Your Guide to Choosing a Medicare Advantage Plan

This is a summary of health services and drug benefits for Essential Advantage (HMO) from January 1 to December 31, 2018.
WORKING TOGETHER FOR YOU

Essential Advantage brings together two of Hawaii’s health care organizations in Hawaii—HMSA and Hawai’i Pacific Health—to provide you with essential health care.

HMSA and Hawai’i Pacific Health have long histories of taking care of Hawaii’s families. And now, these two local health care organizations have come together with a common goal of creating a Medicare Advantage plan that promotes good health and well-being just for you. You’ll receive all the benefits of Medicare and more to help you live well and be at your best.

Reliable
With Essential Advantage, you get local customer service, commitment, and peace of mind from a health plan that’s been the health care choice for generations of Hawaii families since 1938.

Coordinated Care
Essential Advantage is a health maintenance organization (HMO) plan, meaning you receive the convenience of getting care from one health center—Hawai’i Pacific Health (HPH). You choose a primary care provider (PCP) in the HPH network who’ll coordinate your care and refer you to other providers in the network if needed.

Affordable
Essential Advantage has a low monthly premium, allowing you to receive the care you need while staying within your budget.

Hawai’i Pacific Health is an independent company that provides the primary provider network for health care services for Essential Advantage members.
Financial protection
It makes dollars and cents to choose HMSA. You have a limit on how much you pay for out-of-pocket health care expenses. If you reach your annual out-of-pocket maximum, we’ll pay the rest of your Medicare-covered medical expenses for the rest of the calendar year.

Coordinated care
Select a primary care provider (PCP) in the Hawai‘i Pacific Health network. Your PCP will coordinate your care and refer you to other providers in the Hawai‘i Pacific Health network. With providers at many locations, you’re sure to find the care you need.

Fitness first!
Taking care of your health is easy with the Silver&Fit® Exercise & Healthy Aging Program. Whether you want to maintain your good health or work on new goals, you get a no-cost membership to a participating fitness center or up to two home fitness kits with the home fitness program.

Travel benefits
Have peace of mind knowing that you have health benefits in case you have an emergency while you’re away from home.
Eye care benefits
Your health plan includes benefits for routine eye exams, eyeglasses, and contact lenses.

Quick access to care
Speak to doctors 24/7 online or by phone without an appointment with HMSA's Online Care®. You can also see a nurse or other health care provider at your nearest walk-in CVS/minuteclinic® at selected Longs Drugs stores.

Health care at your fingertips
You may be younger than the number of candles on your birthday cake! Discover your RealAge® with Sharecare. Track the steps in your day, get personalized health information, use an interactive symptom checker, and more. Get started at sharecare.com/hmsa.

Health education workshops
Attend a variety of classes at no cost to learn how to sleep better, make healthier food choices, stay physically active, and more. Classes are held throughout the year at various locations. Check hmsa.com/well-being/workshops or our Island Scene magazine for a schedule of classes.

Island Scene
Now celebrating its 25th anniversary, Island Scene has been a source of information and inspiration for HMSA members interested in a healthy lifestyle. They look forward to receiving their issue in the mail and reading health tips, recipes, health plan information, and more from cover to cover. Read the magazine online, too, on our Well-Being Hawaii blog at wellbeinghi.com.

American Well® is an independent company providing hosting and software services for HMSA’s Online Care platform on behalf of HMSA.

Sharecare, Inc., is an independent company that provides health and well-being programs to engage members on behalf of HMSA.
MEDICATIONS

Get prescription drugs at convenient locations.

Save money and time with mail order
You’ll get more for less when you order a 90-day supply of your maintenance medications through the mail. Depending on your prescription, you can receive up to two extra month’s worth of medications at no additional cost. And you can order a constant supply automatically without interruption to help manage chronic conditions.

Affordable generic medications
Our prescription drug list includes generics to help you get the medicines you need at an affordable price. Generics are just as safe and effective as brand-name drugs, but they cost less because they don’t have the same marketing and research costs. You’ll get the same medication for a lower price.

Local pharmacies
Most major retail pharmacy chains and many independent pharmacies in Hawaii participate with HMSA, so you’re sure to find one near you. Find pharmacies at hmsa.com/advantage.

Pharmacy consultations
If you have questions about your prescription medications, talk to pharmacists on the phone or in person. They’ll discuss your prescriptions with you, make sure you understand how to take them, and see if they work well with over-the-counter drugs and supplements you may be taking. To learn more, call CVS Caremark® at 1 (855) 479-3659. For TTY, call 711.

While traveling
If you need a prescription while you’re on the Mainland, just show your HMSA membership card at any of the 68,000 CVS pharmacy locations nationwide. You can easily find pharmacies on hmsa.com.

To see a list of prescription medications in your health plan, go to hmsa.com/advantage.

