2018 Summary of Benefits

HMSA Akamai Advantage

Standard (PPO) & Standard Plus (PPO)

Your Guide to Choosing a Medicare Advantage Plan

This is a summary of health services and drug benefits for HMSA Akamai Advantage® Standard (PPO) and Standard Plus (PPO) plans effective January 1 to December 31, 2018.

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LIVE WELL WITH HMSCA
AKAMAI ADVANTAGE

HMSA Akamai Advantage is a Medicare Advantage plan to help you live well. It has all the benefits of Original Medicare and much more to help you be at your best health and well-being.

Whether HMSA has been in your family for generations or you’re coming to us for the first time, you’ve made the right choice.

Since 1938, more people in Hawaii have chosen HMSA than any other health plan. With more than 50 years of Medicare experience, you have the peace of mind and security knowing we’re here when you need us. And we help empower you to engage in your health care with online tools, interactive workshops, and more.
GET MORE WITH HMSA
AKAMAI ADVANTAGE

All the benefits of Original Medicare and so much more.

Choose your doctors
You have access to about 5,000 of the state’s providers. With primary care providers (PCPs), nurse practitioners, specialists, and other providers, you’re sure to find the care you need. To find a provider, go to hmsa.com and click Find a Doctor at the top. Or go to hmsa.com/advantage for a provider directory.

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 year.

Fitness first!
Taking care of your health is affordable 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.

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.

Health coaching
Get guidance, support, and resources to help you manage chronic health conditions, stop smoking, relieve stress, and more.

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 affordable 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 medication 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. Click Download Drug List.

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 at 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.
TRAVEL BENEFITS

Wander the world with peace of mind.

Enjoy life and visit places near and far. We have you covered with the **HMSA Akamai Advantage Visitor Travel Program**.

As an HMSA Akamai Advantage member, you’re part of the nationwide Blue Cross and Blue Shield Association network. So if you need to see a participating network doctor in one of the 34 U.S. states or Puerto Rico highlighted in blue below, you may pay the same in-network costs as if you were seeing a doctor in Hawaii.

**Find a doctor or hospital in the state you’re visiting.** Call BlueCard at 1 (800) 810-BLUE (2583) toll-free (printed on your HMSA membership card) or visit provider.bcbs.com.

### HMSA Akamai Advantage Visitor Travel Program

![Map of the United States with states highlighted in blue](image)


*For some states, MA PPO networks are available only in portions of the state. Learn more at hmsa.com/health-plans/medicare/travel-program.*

### Worldwide coverage

Marvel at blooming cherry blossoms, snow-capped mountains, or a wildlife safari. Your HMSA membership travels with you. You’ll receive benefits for doctor visits and hospital stays if you have a medical emergency in another country.
To enroll in HMSA Akamai 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 HMSA Akamai Advantage premium.

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

- Live on Hawaii Island, Maui, Kauai, or in Kalawao County. This applies to HMSA Akamai Advantage Standard (PPO) and Standard Plus (PPO).

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

OCTOBER 15 2017

DECEMBER 7 2017

JANUARY 1 2018

Your plan will start:
## SUMMARY OF BENEFITS
### HMSA Akamai Advantage – Neighbor Islands
Choose a plan based on how many benefits and how much financial protection you want.

Your share of the cost:

