

IT'S ABOUT
you!



Bath & Body Works®
2025 HAWAII
MEDICAL PLAN SUMMARY

This summary provides details about the 2025 Hawaii Medical Plan offered through Hawaii Medical Service Association (HMSA), a branch of Blue Cross Blue Shield of Hawaii, to eligible Bath & Body Works associates in Hawaii.

For details about your other benefits, see the 2025 Benefits Book for Full-Time associates posted on mybbwbenefits.com.



Your Medical Plan

Bath & Body Works offers HMSA (Hawaii Medical Service Association, a branch of Blue Cross Blue Shield of Hawaii) medical plan to our eligible associates in Hawaii. The plan gives you the freedom to see any Physician or other health care provider in the Network, including specialists, without a referral. With this plan, you will receive the highest level of benefits when you seek care from a network physician, facility or other health care provider.

The following information is a summary of your medical and pharmacy plan. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements and appeal rights, none of which are described here.

For a complete description, see your Guide to Benefits and any riders, certificates or amendments by logging on to your HMSA account at **HMSA.com**. If you have questions about your medical or pharmacy benefits, contact HMSA by calling the phone number on the back of your medical ID card.

Medical 2025 Biweekly Contributions

Associate Only	\$6.30
Associate + Spouse/ Domestic Partner	\$153.27
Associate + Child(ren)	\$127.17
Associate + Family	\$213.49

All costs are for participating providers only. Please see your Guide to Benefits on HMSA.com for information on providers outside our network.

Know Your Terms

- ACTUAL CHARGE** The amount that nonparticipating providers can charge for health care services and products. This amount is usually higher than the eligible charge.
- ELIGIBLE CHARGE** The maximum amount that participating providers agree to charge for covered health care services and products.
- ANNUAL DEDUCTIBLE** The amount you pay each calendar year for covered health care services and products before your plan starts to pay (excluding contraceptives, prescription drugs and supplies, preventive care, and well-child care).
- COINSURANCE** The percentage of your out-of-pocket costs for covered health care services and products after you've met your deductible (if your plan has one).
- COPAYMENT** health care services and products after you've met your deductible (if your plan has one).
- GUIDE TO BENEFITS (GTB)** Your comprehensive guide and legal document that explains your benefits in detail including, exclusions, limitations, terms, and conditions for a specific plan. The Guide to Benefits (GTB) can be found on HMSA.com
- HMSA ONLINE CARE** A service that immediately lets you connect to a board-certified doctor through video chat to diagnose conditions and prescribe medication 24/7, 365 days a year.
- ANNUAL COPAYMENT MAXIMUM** The maximum amount you have to pay for covered services and products (your deductibles, copayments, and coinsurance) in a calendar year before your health plan pays 100 percent of the cost of covered benefits.
- PARTICIPATING PROVIDER** Providers who have a contract with HMSA are "in network" and have agreed to charge you a lower rate than nonparticipating providers.
- NON-PARTICIPATING PROVIDER** Providers who don't have a contract with HMSA are considered "out-of-network." They can charge any amount for health care services and products, which can be more than what your plan will pay.
- PROVIDER** A physician, hospital, pharmacy, or laboratory.