CVS Caremark® is HMSA’s pharmacy benefits manager.
CVS Caremark is an independent company providing pharmacy benefit management services on behalf of HMSA.
Need help paying for medications?

You could qualify for Extra Help through Medicare. With Extra Help, Medicare could pay up to 75 percent or more of your prescription costs, including monthly premiums, annual deductibles, and coinsurance without a coverage gap or late enrollment penalty.

To find out if you qualify, contact:

- **Medicare**: 1 (800) MEDICARE
  [1 (800) 633-4227] toll-free 24 hours a day, seven days a week. For TTY, call 1 (877) 486-2048 toll-free.

- **Social Security Administration**:
  1 (800) 772-1213 toll-free, Monday through Friday, 7 a.m. to 7 p.m. TTY users, call 1 (800) 325-0778 toll-free.

- **The state Medicaid office**:
  1 (800) 316-8005 toll-free.

**Apply for Extra Help**
Visit socialsecurity.gov/medicare/prescriptionhelp.

Prescription drugs can be mailed to your home from the HMSA Akamai Advantage mail-order pharmacy. Mail-order prescriptions are usually delivered within 14 days after the pharmacy receives the order. If your drugs don’t arrive within 14 days, please call 1 (855) 479-3659 toll-free, 24 hours a day, seven days a week; TTY users, call 711. Call these numbers if you want to sign up for our optional automatic delivery program.
YOUR CARE COMES FIRST

Hawai‘i Pacific Health’s family of physicians, specialists, nurse practitioners, and other health care professionals put you at the center of your care. Your medical team will focus on prevention, early intervention, regular checkups, and other services to help you be more involved in your health and well-being. Choose a location near you for the care you need. Some locations include convenient weekend and evening hours.

Kapi‘olani Medical Center for Women & Children
Recognized as the leader in women’s health, Kapi‘olani also specializes in women’s primary care, breast health, gynecological health, and much more. Services are also available at Hale Pawa’a and at the Kapi‘olani Women’s Center at Artesian Plaza.

Pali Momi Medical Center
This award-winning patient-centered medical center is convenient for people in central and west Oahu. Pali Momi houses Oahu’s only interventional cardiac catheterization unit to detect and treat heart disease, a fully integrated minimally invasive surgical suite, CT scan and MRI services, and emergency and trauma services. Patient services are also provided at the Pali Momi Outpatient Center, which includes the Pali Momi Women’s Center next to Pearlridge Center.

Straub Medical Center
You get expert care from providers in more than 32 different specialties, including bone and joint care, cancer, diabetes, family medicine, gastroenterology, geriatric medicine, heart care, internal medicine, women’s health, vascular, and urology. Straub also offers patient services in these convenient locations:

- Straub Doctors on Call:
  - Sheraton Waikiki
  - Hilton Hawaiian Village Waikiki Beach Resort

- Straub Clinics:
  - First Insurance Center
  - Hawaii Kai
    (urgent access/walk-in care)
  - Kailua
  - Kaneohe
  - Kapolei
  - King Street
    (urgent access/walk-in care)
  - Pali Momi
  - Pearlridge
  - Mililani
    (urgent access/walk-in care)
  - Waterfront Plaza
Track your health plan online
With MyChart® by Hawai‘i Pacific Health, you can conveniently use your computer or mobile device or tablet to:
- Email your doctor with questions about your health.
- View test results.
- Refill prescriptions.
- View a summary of your doctor visits.
- Pay bills online.*
- Schedule appointments.*
- And more!

It’s easy to use anytime, anywhere.
Your health information is private and secure.

Hawai‘i Pacific Health Affiliations and Awards
- Five-time recipient of the Gallup Great Workplace Award.
- Two-time recipient of the HIMSS Enterprise Davies Award of Excellence.
- Affiliated with the Seattle Cancer Care Alliance, one of the top Cancer Centers in the nation.
- Affiliated with the University of Hawaii teaching and medical residency programs, as well as affiliations with hundreds of other local and national academic partners.
- Member of the High Value Healthcare Collaborative, Hawaii Cancer Consortium, American College of Surgeons National Surgical Quality Improvement Program, National Cardiovascular Data Registry (Pali Momi and Straub), Premier Healthcare Alliance, Vermont Oxford Network (Kapi‘olani), and the Children’s Hospitals’ Solutions for Patient Safety Network (Kapi‘olani).

Learn more. HawaiiPacificHealth.org

*Not all features are available at all locations.

MyChart® is licensed from and a registered trademark of Epic System’s Corporation.
**SUMMARY OF BENEFITS**

**Essential Advantage – Oahu**
Get the financial protection for the care you need at low monthly premiums.

**Your share of the cost:**

$ = Copayment. A set dollar amount that you pay.
% = Coinsurance. The percentage of the cost that you pay.

These costs apply only if you see providers in the Essential Advantage network. If you see providers outside the Essential Advantage network, the service may not be a health plan benefit and you may have to pay more for that service with the exception of urgent and emergency services.