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

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Standard</th>
<th>Standard Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YOU PAY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Monthly premium</strong></td>
<td>$92</td>
<td>$192</td>
</tr>
<tr>
<td><strong>Annual deductible</strong></td>
<td>$150 per year for some services (in-network and out-of-network)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Maximum out-of-pocket</strong></td>
<td>$6,700 per year (in-network)</td>
<td>$3,400 per year (in-network)</td>
</tr>
<tr>
<td><strong>Inpatient hospital care</strong></td>
<td>In-network: Days 1-6: $300/day Days 7-60: $44/day Days 61-90: $0/day Out-of-network: Days 1-14: $375/day Days 15-90: $0/day</td>
<td>In-network: Days 1-7: $300/day Days 8-90: $0/day Additional days: $0/day Out-of-network: Days 1-11: $375/day Days 12-90: $0/day Additional days: $0/day</td>
</tr>
<tr>
<td><strong>Outpatient hospital services</strong></td>
<td>$150 deductible applies (in-network and out-of-network) 20% of the cost (in-network) 30% of the cost (out-of-network)</td>
<td>20% of the cost (in-network) 30% of the cost (out-of-network)</td>
</tr>
</tbody>
</table>
| **Doctor’s office visits** | $30 (in-network) 30% of the cost (out-of-network) | $10 (in-network) 30% of the cost (out-of-network) |  • Primary care provider (PCP) A physician or other health care professional who treats common illnesses and manages your preventive care.  
  • Advanced practice registered nurse, nurse practitioner, or physician’s assistant |
<table>
<thead>
<tr>
<th>Benefits</th>
<th>Standard</th>
<th>Standard Plus</th>
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</thead>
<tbody>
<tr>
<td><strong>YOU PAY</strong></td>
<td><strong>YOU PAY</strong></td>
<td><strong>YOU PAY</strong></td>
</tr>
<tr>
<td><strong>Doctor’s office visits (continued)</strong></td>
<td><strong>YOU PAY</strong></td>
<td><strong>YOU PAY</strong></td>
</tr>
<tr>
<td>• Specialist</td>
<td>$50 (in-network)</td>
<td>$40 (in-network)</td>
</tr>
<tr>
<td>A physician who treats specific conditions</td>
<td>30% of the cost (out-of-network)</td>
<td>30% of the cost (out-of-network)</td>
</tr>
<tr>
<td>such as allergies, heart disease, or foot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>disorders.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive care</strong></td>
<td><strong>YOU PAY</strong></td>
<td><strong>YOU PAY</strong></td>
</tr>
<tr>
<td>Includes annual wellness visits, bone mass</td>
<td>$0 (in-network and out-of-network)</td>
<td>$0 (in-network and out-of-network)</td>
</tr>
<tr>
<td>measurements, diabetes screenings, mammo-</td>
<td></td>
<td></td>
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<tr>
<td>grams, and some vaccines such as flu shots,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hepatitis B shots, and pneumococcal shots.</td>
<td></td>
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<tr>
<td>For a complete list of preventive care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>services that our plan pays for, please see</td>
<td></td>
<td></td>
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<tr>
<td>the Evidence of Coverage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td><strong>YOU PAY</strong></td>
<td><strong>YOU PAY</strong></td>
</tr>
<tr>
<td>You won’t pay a copayment for emergency</td>
<td>$80 (in-network and out-of-network)</td>
<td>$80 (in-network and out-of-network)</td>
</tr>
<tr>
<td>care if you’re admitted to the hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>within 24 hours.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urgent care</strong></td>
<td><strong>YOU PAY</strong></td>
<td><strong>YOU PAY</strong></td>
</tr>
<tr>
<td>You won’t pay a copayment for urgent care</td>
<td>$50 (in-network and out-of-network)</td>
<td>$40 (in-network and out-of-network)</td>
</tr>
<tr>
<td>if you’re admitted to the hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>within 24 hours.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic services, labs, and imaging</strong></td>
<td><strong>YOU PAY</strong></td>
<td><strong>YOU PAY</strong></td>
</tr>
<tr>
<td>• Diagnostic tests and procedures, lab</td>
<td>20% of the cost (in-network)</td>
<td>20% of the cost (in-network)</td>
</tr>
<tr>
<td>services, and outpatient X-rays</td>
<td>30% of the cost (out-of-network)</td>
<td>30% of the cost (out-of-network)</td>
</tr>
<tr>
<td>• Diagnostic radiology services including</td>
<td>25% of the cost (in-network)</td>
<td>$100 or 20% of the cost, depending on</td>
</tr>
<tr>
<td>advanced imaging services such as MRI, CT,</td>
<td>30% of the cost (out-of-network)</td>
<td>the service (in-network)</td>
</tr>
<tr>
