

Walmart 2021  
Benefits

Legal Plan Name: HMSA  
 Name used for associate communications: HMSA  
 Plan State(s): Hawaii  
 Customer Service Number: (800) 776-4672 or (808) 948-6372  
 Web Address: [www.hmsa.com](http://www.hmsa.com)  
 Active Associate Group #: 82606-1  
 COBRA Group #: 69911-2

BENEFIT	2021 PLAN DESIGN
DEDUCTIBLE	None
ANNUAL OUT-OF-POCKET MAXIMUM	Medical: \$2,500 per individual / \$7,500 per family; Drug: \$3,600 per individual / \$4,200 per family
LIFETIME MAXIMUM BENEFIT	Unlimited
OFFICE VISITS	\$14 copay per visit
PREVENTIVE CARE	Covered 100%. Covered recommended preventive services for women. For U.S. Preventive Services Task Force recommended grade A & B screenings and preventive drugs
MATERNITY CARE	20% Coinsurance
URGENT CARE	\$14 copay
TELEMEDICINE	No Charge with HMSA's Online Care
HOSPITAL CARE Inpatient Emergency Room Outpatient Surgery	20% coinsurance 20% coinsurance 20% coinsurance
AMBULANCE	20% coinsurance
DURABLE MEDICAL EQUIPMENT	20% coinsurance; precertification is required
DIABETIC SUPPLIES	Covered 100% for preferred brand name; \$50 copay for non-preferred brand name
INJECTABLES	20% coinsurance
SKILLED NURSING FACILITY	20% coinsurance. Limit 120 days per year (Skilled Nursing, Sub Acute and Long term Acute Care Facilities all accumulate collectively to 120 day limit)
MENTAL HEALTH Inpatient Outpatient	20% coinsurance \$14 copay per visit for physician charges; 20% coinsurance for facility charges & testing
SUBSTANCE ABUSE Inpatient Outpatient	20% coinsurance \$14 copay per visit for physician charges; 20% coinsurance for facility charges & testing
PRESCRIPTIONS Retail  Mail-Order	Tier 1 \$7 mostly generic, Tier 2 \$50 mostly brand, Tier 3 \$75 mostly other brand, Tier 4 \$100 mostly preferred specialty, Tier 5 \$200 mostly other brand name specialty from a participating provider. Up to a 30 day supply. Non-network Tier 1, Tier 2, Tier 3 retail copay plus 20% of remaining cost. No coverage for non network specialty  Tier 1 \$11 mostly generic, Tier 2 \$65 mostly brand, Tier 3 \$65 plus \$135 mostly other brand. Up to a 90 day supply (specialty drugs not covered). Non-network not covered
Other Medical Services	
Physical Therapy	20% coinsurance; certain services must be precertified
Private Duty Nursing	Not Covered
Prosthetics	20% coinsurance, precertification is required.
Home Health Care	20% coinsurance; Limit 150 days per calendar year
Vision Exams	Not covered
Hearing Exams	\$14 but may have multiple copays; Limited to evaluation for use of hearing aids. Contact plan for specifics
Chiropractic Services	Regular plan benefits
TMJ	Not Covered
Organ Transplants	Transplant covered 100% (corneal and kidney covered at 20% coinsurance); Donor services 20% coinsurance. Precertification is required.
The following applies to the out-of-pocket maximum	All cost sharing applies to the Out-of-Pocket Maximum
State and Federal Mandates	Walmart's intent is that the plan will be in compliance with all applicable federal and state mandates