You’ll need a referral from your primary care provider (PCP) before receiving some services. Please check with your PCP.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Essential Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly premium</strong></td>
<td></td>
</tr>
<tr>
<td>You must continue to pay your Part B premium in addition to your HMSA premium.</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Annual deductible</strong></td>
<td></td>
</tr>
<tr>
<td>What you’ll have to pay each year out-of-pocket before the plan will pay for some services.</td>
<td>$150 per year for some services</td>
</tr>
<tr>
<td><strong>Maximum out-of-pocket</strong></td>
<td></td>
</tr>
<tr>
<td>This financial safety net protects you from a catastrophic illness. It’s the most you’ll pay out-of-pocket for Medicare-covered medical services each year.</td>
<td>$5,000 per year</td>
</tr>
<tr>
<td><strong>Inpatient hospital care</strong>*</td>
<td></td>
</tr>
<tr>
<td>Days 1-6: $300/day</td>
<td></td>
</tr>
<tr>
<td>Days 7-60: $44/day</td>
<td></td>
</tr>
<tr>
<td>Days 61-90: $0/day</td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient hospital services</strong>*</td>
<td></td>
</tr>
<tr>
<td>Outpatient hospital facility and ambulatory surgical center services.</td>
<td>$150 deductible applies 20% of the cost</td>
</tr>
<tr>
<td><strong>Doctor’s office visits</strong></td>
<td></td>
</tr>
<tr>
<td>• Primary care provider (PCP)</td>
<td></td>
</tr>
<tr>
<td>A physician or other health care professional who treats common illnesses and manages your preventive care.</td>
<td>$20</td>
</tr>
<tr>
<td>• Advanced practice registered nurse, nurse practitioner, or physician’s assistant</td>
<td>$20</td>
</tr>
<tr>
<td>• Specialist</td>
<td></td>
</tr>
<tr>
<td>A physician who treats specific conditions such as allergies, heart disease, or foot disorders.</td>
<td>$50</td>
</tr>
</tbody>
</table>

*For some services, your doctor or other network provider must request prior authorization. Please contact us for more information.*
<table>
<thead>
<tr>
<th>Benefits</th>
<th>Essential Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive care</strong></td>
<td>YOU PAY (IN-NETWORK)</td>
</tr>
<tr>
<td>Includes annual wellness visits, bone mass measurements, diabetes screenings, mammograms, and some vaccines such as flu shots, hepatitis B shots, and pneumococcal shots. For a complete list of preventive care services that our plan pays for, please see the Evidence of Coverage.</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td></td>
</tr>
<tr>
<td>You won’t pay a copayment for emergency care if you’re admitted to the hospital within 24 hours.</td>
<td>$80</td>
</tr>
<tr>
<td><strong>Urgent care</strong></td>
<td></td>
</tr>
<tr>
<td>You won’t pay a copayment for urgent care if you’re admitted to the hospital within 24 hours.</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Diagnostic services, labs, and imaging</strong></td>
<td></td>
</tr>
<tr>
<td>- Diagnostic tests and procedures, lab services, and outpatient X-rays</td>
<td>20% of the cost</td>
</tr>
<tr>
<td>- Diagnostic radiology services including advanced imaging services such as MRI, CT, and PET scans</td>
<td>20% of the cost</td>
</tr>
<tr>
<td>- Therapeutic radiology services such as radiation treatment for cancer</td>
<td>20% of the cost</td>
</tr>
<tr>
<td><strong>Hearing services</strong></td>
<td></td>
</tr>
<tr>
<td>Exam to diagnose and treat hearing and balance-related conditions. Doesn’t include routine hearing exams or hearing aids.</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Dental services</strong></td>
<td></td>
</tr>
<tr>
<td>Limited dental services. Doesn’t include services related to care, treatment, or filling, removing, or replacing teeth.</td>
<td>$50</td>
</tr>
<tr>
<td><strong>Vision services</strong></td>
<td></td>
</tr>
<tr>
<td>- Eye exam to diagnose and treat eye diseases and conditions</td>
<td>$20</td>
</tr>
<tr>
<td>- Routine eye exam (once a calendar year)</td>
<td>$20</td>
</tr>
<tr>
<td>- Contact lenses and eyeglasses (frames and lenses)</td>
<td>$0</td>
</tr>
<tr>
<td>The plan pays up to $100 every 24 months for contact lenses and eyeglasses (frames and lenses).</td>
<td></td>
</tr>
<tr>
<td>- Eyeglasses or contact lenses after Medicare-covered cataract surgery</td>
<td>$0</td>
</tr>
</tbody>
</table>

