

HMC Medical Benefits

Nothing is more important than good health, and it is recognized that all employees and their families have different needs when it comes to selecting their medical plan. That's why HMC provides plan choices that help you and your family maintain optimum health care.

	Blue Shield Standard PPO		Blue Shield Choice PPO		Blue Shield HDHP		Blue Shield EPO (CA Only)
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Calendar Year Deductible							
Individual	\$250	\$500	\$1,500	\$3,000	\$1,650	\$3,000	\$250
Family	\$500	\$1,000	\$3,000	\$6,000	\$3,300	\$6,000	\$500
Calendar Year Out of Pocket Maximum (Includes Deductible)							
Individual	\$1,500	\$3,000	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000
Family	\$3,000	\$6,000	\$8,000	\$16,000	\$8,000	\$16,000	\$8,000
Copay / Coinsurance							
Telemedicine	\$20	Not Covered	\$30	Not Covered	\$30*	40%*	\$20
Preventive Care	\$0	30%*	\$0	40%*	\$0*	40%*	\$0
Primary Care Physician	\$20	30%*	\$30	40%*	\$30	40%*	\$20
Specialist	\$30	30%*	\$30	40%*	\$30	40%*	\$20
Urgent Care	\$30	30%*	\$30	40%*	\$30	40%*	\$20
Emergency Room	10%*	10%*	20%*	20%*	20%*	20%*	\$100* ¹
Chiropractic	10%*	30%*	20%*	40%*	20%*	40%*	\$20
Infertility - Lifetime	\$5,000		\$5,000		\$5,000		\$5,000
PHARMACY							
Retail Rx (up to 30-day supply)							
Generic	\$15	\$15	\$20	\$20	\$20*	\$20*	\$10
Formulary Brand	\$30	\$30	\$35	\$35	\$35*	\$35*	\$25
Non-Formulary	\$55	\$55	\$60	\$60	\$60*	\$60*	\$50
Specialty	20% up to \$90	Not Covered	20% up to \$90	Not Covered	20% up to \$90	Not Covered	20% up to \$90
Mail Order Rx (HMC: up to 90-day supply)							
Generic	\$30	Not Covered	\$40	Not Covered	\$40*	Not Covered	\$20
Formulary Brand	\$60	Not Covered	\$70	Not Covered	\$70*	Not Covered	\$50
Non-Formulary	\$110	Not Covered	\$120	Not Covered	\$120*	Not Covered	\$100

*subject to deductible

¹Copay waived if admitted