<td>and PET scans</td>
<td></td>
<td>30% of the cost (out-of-network)</td>
</tr>
<tr>
<td>• Therapeutic radiology services such as</td>
<td>20% of the cost (in-network)</td>
<td>20% of the cost (in-network)</td>
</tr>
<tr>
<td>radiation treatment for cancer</td>
<td>30% of the cost (out-of-network)</td>
<td>30% of the cost (out-of-network)</td>
</tr>
<tr>
<td><strong>Hearing services</strong></td>
<td><strong>YOU PAY</strong></td>
<td><strong>YOU PAY</strong></td>
</tr>
<tr>
<td>Exam to diagnose and treat hearing and</td>
<td>$50 (in-network)</td>
<td>$40 (in-network)</td>
</tr>
<tr>
<td>balance-related conditions. Doesn’t include</td>
<td>30% of the cost (out-of-network)</td>
<td>30% of the cost (out-of-network)</td>
</tr>
<tr>
<td>routine hearing exams or hearing aids.</td>
<td></td>
<td></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>Standard</th>
<th>Standard Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YOU PAY</strong></td>
<td>$50 (in-network)</td>
<td>$40 (in-network)</td>
</tr>
<tr>
<td><strong>Dental services</strong></td>
<td>30% of the cost (out-of-network)</td>
<td>30% of the cost (out-of-network)</td>
</tr>
<tr>
<td>Limited dental services. Doesn’t include services related to care, treatment, or filling, removing, or replacing teeth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vision services</strong></td>
<td>$30 (in-network)</td>
<td>$10 (in-network)</td>
</tr>
<tr>
<td>• Eye exam to diagnose and treat eye diseases and conditions</td>
<td>30% of the cost (out-of-network)</td>
<td>30% of the cost (out-of-network)</td>
</tr>
<tr>
<td>• Routine eye exam (once a calendar year)</td>
<td>$30 (in-network)</td>
<td>$10 (in-network)</td>
</tr>
<tr>
<td>• Contact lenses and eyeglasses (frames and lenses)</td>
<td>$0 (in-network and out-of-network)</td>
<td>$0 (in-network and out-of-network)</td>
</tr>
<tr>
<td>The plan pays up to $100 every 24 months for contact lenses and eyeglasses (frames and lenses) from any provider.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental health care</strong></td>
<td>In-network: Days 1-20: $100/day</td>
<td>In-network: Days 1-7: $250/day</td>
</tr>
<tr>
<td>• Inpatient visit*</td>
<td>Days 21-90: $0/day</td>
<td>Days 8-90: $0/day</td>
</tr>
<tr>
<td>Mental health care services that require a hospital stay.</td>
<td>Out-of-network: Days 1-14: $375/day</td>
<td>Out-of-network: Days 1-11: $375/day</td>
</tr>
<tr>
<td>• Outpatient therapy visits</td>
<td>Days 15-90: $0/day</td>
<td>Days 12-90: $0/day</td>
</tr>
<tr>
<td>Individual and group visits</td>
<td>$40 (in-network)</td>
<td>$40 (in-network)</td>
</tr>
<tr>
<td>• Skilled nursing facility*</td>
<td>30% of the cost (out-of-network)</td>
<td>30% of the cost (out-of-network)</td>
</tr>
<tr>
<td>Our plan covers up to 100 days in a skilled nursing facility. No prior Medicare-covered acute level of care hospital stay is required.</td>
<td>In-network: Days 1-20: $0/day</td>
<td>In-network: Days 1-20: $20/day</td>
</tr>
<tr>
<td>Days 21-61: $164/day</td>
<td>Days 21-40: $155/day</td>
<td></td>
</tr>
<tr>
<td>Days 62-100: $0/day</td>
<td>Days 41-100: $0/day</td>
<td></td>
</tr>
<tr>
<td>Days 51-100: $0/day</td>
<td>Days 35-100: $0/day</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Standard</th>
<th>Standard Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YOU PAY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient rehabilitation</strong></td>
<td>$35 (in-network)</td>
<td>$30 (in-network)</td>
</tr>
<tr>
<td>• Occupational therapy, physical therapy, and speech and language therapy visit</td>
<td>30% of the cost (out-of-network)</td>
<td>30% of the cost (out-of-network)</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>$250 (in-network and out-of-network)</td>
<td>$225 (in-network and out-of-network)</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Medicare Part B</strong></td>
<td>20% of the cost (in-network)</td>
<td>20% of the cost (in-network)</td>
</tr>
<tr>
<td>Chemotherapy and other Part B drugs.</td>
<td>30% of the cost (out-of-network)</td>
<td>30% of the cost (out-of-network)</td>
</tr>
<tr>
<td><strong>Medical equipment and supplies</strong></td>
<td>20% of the cost (in-network)</td>
<td>20% of the cost (in-network)</td>
</tr>
<tr>
<td>Includes oxygen tanks, walkers, and wheelchairs.</td>
<td>30% of the cost (out-of-network)</td>
<td>30% of the cost (out-of-network)</td>
</tr>
<tr>
<td><strong>Fitness – Silver&amp;Fit® Program</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>A membership to a participating fitness center or up to two home fitness kits with the home fitness program. To find participating fitness centers near you, call 1 (888) 354-4934, or visit silverandfit.com.</td>
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</table>