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<tr>
<th>Benefits</th>
<th>Essential Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YOU PAY (IN-NETWORK)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mental health care</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient visit*</td>
<td>Days 1-20: $100/day</td>
</tr>
<tr>
<td>Mental health care services that require a</td>
<td>Days 21-90: $0/day</td>
</tr>
<tr>
<td>hospital stay.</td>
<td></td>
</tr>
<tr>
<td>• Outpatient therapy visits</td>
<td>$40</td>
</tr>
<tr>
<td>Individual and group visits</td>
<td></td>
</tr>
<tr>
<td><strong>Skilled nursing facility</strong></td>
<td></td>
</tr>
<tr>
<td>Our plan covers up to 100 days in a skilled</td>
<td>Days 1-20: $0/day</td>
</tr>
<tr>
<td>nursing facility. No prior Medicare-covered</td>
<td>Days 21-61: $164/day</td>
</tr>
<tr>
<td>acute level of care hospital stay is required.</td>
<td>Days 62-100: $0/day</td>
</tr>
<tr>
<td><strong>Outpatient rehabilitation</strong></td>
<td>$35</td>
</tr>
<tr>
<td>• Occupational therapy, physical therapy,</td>
<td></td>
</tr>
<tr>
<td>and speech and language therapy visit</td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>$250</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Medicare Part B</strong></td>
<td>20% of the cost</td>
</tr>
<tr>
<td>Chemotherapy and other Part B drugs.</td>
<td></td>
</tr>
<tr>
<td><strong>Medical equipment and supplies</strong></td>
<td>20% of the cost</td>
</tr>
<tr>
<td>Includes oxygen tanks, walkers, and</td>
<td></td>
</tr>
<tr>
<td>wheelchairs.</td>
<td></td>
</tr>
<tr>
<td><strong>Fitness – Silver&amp;Fit® Exercise &amp; Healthy</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Aging Program</strong></td>
<td></td>
</tr>
<tr>
<td>A membership to a participating fitness</td>
<td></td>
</tr>
<tr>
<td>center or up to two home fitness kits with</td>
<td></td>
</tr>
<tr>
<td>the home fitness program. To find</td>
<td></td>
</tr>
<tr>
<td>participating fitness centers near you, call</td>
<td></td>
</tr>
<tr>
<td>1 (888) 354-4934, or visit</td>
<td></td>
</tr>
<tr>
<td>silverandfit.com.</td>
<td></td>
</tr>
</tbody>
</table>

**PRESCRIPTION DRUGS**

<table>
<thead>
<tr>
<th>Annual deductible</th>
<th>$380 (Doesn’t apply to tier 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What you’ll have</td>
<td></td>
</tr>
<tr>
<td>to pay each year</td>
<td></td>
</tr>
<tr>
<td>out-of-pocket</td>
<td></td>
</tr>
<tr>
<td>before the plan</td>
<td></td>
</tr>
<tr>
<td>will pay.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial coverage stage</th>
<th>Until total drug costs reach $3,750.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>30-day supply from retail pharmacies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Tier 1 – Preferred generic</td>
<td>$4.50</td>
</tr>
<tr>
<td>- Tier 2 – Generic</td>
<td>$12</td>
</tr>
<tr>
<td>- Tier 3 – Preferred brand</td>
<td>$47</td>
</tr>
<tr>
<td>- Tier 4 – Non-preferred drug</td>
<td>$100</td>
</tr>
<tr>
<td>- Tier 5 – Specialty</td>
<td>25% of the cost</td>
</tr>
</tbody>
</table>

*For some services, your doctor or other network provider must request prior authorization. Please contact us for more information.

The Silver&Fit® program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and is used within permission herein.
### Benefits

**Essential Advantage**

<table>
<thead>
<tr>
<th>PRESCRIPTION DRUGS (continued)</th>
<th><strong>YOU PAY (IN-NETWORK)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>90-day supply from mail-order pharmacy</strong></td>
<td></td>
</tr>
<tr>
<td>- Tier 1 – Preferred generic</td>
<td>$4.50</td>
</tr>
<tr>
<td>- Tier 2 – Generic</td>
<td>$12</td>
</tr>
<tr>
<td>- Tier 3 – Preferred brand</td>
<td>$94</td>
</tr>
<tr>
<td>- Tier 4 – Non-preferred drug</td>
<td>$200</td>
</tr>
<tr>
<td>- Tier 5 – Specialty</td>
<td>25% of the cost</td>
</tr>
<tr>
<td><strong>Coverage gap</strong></td>
<td>35% of the plan’s cost for brand drugs.</td>
</tr>
<tr>
<td>Until your yearly out-of-pocket drug costs reach $5,000.</td>
<td>44% of the plan’s cost for generic drugs.</td>
</tr>
<tr>
<td><strong>Additional gap coverage for tier 1 drugs</strong></td>
<td></td>
</tr>
<tr>
<td>- 30-day supply from retail pharmacies</td>
<td>Not covered</td>
</tr>
<tr>
<td>- 90-day supply from mail-order pharmacy</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Catastrophic coverage</strong></td>
<td>The greater of 5% or $3.35 for generic drugs (including brand drugs treated as generic) and $8.35 for all other drugs.</td>
</tr>
<tr>
<td>After your yearly out-of-pocket drug costs reach $5,000.</td>
<td></td>
</tr>
</tbody>
</table>

Essential Advantage is an HMO plan with a Medicare contract. Enrollment in Essential Advantage depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. For benefit details, refer to the Evidence of Coverage at hmsa.com/advantage.

