Federal Plan Members

2020

Enjoy your life in good health
Aloha,

Your life is a journey and we’re with you every step of the way. Whether you’re starting your first job, raising a family, or preparing for retirement, our health plan will help get you the care you need. We’re proud to offer plans that give you:

- The freedom to choose from thousands of local doctors and health care providers.
- Quality care from Hawaii’s top doctors and hospitals.
- Convenient care options that go beyond the doctor’s office and emergency room.
- Benefits when you travel to the Mainland and many locations worldwide.

This year, open season is **Nov. 11 to Dec. 9**. If you’re happy with your health plan, you don’t need to do anything. Your HMSA health plan will continue in 2020. If you’re not an HMSA member, this is your opportunity to enroll and see why more than 70% of federal employees choose HMSA.

In the following pages, you’ll find information about the benefits and services you’ll have access to as an HMSA member. Please read on to learn more. If you have questions, we’re happy to help. See the back cover for ways to contact us.

Thank you for learning more about HMSA. You can count on us to be with you every step of the way.

Mahalo,

Mark M. Mugiishi, M.D., F.A.C.S.
Interim President and CEO
and Chief Health Officer
Knowing what your health plan pays for can help you stay healthy and save money.

These changes start on Jan. 1, 2020.

**New for Federal Plan members**

**Standard Option plan**

For 2020, we’re offering a Standard Option plan for federal employees. This plan has a $150 annual deductible per person. This is the amount you pay each calendar year for certain medical services or products before your HMSA plan pays. There’s no annual deductible for:

- Preventive care.
- Office visits to participating doctors and urgent care clinics.
- Services at outpatient labs.
- Preferred generic drugs in tier 1.

**New for HMSA High Option plan members**

**Advance care planning**

Advance care planning is available at no cost when you see a provider in our network. If you need additional visits with your doctor to discuss your future health care decisions, it’ll be covered at no cost. Advance care planning lets your doctor and family know how you want to be cared for if you can’t make health care decisions on your own. These visits can be completed in physician offices, during a hospital stay, in a skilled nursing facility, during inpatient and outpatient consultations, and at home or in an urgent care center.

**Emergency room physician services**

If you need to see a doctor in the emergency room, you’ll pay a $15 copayment per visit for the physician’s fee when seeing a provider in our network.

This is only a summary. For complete information, see your plan’s brochure, which can be found at hmsa.com/federalplan. All benefits are for services from a participating provider.
Learn more about the benefits of being an HMSA member. With our health plans, you can:

- **Choose your own doctors and specialists.** Members can choose from a large network of 7,500 doctors, specialists, and other health care providers.

- **Go to Hawaii’s top-rated hospitals and clinics.** Hospitals and medical centers in our network specialize in cardiac care, cancer treatment, full-service women’s care, childbirth, spine surgery, bariatric surgery, and more.

- **Access convenient after-hours care.** Need after-hours care? You can go to an urgent care clinic or CVS/minuteclinic® in selected Longs Drugs stores on Oahu. Or use HMSA’s Online Care® to see a doctor online at no cost.

- **Get care when you travel.** Going on a trip to the Mainland or another country? Your plan gives you access to doctors and hospitals on the Mainland and in many locations worldwide.

- **Live healthier.** Our tools and programs can help you live healthier and happier at little to no cost. Whether you want to start exercising more or manage certain health conditions, we offer programs and services that can help you reach your goal.

- **Save money on your health and fitness.** Our member discount program helps you save on health-related products and services like fitness classes, acupuncture, massage therapy, gym memberships, and more.

AmericanWell® is an independent company providing hosting and software services for HMSA’s Online Care platform on behalf of HMSA.
We’re proud to work with these health care providers to offer you quality care:

**Top-rated hospitals and clinics**

With HMSA, you’ll have access to top-rated hospitals that have been recognized for excellence in specialty care:

- Adventist Health Castle.
- Kapi‘olani Medical Center for Women & Children.
- The Queen’s Medical Center.
- Straub Medical Center.