## PRESCRIPTION DRUGS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Standard</th>
<th>Standard Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual deductible</strong></td>
<td>$400</td>
<td>$0 (Doesn’t apply to tier 1)</td>
</tr>
<tr>
<td>What you’ll have to pay each year out-of-pocket before the plan will pay.</td>
<td></td>
<td></td>
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<tr>
<td><strong>Initial coverage stage</strong></td>
<td></td>
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<tr>
<td>Until total drug costs reach $3,750.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>30-day supply from retail pharmacies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tier 1 – Preferred generic</td>
<td>$5</td>
<td>$4</td>
</tr>
<tr>
<td>- Tier 2 – Generic</td>
<td>$20</td>
<td>$11</td>
</tr>
<tr>
<td>- Tier 3 – Preferred brand</td>
<td>$47</td>
<td>$45</td>
</tr>
<tr>
<td>- Tier 4 – Non-preferred drug</td>
<td>$100</td>
<td>$95</td>
</tr>
<tr>
<td>- Tier 5 – Specialty</td>
<td>25% of the cost</td>
<td>33% of the cost</td>
</tr>
<tr>
<td><strong>90-day supply from mail-order pharmacy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tier 1 – Preferred generic</td>
<td>$5</td>
<td>$4</td>
</tr>
<tr>
<td>- Tier 2 – Generic</td>
<td>$20</td>
<td>$11</td>
</tr>
<tr>
<td>- Tier 3 – Preferred brand</td>
<td>$94</td>
<td>$90</td>
</tr>
<tr>
<td>- Tier 4 – Non-preferred drug</td>
<td>$200</td>
<td>$190</td>
</tr>
<tr>
<td>- Tier 5 – Specialty</td>
<td>25% of the cost</td>
<td>33% of the cost</td>
</tr>
</tbody>
</table>

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.