To learn more about the health plan benefits and costs of Original Medicare, see the Medicare & You handbook at medicare.gov. To request a copy, call 1 (800) MEDICARE (1 (800) 633-4227) toll-free. For TTY, call 1 (877) 486-2048. Contact us if you’d like to receive a copy in Braille, large print, audio, or other formats.

Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium, and/or copayments/coinsurance may change on January 1 of each year.

HMSA works closely with CVS Caremark (Longs Drugs) to help get you the medications you need. However, other pharmacies are available in our network.

This plan helps you pay for Part D drugs and Part B drugs, such as chemotherapy and some drugs administered by your provider. See the complete list of Part D prescription drugs and any restrictions at hmsa.com/advantage. Cost sharing may differ for long-term care pharmacies.

Out-of-network/non-contracted providers are under no obligation to treat Essential Advantage members except in emergency situations. To find out if we’ll pay for an out-of-network service, you or your provider can ask us for a pre-service organization determination before you receive the service.
ELIGIBILITY

To enroll in Essential Advantage, you must:

• Have Medicare Part A (hospital insurance) and Part B (medical insurance).

• Continue to pay your Part B premium in addition to your Essential Advantage premium.

• Not have end-stage renal disease (ESRD). There are some exceptions. Contact us for more information.

• Live in the City and County of Honolulu.

Still not sure if you’re eligible? Let us know so we can help you. See our contact information on the back of this brochure.

IMPORTANT DATES TO REMEMBER

Annual Medicare Open Enrollment

Your plan will start:
IS ESSENTIAL ADVANTAGE RIGHT FOR ME?

With Essential Advantage, you have access to a network of doctors, facilities, suppliers, pharmacies, and other providers you need for your health care.

**Consider choosing Essential Advantage if you:**

- Want a plan with low premiums.
- Currently see doctors in the Hawai‘i Pacific Health network and want to keep your doctors.
- Like the convenience of having health care providers in a managed-care setting.
- Don’t mind having a smaller network of providers to choose from.
- Don’t travel much and will need health care only in an emergency while traveling.
- Understand that all services (except urgent or emergency care) must be provided by a provider in the Essential Advantage network.

**Essential Advantage may not be right for you if you:**

- See doctors often, plan to stay in the hospital, or take a lot of prescription medications.
- See doctors outside of the Hawai‘i Pacific Health network.
- Want more choice of doctors, hospitals, and other providers outside the Essential Advantage network.
- Travel a lot and want a high level of travel benefits just in case you see a doctor.

**IMPORTANT:**

If you have a state or county retiree plan or employer-sponsored retiree plan, talk to your health plan administrator at work before enrolling in Essential Advantage. You may not need to enroll in Essential Advantage. Also, if you enroll in a Medicare Advantage prescription drug plan (MAPD), you may lose your state or county retiree plan and may not be able to re-enroll. If you have a federal plan, you may enroll in Essential Advantage. However, you may still have out-of-pocket costs. If you have an employer-sponsored retiree plan, you may not be allowed to enroll in another MAPD plan at the same time.
Choose one of five easy ways to enroll.

**Online**
Enroll 24/7 during Medicare’s open enrollment at hmsa.com/advantage. Follow the instructions to complete the online application. Once you submit your request, you’ll receive an application receipt.

**Phone**
Call an HMSA sales representative, 8 a.m.–8 p.m.
**October 1–February 14:** Seven days a week.
**February 15–September 30:** Monday–Friday.
- Oahu: 948-6235
- Neighbor Islands: 1 (800) 693-4672 toll-free
- TTY: 711

**In person**
We’ll be happy to see you and help you enroll.
Visit your nearest HMSA Center or office.
(See back page for locations and hours.)

**Mail**
Fill out the Essential Advantage application and mail it to:
HMSA Akamai Advantage Sales
P.O. Box 3500
Honolulu, HI 96811-3500

**Through Medicare**
You can also enroll in Essential Advantage at medicare.gov.

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**CHOOSE A PCP**

When you enroll, it’s important that you choose a primary care provider (PCP) as your partner in health. Please let us know the name of your PCP so we can put it on your HMSA membership card.

If you need to find a PCP, visit hmsa.com/advantage for a provider directory. Or click Find a Doctor on the home page. Be sure to choose a provider in the Essential Advantage network.
We’ll make your transition to Essential Advantage as smooth and easy as possible. Here’s what you can expect from us:

**Enrollment verification letter**
If you received assistance from us to enroll after we received your application, we’ll send you a letter verifying your enrollment.