HMSA is part of the Blue Cross Blue Shield Association, which recognizes these Hawaii hospitals for expertise in delivering quality and cost-effective specialty care:

- Adventist Health Castle for bariatric surgery.
- Adventist Health Castle, Pali Momi Medical Center, and Straub Medical Center for knee and hip replacement.
- Kapi‘olani Medical Center for Women & Children and Wilcox Medical Center for maternity care.
- The Queen’s Medical Center for spine surgery.
- Straub Medical Center for cardiac care.
It’s easy to get the care you need

How to find a provider

Your PCP is at the center of your care and can help you stay on top of your health. To find one, go to hmsa.com/federalplan to use the Find a Doctor tool. Just remember to choose the plan you have before starting your search.

Get after-hours care

- Connect with a doctor on your computer or mobile device with HMSA’s Online Care.
- See a doctor at urgent care clinics in our network. You can also go to hmsa.com/federalplan to search for an urgent care facility.
- See a doctor or nurse practitioner at CVS/minuteclinic, the medical clinic in selected Longs Drugs stores on Oahu. To find a CVS/minuteclinic, use the Find a Doctor search on hmsa.com/federalplan.

How to use Online Care

With Online Care, you have access to health care providers 24 hours a day, seven days a week from anywhere in Hawaii through video chat. Online Care providers can help with:

- Common conditions like headaches, colds, or the flu.
- Sudden or acute conditions like bronchitis or ear and sinus infections.
- Improving your emotional health and well-being.

This service is available at no cost. Online Care is available for most Apple and Android devices and tablets. To sign up, search for HMSA Online Care in the App Store or Google Play. Or sign up at hmsaonlinecare.com.
Get care around the world

Visiting family on the Mainland? Going on a trip halfway around the world? With HMSA, you can get care on the Mainland and in many international locations.

**How it works**

HMSA is part of the Blue Cross and Blue Shield network, which includes 95% of doctors and 96% of hospitals on the Mainland. Your HMSA plan will also protect you in nearly 190 countries and territories around the world.

Looking for a doctor or hospital on the Mainland? Go to [bcbs.com](http://bcbs.com).

Traveling internationally? Download the Blue Cross Blue Shield Global Core mobile app for Apple and Android devices. Use the app to search for providers when you travel. To learn more, go to [bcbsglobalcore.com](http://bcbsglobalcore.com).

**Be prepared**

- Before you go, make sure you have your current HMSA membership card with you. Your card will help providers file your claims.
- You can also call 1 (800) 810-BLUE (2583) for the names of participating doctors and hospitals in the area you’ll be visiting.
Take care of your well-being

Every day is another step in your life’s journey. Whether you want to stay on course or get back on track, these programs will help you enjoy your life in good health. Learn more at hmsa.com/federalplan.

**Put yourself first.** Call your doctor to schedule an annual physical exam. It’s a great way to stay on top of your health and address health problems before they start.

**Try something new.** With HMSA, you can choose from hundreds of exclusive discounts on yoga classes, massage therapy, and more. With Active&Fit Direct™, you can move more for less at a gym or fitness center in the Active&Fit Direct network.

**Get inspired.** Learn something new at an HMSA health education workshop or try a new recipe from HMSA’s *Island Scene* magazine in print and online at islandscene.com.

**Make a clean break.** Get the support you need to quit tobacco from Hawai‘i Tobacco Quitline. Call 1 (800) QUIT-NOW to get started.

**Take care of your heart.** The Ornish Lifestyle Medicine™ program can help eligible members improve their health through diet, exercise, stress management, and group support.

**Health and well-being support.** Need help reaching your health goals? Call 1 (855) 329-5461 toll-free to connect with a health coach or learn more about chronic disease management.

**Plan ahead.** The HMSA Pregnancy Support Program pairs pregnant members with a maternity nurse who provides education to supplement the care they receive from their ob-gyn.

**Advance care planning.** This process documents how you want to be cared for if you can’t make health care decisions for yourself. It’s recommended for everyone 18 and older even if they’re in good health.

Active&Fit Direct is a trademark of ASH. The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of ASH. American Specialty Health (ASH) is an independent company providing chiropractic, acupuncture, fitness programs, and/or massage therapy services on behalf of HMSA.
hmsa.com/federalplan

As an HMSA member, you can view all your health plan information and member benefits online at hmsa.com/federalplan.