*For some services, your doctor or other network provider must request prior authorization. Please contact us for more information.
## SUMMARY OF BENEFITS (continued)

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Standard</th>
<th>Standard Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOU PAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRESCRIPTION DRUGS (continued)</strong></td>
<td>35% of the plan’s cost for brand drugs.</td>
<td>35% of the plan’s cost for brand drugs.</td>
</tr>
<tr>
<td>Coverage gap</td>
<td>44% of the plan’s cost for generic drugs.</td>
<td>44% of the plan’s cost for generic drugs.</td>
</tr>
<tr>
<td>Until your yearly out-of-pocket drug costs reach $5,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional gap coverage for tier 1 drugs</td>
<td>Not covered</td>
<td>$4</td>
</tr>
<tr>
<td>• 30-day supply from retail pharmacies</td>
<td>Not covered</td>
<td>$4</td>
</tr>
<tr>
<td>• 90-day supply from mail-order pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catastrophic coverage</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>
<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>
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</tbody>
</table>

HMSA Akamai Advantage is a PPO plan with a Medicare contract. Enrollment in HMSA Akamai 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]. 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 HMSA Akamai 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.
CHOOSING A PLAN

One health plan doesn’t fit all needs. Each plan comes with different levels of medical benefits and costs. Consult with your primary care provider (PCP) and family members. Ask yourself:

- How much health care services and medications do I need?
- How much financial protection do I want?
- How much can I afford?
- How much financial risk am I willing to take?

<table>
<thead>
<tr>
<th>What you pay</th>
<th>Standard</th>
<th>Standard Plus</th>
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</thead>
<tbody>
<tr>
<td>Monthly premiums</td>
<td>Lower</td>
<td>Higher</td>
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<tr>
<td>Out-of-pocket costs</td>
<td>Higher</td>
<td>Lower</td>
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<tr>
<td>Copayments and coinsurance</td>
<td></td>
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<tr>
<td>Maximum out-of-pocket cost</td>
<td>Higher</td>
<td>Lower</td>
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<tr>
<td>Annual limit on how much you pay</td>
<td></td>
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<tr>
<td>out-of-pocket</td>
<td></td>
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</tbody>
</table>

Which plan should I choose?

**Standard**

**Monthly premium:** Lower.

**Things to consider:**
- Higher out-of-pocket costs when you see a doctor, go to the hospital, get prescriptions, and use other health care services.
- Less financial protection if you have a catastrophic accident or illness.

**This plan may be for you if you:**
- Are in relatively good health.
- Don’t use a lot of health care services and medications.
- Need health insurance just in case.
- Have a high risk tolerance for financial risk.

**Standard Plus**

**Monthly premium:** Higher.

**Things to consider:**
- Lower out-of-pocket costs when you see a doctor, go to the hospital, get prescriptions, and use other health care services.
- More financial protection if you have a catastrophic accident or illness.

**This plan may be for you if you:**
- Have chronic health conditions.
- See doctors often.
- Take a lot of medications.
- Anticipate surgery.
- Have a low risk tolerance for financial risk.

**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 HMSA Akamai Advantage. You may not need to enroll in HMSA Akamai 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 HMSA Akamai 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.
ENROLLMENT
Sign up today!

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.
• 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 HMSA Akamai 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 HMSA Akamai Advantage at medicare.gov.

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 and click Download Provider Directory. Or click Find a Doctor on the home page.
We’ll make your transition to HMSA Akamai 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 HMSA Akamai 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 out-of-date cards.

**Getting care**
To get the most savings from your health plan, go to doctors, hospitals, pharmacies, and other providers in the HMSA Akamai Advantage network. They have an agreement with HMSA to charge you a lower amount than providers outside the network. You can go to providers outside the network, but you may pay more.
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.
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.


Inā he mau nīnau kou no HMSA, he kuleana ko mākou no ka hā‘awi manuahi i keia ho‘olaha a me nā kōkua ‘e a’e ma kou ‘ōlelo pono‘i. No ke kama‘ilio me kekahi mea unuhi, e kelepona manuahi iā 1 (800) 776-4672-4672. 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，以獲得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) 776-4672-4672。 TTY 711.