**Welcome packet**
You’ll receive an Essential Advantage welcome packet and enrollment confirmation letter in the mail. Please read the information about your plan benefits. It can help you get high quality care and save money on health care.

**HMSA membership card**
You’ll receive your new card in the mail. Show this card when you see your doctor or go to a hospital. Secure it like a credit card. To prevent identity theft, don’t share your card with anyone, keep it in a safe place, and call us if you lose your card. Cut up old or outdated cards.

**Getting care**
To get the most savings from your health plan, see doctors, hospitals, pharmacies, and others in the Hawai‘i Pacific Health family of providers. We have an agreement with them to charge you a set amount. You may only use providers outside the Essential Advantage network for emergency or urgent care or if you have a referral from your network doctor.
IMPORTANT HEALTH PLAN INFORMATION

HMSA doesn’t discriminate

We comply with applicable federal civil rights laws. We don’t discriminate, exclude people, or treat people differently because of things like:

- Race.
- Color.
- National origin.
- Age.
- Disability.
- Sex.

Services that HMSA provides

To better communicate with people who have disabilities or whose primary language isn’t English, HMSA provides services at no cost when reasonable, such as:

- Language services and translations.
- Text relay services.
- Information written in other languages or formats.

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 Keeaumoku 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**: ocrportal.hhs.gov/ocr/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. Federal law requires HMSA to provide you with this notice.
This notice has important information about your HMSA application or plan benefits. It may also include key dates. You may need to take action by certain dates to keep your health plan or to get help with costs.

If you or someone you’re helping has questions about HMSA, you have the right to get this notice and other help in your language at no cost. To talk to an interpreter, please call 1 (800) 776-4672 toll-free. TTY 711.

English: This notice has important information about your HMSA application or plan benefits. It may also include key dates. You may need to take action by certain dates to keep your health plan or to get help with costs.

If you or someone you’re helping has questions about HMSA, you have the right to get this notice and other help in your language at no cost. To talk to an interpreter, please call 1 (800) 776-4672 toll-free. TTY 711.

Japanese: 本通知書には、HMSAへの申請や医療給付に関する重要な情報や 日付が記載されています。 医療保険を利用したり、費用についてサポートを受けるには、本通知書に従って特定の日付に手続きしてください。

Hawaiian: He ‘ike koʻikoʻi ko kēia hoʻolaha pili i kou ‘inikua a i ʻole palapala noi ‘inikua HMSA. Aia paha he mau lā koʻikoʻi mai kēia hoʻolaha. Pono paha ‘oe e hana i kekahī mea ma mua o kekahī lā no ka hoʻomau i kou ‘inikua a i ʻole ka ‘imi kōkua me ka uku.

If you or someone you’re helping has questions about HMSA, you have the right to get this notice and other help in your language at no cost. To talk to an interpreter, please call 1 (800) 776-4672 toll-free. TTY 711.

Chinese: 本通告包含關於您的HMSA申請或計劃福利的重要資訊。也可能包含關鍵日期。您可能需要在某確定日期前採取行動，以維持您的健康計劃或者獲取費用幫助。

如果您或您正在幫助的某人對HMSA存在疑問，您有權免費獲得以您母語表述的本通告及其他幫助。如需與口譯員通話，請撥打免費電話1 (800) 776-4672。TTY 711.
Korean: 이 통지서에는 HMSA 신청서 또는 보험 혜택에 대한 중요한 정보가 들어 있으며, 중요한 날짜가 포함되었을 수도 있습니다. 해당 건강보험을 그대로 유지하거나 보상비를 수령하려면 해당 기한 내에 조치를 취셔야 합니다.

Samoa - Fa’asamoa: O lenei lenei lenei fai'i fekau'loke i lau gagana e ma fa'amau lelei 1 (800) 776-4672 ven ta'atoga i le lenei lenei lenei "auaunaga. TTY 711.

Afai e iai ni feku'aki mo ho'o palani mo'ui le polokalame o le HMSA. ko e fakakanga ko eni pe ha toe tokoni e fa’atotongi. Ke talanoa ki ha ha fa’ahunopala, kātaki tā ta’etotongi ki he 1 (800) 776-4672. TTY 711.
# Essential Advantage (HMO) Enrollment Form for CY 2018

## SECTION 1: PROVIDE INFORMATION ABOUT YOU

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td></td>
</tr>
</tbody>
</table>

**Permanent Residence Street Address (Include apartment number. P. O. Box isn’t allowed.)**

<table>
<thead>
<tr>
<th>Residence City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

**Sex**

- M
- F

**Birth Date (MM/DD/YYYY)**

<table>
<thead>
<tr>
<th>Daytime Telephone Number</th>
</tr>
</thead>
</table>

**Mailing Address (only if different from your Permanent Residence Address):**

<table>
<thead>
<tr>
<th>Mailing Street Address (include apartment number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing City</td>
</tr>
</tbody>
</table>

**Current HMSA Member Number (if applicable)**

**Email Address**

(By providing your email address, you’re allowing us to email you important health information.)