Click Member Login to:
• View your claims.
• Use an annual maximum out-of-pocket calculator to see the most you’ll pay for covered services in a plan year.
• See where you are with reaching your deductible, if applicable.
• Download your plan’s Guide to Benefits for detailed information about your HMSA plan.

In addition, you can use the website to:
• Search for a doctor.
• Find health and fitness member savings with HMSA365.
• Learn more about the well-being programs available to you and your family.

To log in or register, go to hmsa.com/federalplan and:
• Click Member Login.
• If you’re logging in, enter your information and click Login.
• If you’re registering, click Register.
• Then enter a valid email address, create a password, and click Register.
More benefits to keep you healthy

Medications

$0 copayment with Maintenance Choice
With the CVS Caremark Maintenance Choice® program, Federal Plan members can get 90-day supplies of generic drugs in the mail or from a Longs Drugs (CVS/pharmacy) with a $0 copayment. That’s a savings that can’t be beat. To learn more how you can save money on your medications, call 1 (855) 298-2491 toll-free.

Save money with generic drugs
Here’s a simple way to keep your medication costs down: Choose generic drugs whenever possible. Ask your doctor or pharmacist if it’s OK for you to take generic drugs. These drugs have the same active ingredients as brand-name drugs, are just as effective, and cost much less.

Shopping discounts
Save money with ExtraCare® when you shop at Longs Drugs. You’ll get a 20%† discount on thousands of CVS/pharmacy Brand health-related items that are regularly priced at $1 or more. And you’ll get the same savings when you shop online at cvs.com.

Additional HMSA benefits
As an HMSA member, you can buy supplemental plans such as dental and accidental care plans.

Dental Plans*
HMSA is the only health plan in Hawaii that offers a truly integrated approach to medical and dental care. As part of the Oral Health for Total Health program, eligible members who need more support with their overall health can receive additional dental services such as cleanings and periodontal scaling at no added cost. Qualified members who have HMSA medical and dental plans will be automatically enrolled in the program. You can choose from two types of dental plans:

Participating Provider Dental Program (PPO)
With this plan, you can choose your own dentist from a large network. Over 90% of Hawaii’s dentists participate with HMSA, so it’s easy to find one who’ll meet your needs. And you have access to a national network of dentists when you visit the Mainland. For help finding a dentist when you travel, visit hmsadental.com/find-a-dentist-national or call 1 (800) 792-4672 toll-free.

One of the best features of the PPO dental plan is the rollover benefit. This allows you to roll over a portion of your unused benefits to the next calendar year. Members must meet certain requirements to use this benefit.

Dental Network Program (HMO)
With this plan, you’ll choose from one of 12 dental centers in the statewide Hawaii Family Dental network. These plans typically have low copayments and no calendar year maximum to help you manage your out-of-pocket costs.

†The 20% discount is restricted to items purchased for the health care of the cardholder, spouse, or dependents. The discount excludes prescriptions, alcohol, tobacco, lottery, postage stamps, gift cards, money orders, prepaid cards, and photo finishing, and aren’t valid on other items reimbursed by a government program.
USAble Life’s Accident Elite Plan*

Life can change in an instant. Be sure you’re protected if the unexpected happens. USAble Life’s Accident Elite plan pays cash directly to you in the event of an accident or injury.

Highlights of the plan

- This plan provides coverage 24 hours a day no matter where the accident occurs.
- There’s no deductible, annual maximum, or limit on the number of covered accidents.
- This coverage is portable, which means you can take it with you if you leave your place of employment.
- This plan pays you in the event of an accident regardless of what your health plan may pay.
- You can enroll yourself, your spouse, and eligible children. You must be under age 65 to enroll.
- A wellness benefit of $75 is included when you receive covered health screenings during the year such as an annual physical exam.

How does it work?

If you’re injured, the Accident Elite Ultra plan will pay you the cost of:

- Wellness benefits.
- Ambulance service.
- Emergency room treatments.
- Injury.
- Two follow-up physician visits.
- Six physical therapy sessions.

Other plans are also available. To find out more, please visit USAbleLife.com/FederalPlan.