Laotian: ໂດຍການສະບັນທຸກໄດ້ມີຮູບຮ່ວມກັບການຄໍາວາງການນາງະນິການ HNSA ແລະການບໍລິການຊອງການ HNSA ເອກາທິດເຕີການບໍລິການຊອງການ. ໃໝ້ອານດີສາມາດຮູບຮ່ວມກັນລາຍການການບໍລິການຊອງການ HNSA ເພີ່ມເລື່ອງທີ່ດີສາມາດຮູບຮ່ວມກັນການບໍລິການຊອງການ ແລະການບໍລິການຊອງການ. ໃໝ້ອານດີສາມາດຮູບຮ່ວມກັນສາມາດຮູບຮ່ວມກັນການບໍລິການຊອງການ. ເພີ່ມເລື່ອງທີ່ດີສາມາດຮູບຮ່ວມກັນການບໍລິການຊອງການ. ໃໝ້ອານດີສາມາດຮູບຮ່ວມກັນສາມາດຮູບຮ່ວມກັນການບໍລິການຊອງການ. ໄດ້ຮູບຮ່ວມກັນສາມາດຮູບຮ່ວມກັນການບໍລິການຊອງການ. ໃໝ້ອານດີສາມາດຮູບຮ່ວມກັນສາມາດຮູບຮ່ວມກັນການບໍລິການຊອງການ. 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。
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.

Samoan - Fa’asamoan: O lenei fa’aliga tāua e fa’atatau i lau tusi talosaga ma fa’amanuiaiga ‘e te ono agava’a ai, pe’ā fa’amanuiaiga ‘oe i le polokalame o le HMSA. E aofoa ai fo’i i lalo o lenei fa’aliga ia aso tāua. E ono mana’omia ‘oe e fa’atinoina ni galuega e fa’atonuina ai ‘oe i totonu o le taimi fa’atulagaina, ina ‘ia e agava’a ai pea mo fa’amanuiaiga e le polokalame soifua maloloina ‘ua fa’ata’atia po’o se feasoasoini fo’i mo le totogī’ina. Afai e ia i nesi e fo’i ai i ngaahi ‘aho mau nia o fai e la taka a lea tamogina fa’atatau e te talosaga ai e mauga lelei lau gagana e aunoa ma se totogī. A mana’omia le feasoasoini a se fa’aliliu ‘upu, fa’amolemale fa’afesoto’a i le numero 1 (800) 776-4672 e leai se totogī o lenei ‘au’aunaga. TTY 711.

Spanish: Este aviso contiene información importante sobre su solicitud a HMSA o beneficios del plan. También puede incluir fechas clave. Puede que tenga que tomar medidas antes de determinadas fechas a fin de mantener su plan de salud u obtener ayuda con los gastos.

Si usted o alguien a quien le preste ayuda tiene preguntas respecto a HMSA, usted tiene el derecho de recibir este aviso y otra ayuda en su idioma, sin ningún costo. Para hablar con un intérprete, llame al número gratuito 1 (800) 776-4672. TTY 711.


Kung kayo o isang taong tinutulungan ninyo ay may mga tanong tungkol sa HMSA, may karapatan kayong makuhang abiso na ito at iba pang tulong sa inyong wika nang walang bayad. Upang makipag-usap sa isang tagapagsalin ng wika, mangyaring tumawag sa 1 (800) 776-4672 toll-free. TTY 711.

Tongan - Fakatonga: Ko e fakatokanga mahu’inga eni fekau’aki mo ho’o kole ki he HMSA pe palani penefiti. ‘E malava ke hā ai ha ngaahi ‘aho ‘oku mahu’inga. ‘E i ai e ngaahi ‘aho pa’u ‘e fiema’u ke fa fa fai e ‘ū me’a ‘uhiā ko ho’o palani mo’ui lelei pe ko ho’o ma’u ha tokoni fekau’aki mo e totonu. Kapau ‘oku ‘i ai ha’o fehu’i pe ha fehu’i ha’ta haka ‘oku ke tokonia fekau’aki mo e HMSA, ‘oku totonu ke ke ma’u e fakatokanga ko eni pe ha toe tokoni pe ‘i ho’o lea faka-fonuā tā te totonu. Ke talanoa ki ha taha fakatonulea, kātaka tā ta’etotongi ki he 1 (800) 776-4672. TTY 711.