**Primary Care Provider. No titles required. (Example: John Smith) If you don’t designate a PCP, one will be assigned to you.**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
</table>

## HMSA Use Only

<table>
<thead>
<tr>
<th>App Rec Date:</th>
<th>MBI:</th>
<th>SBM Item #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub ID:</td>
<td>Group Sponsored</td>
<td>Individual</td>
</tr>
<tr>
<td>HMSA Akamai Advantage Group #:</td>
<td>Effective Date:</td>
<td>01/2018</td>
</tr>
<tr>
<td>Election Period:</td>
<td>SEP (type):</td>
<td></td>
</tr>
<tr>
<td>Sales Agent ID:</td>
<td>Agent Assisted:</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOA #</th>
</tr>
</thead>
</table>
I'd like Essential Advantage to begin on the first day of the month of [ ] / 2018
I understand that this is my Essential Advantage proposed start date.

Please check the box below:

☐ I’m enrolling in Essential Advantage (HMO). (Available to Oahu residents only.) $20

SECTION 2: PROVIDE YOUR MEDICARE INSURANCE INFORMATION
Please take out your red, white and blue Medicare card to complete this section:

- Please fill in these blanks so they match your red, white, and blue Medicare card.
  You must have Medicare Part A and Part B to join a Medicare Advantage plan.
  ------ OR ------
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Medicare Card First Name (as it appears on your Medicare card) MI
Medicare Card Last Name (as it appears on your Medicare card)
Medicare Number
Is entitled to: Effective Date (MM/DD/YYYY)
HOSPITAL (Part A)
MEDICAL (Part B)
☐ HMASA Use Only: Card information verified by___________

☐ Yes ☐ No Are you enrolled in your state Quest Integration (Medicaid) program?
If “yes,” please provide your Medicaid number:

(continued)
SECTION 3: SELECT YOUR PLAN PREMIUM PAYMENT OPTION

You can pay your monthly plan premium, including any late enrollment penalty that you currently have or may owe, by mail or electronic funds transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you don’t select a payment option, you’ll receive a bill each month.

Please select a premium payment option:

☐ HMSA will mail you a bill each month.

☐ Electronic funds transfer (EFT) from your checking or savings account each month.

☐ New (Please complete the enclosed HMSA Automatic Payment Application.)

☐ Existing HMSA Akamai Advantage member with EFT - authorize HMSA to retain same EFT.

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from:

☐ Social Security

☐ Railroad Retirement Board

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from the point withholding begins, which could correspond to your enrollment start date. If Social Security or RRB doesn’t approve your request or approves it for a later date, we’ll send you a paper bill for your monthly premiums.)

If you must pay a Part D-Income Related Monthly Adjustment Amount, the Social Security Administration will notify you. You must pay this extra amount in addition to your plan premium. You’ll either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay HMSA the Part D-Income Related Monthly Adjustment Amount.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75 percent or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won’t be subject to the coverage gap or late enrollment penalty. Many people are eligible for these savings and don’t even know it. For more information about Extra Help, contact your local Social Security office or call Social Security at 1 (800) 772-1213 toll-free. TTY users should call 1 (800) 325-0778 toll-free. You can also apply for Extra Help online at socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we’ll bill you for the amount that Medicare doesn’t cover.
Please read and answer these important questions:

1.  [ ] Yes  [ ] No Do you have end-stage renal disease (ESRD)?

   If you have had a successful kidney transplant and/or you don’t need regular dialysis any more, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don’t need dialysis. Otherwise, we may need to contact you for more information.

2. Some individuals may have other drug benefits, including other private insurance, TRICARE, federal employee health benefits, VA benefits, or state pharmaceutical assistance programs. Will you have other prescription drug benefits in addition to HMSA Akamai Advantage as of the proposed start date?

   [ ] Yes. Continue the questions below.  [ ] No. If “no,” skip to question 3.

   If "yes," when did these benefits begin? Month/Year: _______ / _______

   Are you getting these benefits through:  [ ] Yourself  [ ] Spouse

   Is the person checked above getting these benefits because they’re actively employed or is it a retiree plan?  [ ] Actively employed  [ ] Retiree plan  [ ] Other

   If actively employed, does the employer have 20 or more employees (full and part time)?

      [ ] Yes  [ ] No

      Insurance Company Name

      Insurance Company Member ID No.  Insurance Company Plan/Group No.

3.  [ ] Yes  [ ] No Are you a resident in a long-term care facility, such as a nursing home? If “yes,” please provide the following information.