*These dental products are separate and distinct from FEDVIP and therefore premiums for these products cannot be deducted on a pre-tax basis. These benefits are neither offered nor guaranteed under contract with the FEHB Program, but are available to all enrollees and family members who become members of HMSA.

USAble Life is an independent company that does not provide HMSA products or services. USAble Life is solely responsible for providing ancillary insurance products.
HMSA’s Plan for Federal Employees

Here are some of your plan’s benefits and your share of the costs.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>High Option You Pay</th>
<th>Standard Option You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual deductible</strong></td>
<td>None</td>
<td>$150 per person</td>
</tr>
<tr>
<td><strong>Physician services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician visits</td>
<td>$15</td>
<td>$20* 30%* of eligible charges</td>
</tr>
<tr>
<td>Laboratory and pathology</td>
<td>$0</td>
<td>30% of eligible charges</td>
</tr>
<tr>
<td>X-rays</td>
<td>20%</td>
<td>30% of eligible charges</td>
</tr>
<tr>
<td><strong>Hospital services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>$200 copayment per admission 20% of eligible charges</td>
<td>30% of eligible charges</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$0</td>
<td>30% of eligible charges</td>
</tr>
<tr>
<td><strong>Emergency benefits (In area and out of area)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory tests</td>
<td>$0</td>
<td>30% of eligible charges</td>
</tr>
<tr>
<td>Physician visits</td>
<td>$15 copayment per visit 20% of eligible charges</td>
<td>$20 copayment per visit* Add 30% of eligible charges</td>
</tr>
<tr>
<td>Emergency room facility and other emergency services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental health and substance abuse treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic, psychological, and laboratory tests</td>
<td>$0</td>
<td>30% of eligible charges</td>
</tr>
<tr>
<td>Professional services and medication management</td>
<td>$15</td>
<td>$20* 30% of eligible charges</td>
</tr>
<tr>
<td>Inpatient admission</td>
<td>$200</td>
<td></td>
</tr>
<tr>
<td>Partial hospitalization and outpatient facility</td>
<td>$0</td>
<td>30% of eligible charges</td>
</tr>
<tr>
<td><strong>Prescription drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 (preferred generic): $7</td>
<td></td>
<td>Tier 1 (preferred generic): $7*</td>
</tr>
<tr>
<td>Tier 2 (non-preferred generic and preferred brand): $35</td>
<td></td>
<td>Tier 2 (non-preferred generic and preferred brand): 40% of eligible charge (up to $100)</td>
</tr>
<tr>
<td>Tier 3 (other brand): $70</td>
<td></td>
<td>Tier 3 (other brand): 40% of eligible charge (up to $600)</td>
</tr>
<tr>
<td>Tier 4 (preferred specialty): $80</td>
<td></td>
<td>Tier 4 (preferred specialty): $200</td>
</tr>
<tr>
<td>Tier 5 (non-preferred specialty): $200</td>
<td></td>
<td>Tier 5 (non-preferred specialty): 40% of eligible charge (up to $1,200)</td>
</tr>
<tr>
<td><strong>Dental care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive services</td>
<td>$0</td>
<td>30% of eligible charges for Accidental Injury Benefits only.</td>
</tr>
<tr>
<td><strong>Annual vision exam</strong></td>
<td>20% of the eligible charges</td>
<td>30% of the eligible charges</td>
</tr>
<tr>
<td><strong>Point-of-service benefits</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Annual out-of-pocket maximum Protection against catastrophic costs</strong></td>
<td>$3,000 per person per year $9,000 per family per year (Some costs can’t be applied to your maximum.)</td>
<td>$5,000 per person per year $10,000 per family per year</td>
</tr>
</tbody>
</table>

*Deductible doesn’t apply.

This is a summary of the features of the HMSA Plan. Before making a final decision, please read the Plan’s Federal brochure (RI 73-010). All benefits subject to the definitions, limitations, and exclusions in the brochure.
Learn more about your health plan

Go to hmsa.com/federalplan for:

- Your plan brochure.
- *Summary of Benefits and Coverage.*
- A directory of participating doctors and other health care providers.
- A list of prescription drugs your plan pays for.
- Customer service contact information.
- A link to Member Login on hmsa.com.

