

Health care plans 2015–2016

Depending upon your location, you may have two or more medical plan options to choose from. To receive the highest level of coverage, use providers in the medical plan network. If you select the HRA, HRA Plus or Hawaii PPO plan, you can use providers outside of the network, but you will pay more of the cost.

Medical plan comparison

Plan feature	HRA		HRA Plus		Kaiser HMO (California)	MVP HMO (Fishkill, NY)	MCS	Kaiser Hawaii	Hawaii PPO	
	In-network	Out-of-network	In-network	Out-of-network	In-network only	In-network only	In-network only	In-network only	In-network	Out-of-network
Health Reimbursement Account (HRA) dollars—deposited each plan year by Gap Inc.										
Employee	\$200		\$700		N/A	N/A	N/A	N/A	N/A	N/A
Employee + spouse/domestic partner or child(ren)	\$300		\$1,050							
Family	\$400		\$1,400							
Plan year deductible	Amount you pay (offset by your HRA dollars)									
Employee	\$1,300		\$1,300		\$500	\$500	N/A (Major medical expenses coverage: \$100 per person; \$300 per family)	N/A	\$200	\$300
Employee + spouse/domestic partner or child(ren)	\$1,950		\$1,950		\$1,000	\$1,000 (2 persons) \$1,250(3+ persons)			\$200 per person	\$300 per person

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	In-network	Out-of-network	In-network	Out-of-network	In-network only	In-network only	In-network only	In-network only	In-network	Out-of-network
Family	\$2,600		\$2,600		\$1,000	\$1,250			\$500	\$300 per person
Plan year Medical out-of-pocket maximum	Amount you pay (offset by your HRA dollars)									
Employee	\$3,950	\$7,700	\$2,800	\$4,900	\$3,000	\$1,500	\$6,350	\$2,500	\$2,500	\$3,000
Employee + spouse/domestic partner or child(ren)	\$5,800	\$11,400	\$4,200	\$7,350	\$6,000	\$3,750	\$12,700	\$2,500 per person	\$2,500 per person	\$3,000 per person
Family	\$7,900	\$15,400	\$5,600	\$9,800	\$6,000	\$3,750	\$12,700	\$7,500	\$6,250	\$9,000
Covered services	What the plan pays after deductible (unless noted)				Amount you pay					
Preventive care:										
Annual physicals Women’s preventive health services including contraceptives Well-child exams Childhood	Not subject to deductible		Not subject to deductible		Not subject to deductible	Not subject to deductible	Not subject to deductible	Not subject to deductible	Not subject to deductible	

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	In-network	Out-of-network	In-network	Out-of-network	In-network only	In-network only	In-network only	In-network only	In-network	Out-of-network
immunizations Preventive screenings										
Covered services	What the plan pays after deductible (unless noted)				Amount you pay					
Doctor visits										
All non-preventive office visits	70%	50%	80%	60%	\$35 co-pay	Primary Care Physician: \$30 co-pay Specialist: \$50 co-pay	\$8 co-pay for generalist \$10 co-pay for specialist \$15 co-pay for sub-specialist	\$20 co-pay per visit	\$15 co-pay for PCP \$20 co-pay for specialist	70%
Hospital										
• Inpatient	70%	50%	80%	60%	20% after deductible	20% after deductible	\$50 co-pay	\$75 co-pay per day	90% after deductible	70% after deductible
• Outpatient	70%	50%	80%	60%	20% after deductible	20% after deductible	\$50 co-pay	\$20 per visit	90% after deductible	70% after deductible
Maternity										
• Pre-natal office visits	100%	100%	100%	100%	\$0	\$0	\$10 co-pay	\$0	100%	100%
• Post-natal office visits	70%	50%	80%	60%	\$35 co-pay	\$30	\$10 co-pay	\$20 co-pay per visit	\$15 co-pay	70% after deductible

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Urgent care and Emergency care										
• Urgent care clinic	70%	50%	80%	60%	\$35 co-pay	\$30 co-pay	\$0 co-pay for accident \$35 co-pay for illness	\$20 co-pay per visit within Hawaii; 20% outside of Hawaii	\$25 co-pay then 100%	70% after deductible
• Hospital emergency room	70%	70%	80%	80%	20% after deductible	\$200 co-pay	\$0 co-pay for accident \$35 co-pay for illness	\$75 co-pay per visit	\$100 co-pay	\$100 co-pay
• Ambulance	70%	70%	80%	80%	\$150 after deductible	20% after deductible	Ground: MCS will reimburse up to \$75 per trip. Air: 20% co-insurance	20% of applicable charges	100%	100%