      Name of Institution

      (_____) _______ - _______

      Institution Phone Number

      Institution Mailing Address

      Institution City  State  ZIP Code

4. Do you or your spouse work?  [ ] No  [ ] Yes
5. What language do you speak most of the time at home? (Choose one.)

☐ English ☐ Ilocano ☐ Mandarin ☐ Other (any language not listed above.)
☐ Cambodian ☐ Japanese ☐ Tagalog
☐ Cantonese ☐ Korean ☐ Vietnamese
☐ Hawaiian

6. ☐ Please check this box if you prefer that we send you information in large-print format. Please contact HMSA Akamai Advantage at 948-6235 on Oahu or 1 (800) 693-4672 toll-free on the Neighbor Islands and U.S. Mainland if you need information in large-print format. Telephone hours are 8 a.m. to 8 p.m., seven days a week. TTY users, call 711.

SECTION 4: PLEASE READ THIS IMPORTANT INFORMATION
• If you currently have another health plan (employer or union group or ACA), joining HMSA Akamai Advantage could affect your employer or union health benefits; please contact your health insurance carrier. You could lose your employer or union health benefits if you join HMSA Akamai Advantage. Read the information your employer or union sends you. If you have questions, visit their website or contact them. If there isn’t any contact information, your benefits administrator or the office that answers questions about your benefits can help.

SECTION 5: PLEASE READ AND SIGN ON FOLLOWING PAGE

By completing this enrollment application, I agree to the following:

Essential Advantage (HMSA Akamai Advantage) is a Medicare Advantage plan that has a contract with the federal government. I’ll need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. I’m responsible for letting HMSA Akamai Advantage know about any prescription drug benefits that I have or may get in the future.

Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (example: October 15 – December 7 of every year), or under certain special circumstances.

HMSA Akamai Advantage serves a specific service area. If I move out of the area that HMSA Akamai Advantage serves, I need to notify HMSA so I can disenroll and find a new plan in my new area. Once I’m a member of HMSA Akamai Advantage, I have the right to appeal plan decisions about payment or services if I disagree. I'll read the Evidence of Coverage from HMSA Akamai Advantage when I get it to know which rules I must follow to get benefits with this Medicare Advantage plan. I understand that people with Medicare aren’t usually covered under Medicare while out of the country except for limited benefits near the U.S. border.

I understand that beginning on the date HMSA Akamai Advantage coverage begins, I must get all my health care from HMSA Akamai Advantage, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by HMSA Akamai Advantage and other services contained in my HMSA Akamai Advantage Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR HMSA AKAMAI ADVANTAGE WILL PAY FOR THE SERVICES.
I understand that a sales agent, broker, or other individual employed by or contracted with HMSA Akamai Advantage who’s helping me may be paid based on my enrollment in HMSA Akamai Advantage.

RELEASE OF INFORMATION:

By joining this Medicare health plan, I acknowledge that HMSA Akamai Advantage will release my information to Medicare and other plans as is necessary for treatment, payment, and health care operations. I also acknowledge that HMSA Akamai Advantage will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or signature of the person authorized to act on my behalf under the state of Hawaii laws) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from HMSA Akamai Advantage or from Medicare. This would include a court-appointed legal guardian or a person with general durable power of attorney.

Applicant’s signature or, if applicant is unable to sign, applicant’s legal representative’s signature. If applicant’s legal representative signs, please complete legal representative’s information below:

Name of Legal Representative (please print)

Legal Representative’s Mailing Address

Legal Representative’s City-State-ZIP Code

Legal Representative’s Telephone Number—Legal Representative’s Relationship to Applicant

For more information, please call 948-6235 on Oahu or 1 (800) 693-4672 toll-free on the Neighbor Islands and U.S. Mainland. Telephone hours are 8 a.m. to 8 p.m., seven days a week. TTY users, call 711. Or visit HMSA’s website at hmsa.com/advantage. Return HMSA Akamai Advantage application forms to HMSA at P.O. Box 3500, Honolulu, HI 96811-9983.
HMSA’s mission is to provide the people of Hawaii access to a sustainable, quality health care system that improves the overall health and well-being of our state.
HAWAI’I MEDICAL SERVICE ASSOCIATION
hmsa.com/advantage

HMSA CENTERS
Visit one of our HMSA Centers with convenient evening and Saturday hours.

Honolulu, Oahu
818 Keeaumoku St.
Monday through Friday, 8 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

Pearl City, Oahu
Pearl City Gateway | 1132 Kuala St., Suite 400
Monday through Friday, 9 a.m.–7 p.m. | Saturday, 9 a.m.–2 p.m.

PHONE
948-6235 on Oahu
1 (800) 693-4672 toll-free on the Neighbor Islands
TTY users, call 711

October 1 – February 14
Call seven days a week, 8 a.m. to 8 p.m.

February 15 – September 30
Call Monday–Friday, 8 a.m. to 8 p.m.