Sign up for an account to:

- Request or print a copy of your HMSC
  membership card.
- View your claims history and Report to Member.
- View your *Guide to Benefits.*
- Use an annual maximum out-of-pocket calculator.

Go to hmsa.com/federalplan and click Member Login to register.

---

Notice of *Summary of Benefits and Coverage: Availability of Summary Health Information*

FEHB Program offers numerous health plan benefits and coverage options. Choosing a health plan and coverage option are important decisions. To help you make an informed choice, each FEHB plan makes available a *Summary of Benefits and Coverage* (SBC) about each of its health coverage options online and on paper. The SBC summarizes important information in a standard format to help you compare plans and options.

To see the High Option plan SBC, visit https://hmsa.com/2020FederalPlanSBC. To see the Standard Option plan SBC, visit https://hmsa.com/2020FederalStandardPlanSBC. If you want us to send you a copy at no charge, call 1 (800) 776-4672 toll-free.

For more information about plans available under the FEHB Program, including SBCs for other FEHB plans, visit opm.gov/healthcare-insurance.

---

Can’t access the portal? We can send you a copy of the Federal Plan brochure. Just fill out and mail us the form below or email your request to hmsafederalplan@hmsa.com.

---

Please mail a printed Federal Plan brochure to me at the address below:

NAME

ADDRESS

CITY     STATE     ZIP CODE

Mail your request to:

HMSA Federal Plan
AMS/8th Floor
PO. Box 860
Honolulu, HI 96808
Health care plain and simple

Check out this glossary of common health care terms.

Claim
An invoice that includes information about the health care services you’ve received.

Coinsurance
Your share of the cost for health care services. It’s usually a percentage of the amount charged for services. You start paying coinsurance after you’ve paid the deductible.

Copayment
The fixed dollar amount you pay to receive a service. The amount can vary by type of service.

Covered services
These are health care services that HMSA pays for based on your plan benefits. Sometimes, if your HMSA plan covers a service, you may have to pay a copayment or deductible.

Deductible
The amount you pay for certain services each calendar year before your health plan pays.

Eligible charge
The amount that participating providers can charge as part of their agreement with HMSA. This is the amount that your copayment or coinsurance is based on.

Network
The group of providers that participates in a health plan. As an HMSA member, you have access to the providers in the HMSA network of providers.

Nonparticipating provider
A doctor, hospital, pharmacy, lab, health center, or other health care provider who doesn’t contract with HMSA to charge set fees to members. Using these providers almost always costs more than using participating providers.

Out-of-pocket maximum
The most you’ll have to pay per calendar year for covered health care services. Once you reach the out-of-pocket maximum, your plan pays 100% of the allowed amount for covered services excluding taxes.

Participating provider
Providers in our network who agree to charge members a set amount for covered services.

Primary care provider (PCP)
Your main doctor who coordinates your care.

Provider
A health care professional such as a physician, nurse, physical therapist, physician’s assistant, or lab technician.
Federal law requires HMSA to provide you with this notice.

HMSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HMSA does not exclude people or treat them differently because of things like race, color, national origin, age, disability, or sex.

**Services that HMSA provides**

Provides aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, please call 1 (800) 776-4672 toll-free; TTY 711

**How to file a discrimination-related grievance or complaint**

If you believe that we’ve failed to provide these services or discriminated against you in some way, you can file a grievance in any of the following ways:
- Phone: 1 (800) 776-4672 toll-free
- TTY: 711
- Email: Compliance_Ethics@hmsa.com
- Fax: (808) 948-6414 on Oahu
- Mail: 818 Keeamoku St., Honolulu, HI 96814

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, in any of the following ways:
- Online: ocportal.hhs.gov/orc/portal/lobby.jsf
- Phone: 1 (800) 368-1019 toll-free; TDD users, call 1 (800) 537-7697 toll-free

**Mail:** U.S. Department of Health and Human Services,
200 Independence Ave. S.W.,
Room 509F, HHH Building,
Washington, DC 20201

For complaint forms, please go to hhs.gov/ocr/office/file/index.html.

