ transplants/donor services.
- o Orthodontic services and supplies.
- 0 Orthopedic shoes,
- 0 Personal comfort items such as telephone, television, and personal grooming services.
- 0 Physical therapy.
- 0 Podiatry services.
- 0 Prescription and non-prescription drugs or hormones and their administration, except those provided as an inpatient hospital benefit.
- 0 Prostheses.
- 0 Psychiatric hospitalization and inpatient psychotherapy.
- 0 Reconstructive surgery for developmental or acquired conditions that do not involve severe functional impairment, including but not limited to keloid removal,

mammoplasty, and deviated septum. Psychological or psychiatric impairment alone is not a sufficient basis for reconstructive surgery.

- o Refractive keratoplasty (any procedure to the cornea to correct or improve vision).
- 0 Rehabilitation hospitalization and/or services (e.g., cardiac or alcohol and drug rehabilitation).
- 0 Respiratory therapy.
- 0 Sex transformation, sterilization services, or treatment for sexual dysfunction.
- 0 Speech therapy.
- 0 Stand-by services -- when the service of another physician may be necessary during a surgery so that the physician must "stand-by" at the hospital, the health care plan shall pay benefits for covered services that the physician actually provides but shall not pay for the waiting or "stand-by" time,
- 0 War -- conditions resulting from,

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Source: Center for Health Research, Kaiser Permanente, Portland, Oregon; School of Public Health, University of Hawaii at Manoa, Honolulu, Hawaii; and Hawaii Medical Service Association Foundation, Honolulu, Hawaii, The State Health Insurance Program of Hawaii: From Legislative Priority to Reality, submitted to Department of Health, State of Hawaii, December 10, 1991, 460 pp.