Medical Services Costs

Medical	Preferred Provider Plan (754) PPO Network
	Member Cost
Annual Deductible	\$0
Annual Copayment Maximum (Single/Family)	\$2,500 / \$7,500
TO HELP MAINTAIN YOUR HEALTH	
Annual Preventive Health Exam	\$0
Annual Well-Woman Exam	\$0
Annual Well-Child Care (age 21 & younger)	\$0
Preventive Screenings (Grade A & B recommendations of the U.S. Preventive Services Task Force. For a list of all covered screenings, see https://hmsa.com/preventive)	\$0
Immunizations (standard & travel)	\$0
IF YOU NEED IMMEDIATE MEDICAL ATTENTION	
HMSA Online Care	\$0
Urgent Care	\$12 copayment
Emergency Room	20% coinsurance
Ambulance (ground or interisland air)	20% coinsurance
IF YOU VISIT A DOCTOR'S OFFICE OR CLINIC (OUTPATIENT)	
Doctor Visit	\$12 copayment
Specialist Visit	\$12 copayment
Physical Therapy	20% coinsurance
Radiology - General (e.g. X-ray)	20% coinsurance
Radiology - Other (e.g. MRI, CT Scan, Ultrasound)	20% coinsurance
Lab Tests (e.g. bloodwork)	20% coinsurance
IF YOU HAVE A HOSPITAL STAY (INPATIENT)	
Surgery	10% coinsurance (cutting) 20% coinsurance (non-cutting)
Radiology - General (e.g. X-ray)	10% coinsurance
Radiology - Other (e.g. MRI, CT Scan, Ultrasound)	10% coinsurance
Lab Tests (e.g. bloodwork)	10% coinsurance
IF YOU'RE PREGNANT	
Routine Prenatal & Postnatal Care	10% coinsurance
Delivery	10% coinsurance
Hospital Room & Board	10% coinsurance



Pharmacy

All costs are for participating providers only. Please see your Guide to Benefits on [HMSA.com](https://www.hmsa.com) for information on providers outside our network.

	Drug (860)
	Member Cost
Maximum Out-of-Pocket (single/family)	\$3,600 / \$4,200
1-30-DAY SUPPLY FROM PHARMACIES	
Tier 1: mostly Generic Drugs	\$7 copayment
Tier 2: mostly Preferred Formulary Drugs	\$30 copayment
Tier 3: mostly Non-Preferred Formulary Drugs	\$30 copayment plus \$45 Tier 3 cost share
Tier 4: mostly Preferred Formulary Specialty Drugs	\$100 copayment
Tier 5: mostly Non-Preferred Formulary Specialty Drugs	\$200 copayment
84-90-DAY SUPPLY FROM PARTICIPATING PHARMACIES OR MAIL-ORDER PRESCRIPTION DRUG PROGRAM	
Tier 1: mostly Generic Drugs	\$11 copayment
Tier 2: mostly Preferred Formulary Drugs	\$65 copayment
Tier 3: mostly Non-Preferred Formulary Drugs	\$65 copayment plus \$135 Tier 3 cost share
Tier 4: mostly Preferred Formulary Specialty Drugs	Not Covered
Tier 5: mostly Non-Preferred Formulary Specialty Drugs	Not Covered

This information is a summary of your pharmacy plan. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits and any riders, certificates or amendments by logging on to your HMSA account at [HMSA.com](https://www.hmsa.com). If you have questions about your medical or pharmacy benefits, contact HMSA by calling the phone number on the back of your medical ID card.

Know Your Terms

- COST SHARE** A portion of the total drug cost you are required to pay in addition to a copayment or coinsurance.
- DRUG TIERS** The way in which HMSA categorizes drug types that are covered under the plan. The common categories are generic, preferred, brand name, and specialty drugs.
- FORMULARY** A list of drugs that are covered under your drug plan. For a detailed list, please visit [hmsa.com/drug-list](https://www.hmsa.com/drug-list).
- MAIL-ORDER PRESCRIPTION DRUG PROGRAM** Program where you can get prescription drugs from our mail-order provider at the best prices possible and have medications delivered to your home. For more information, visit [hmsa.com](https://www.hmsa.com).
- ANNUAL COPAYMENT MAXIMUM** The maximum amount you have to pay for covered services (your deductibles, copayments, and coinsurance) in a calendar year before your health plan pays 100 percent of the cost of covered benefits.

Declining Coverage

If you choose to decline medical coverage, the state of Hawaii requires you complete Form HC-5 stating why you choose not to elect medical benefits. Log on to HR Access at [HRAccess.bbwcop.com](https://hraccess.bbwcop.com) > **Benefits > US Benefits Information** to access and print the form.

Please complete the form and give a copy to your manager.



Bath & Body Works®

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official plan documents will govern.