**Hawaiian:** E NĀNĀ MAI: Inā ho’opuka ‘oe i ka ‘Ōlelo Hawai’i, loa’a ke kōkua manuahii ia ‘oe. E kelepona ia 1 (800) 776-4672. TTY 711.

**Bisaya:** ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguhahe, nga walay bayad. Tawag sa 1 (800) 776-4672 nga walay toll. TTY 711.

**Chinese** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 (800) 776-4672。TTY 711。

**Ilocano:** PAKDAAR: Nu saritaem ti ilocano, ti serbisyo para ti baddang ti lengguhahe nga awan bayadna, ket sidadaan para kenyan. Awagan ti 1 (800) 776-4672 toll-free. TTY 711.

**Japanese** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1 (800) 776-4672をご利用ください。TTY 711。また、お電話にてご連絡ください。

**Korean** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1 (800) 776-4672번으로 연락해 주시기 바랍니다. TTY 711 번으로 전화해 주십시오.

**Laotian** __: LALAY: Nhé kwōj kōnōno Kajin Majol, kwomaro bōk jēral in jipān ilo kajin ne am ejelōk wōnān. Kaalok 1 (800) 776-4672 tollfree, enaj ejelōk wōnaan.TTY 711.

**Marshallese**: LALE: Ñe kwōj kōnōno Kajin Majol, kwomaro bōk jēral in jipān ilo kajin ne am ejelōk wōnān. Kaalok 1 (800) 776-4672 tollfree, enaj ejelōk wōnaan. TTY 711.

**Pohnpeian**: Ma ke kin lokaian Pohnpei, ke kak ale sawas in sohthe pweine. Kahilda nempe wet 1 (800) 776-4672. Me sohthe kak rong call TTY 711.

**Samoa** MO LOU SILAFA: Afai e te tautala Gagana fa’a Sāmoa, o loo ia auau naga fesoasoan, e fai fua e leai se totoqi, mo oe, Telefoni mai: 1 (800) 776-4672 e leai se totoqi o lenei ‘auau naga. TTY 711.

**Spanish** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (800) 776-4672. TTY 711.

**Tagalog** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (800) 776-4672 toll-free. TTY 711.

**Tongan** FAKATOKANGA’I: Kapau ‘oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea ‘oku nau fai atu ha tokoni ta’etontongi, pea teke lava ‘o ma’u ia. Telefoni mai 1 (800) 776-4672. TTY 711.


**Vietnamese** CHỦ YỂ: Nếu bạn nói Tiếng Việtnam, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (800) 776-4672. TTY 711.
Serving you

Meet with knowledgeable, experienced health plan advisers. We’ll answer questions about your health plan, give you general health and well-being information, and more. Visit hmsa.com for directions.

**HMSA Center @ Honolulu**
818 Keeaumoku St.
Monday through Friday, 9 a.m.–5 p.m. | Saturday, 9 a.m.–2 p.m.

**HMSA Center @ Pearl City**
Pearl City Gateway | 1132 Kuala St., Suite 400
Monday through Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

**HMSA Center @ Hilo**
Waiakea Center | 303A E. Makaala St.
Monday through Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

**HMSA Center @ Kahului**
Puunene Shopping Center | 70 Hookele St.
Monday through Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

Customer Relations representatives are also available in person at our Neighbor Island offices, Monday through Friday, 8 a.m. to 4 p.m.:

**Kailua-Kona, Hawaii Island**
75-1029 Henry St., Suite 301 | Phone: 329-5291

**Lihue**
4366 Kukui Grove St., Suite 103 | Phone: 245-3393

Contact HMSA. We’re here for you.

Call 948-6499 on Oahu or 1 (800) 776-4672 toll-free on the Neighbor Islands or Mainland.

Monday through Friday, 7 a.m.–7 p.m. | Saturday, 9 a.m.–1 p.m.

hmsa.com/federalplan | myhmsa | @askHMSA | askhmsa

Together, we improve the lives of our members and the health of Hawaii. Caring for our families, friends, and neighbors is our privilege.

This is a summary of the features of the HMSA Plan. Before making a final decision, please read the Plan’s Federal brochure (RI 73-010). All benefits subject to the definitions, limitations, and exclusions in the brochure.