Trukese: Ei esinesin a kawor auchean porausen omw HMSA apilikeison me/ika omw kewe plan benefit. A pwan pachanong porausen ekoch ran mei auchea ngeni omw ei plan Ina epwe pwan auchea omw kopwe fori ekoch ofor me mwen ekei ran (mei pachanong) pwe omw health plan esap kouno, are/ika ren omw kopwe angei aninisin monien omw ei plan. Ika a wor omw kapas eis usun HMSA, ka tongeni tungoren aninis, iwe ka pwan tongeni tungoren ar repwe ngonuk echina kapin ei taropwe mei translatini non kapasen fonuom, ese kamo. Ika ka mwochen kapas ngeni emon chon chia, kosemochen kopwe kori 1 (800) 776-4672, ese kamo. TTY 711.

Vietnamese: Thông báo này có thông tin quan trọng về đơn đăng ký HMSA hoặc phúc lợi chương trình của quý vị. Thông báo cũng có thể bao gồm những ngày quan trọng. Quý vị có thể cảm nhận được trước một số ngày để duy trì chương trình bảo hiểm sức khỏe của mình hoặc được giúp đỡ có tính phí.

Nếu quý vị hoặc người quý vị đang giúp đỡ có thắc mắc về HMSA, quý vị có quyền nhận thông báo này và trợ giúp khác bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thợ dịch viên, vui lòng gọi số miễn cước 1 (800) 776-4672. TTY 711.
SECTION 1: PROVIDE INFORMATION ABOUT YOU

First Name
MI

Last Name

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

Residence City

State

ZIP Code

Sex
M or F

Birth Date (MM/DD/YYYY)

Daytime Telephone Number

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

Mailing Street Address (include apartment number)

Mailing City

State

ZIP Code

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)

First Name

Last Name

HMSA Use Only

App Rec Date: / / MBI: - - - - SBM Item #:_______

Sub ID#: A - Group Sponsored Individual

HMSA Akamai Advantage Group#: -

Effective Date: / 01/2018

Election Period: ICEP IEP-D AEP (Oct 15-Dec 7)
SEP (type): 

Not Eligible: __________________________

ESRD Group Waiver Authorization Form

Sales Agent ID: __________________________ Agent Assisted: No Yes (Agent Assist ID & Name)

SOA # ________________________________
I'd like HMSA Akamai Advantage to begin on the first day of the month of [ ] / 2018
I understand that this is my HMSA Akamai Advantage proposed start date.

Select the HMSA Akamai Advantage option you wish to enroll in. (Premiums are per person, per month. Please check only ONE of the four boxes below.)

- Complete (PPO) (Available to Oahu residents only) ................................................................. $57
- Complete Plus (PPO) (Available to Oahu residents only) ........................................................ $147
- Standard (PPO) (Available to residents of Hawaii, Maui, Kauai, and Kalawao counties) ...... $92
- Standard Plus (PPO) (Available to residents of Hawaii, Maui, Kauai, and Kalawao counties) ................................................................................................................................. $192

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) / / 

HMSA 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:

...........................................
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 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 Dues Payment Authorization Form.)
  ☐ 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:

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, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, HMSA Akamai Advantage provides refunds for all covered benefits, even if I get services out of network. 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.

**Hilo, Hawaii Island**
Waiakea Center | 303A E. Makaala St.
Monday through Friday, 9 a.m.–7 p.m. | Saturday, 9 a.m.–2 p.m.

OFFICES
Visit your nearest HMSA office Monday through Friday, 8 a.m.–4 p.m.:

**Kailua-Kona, Hawaii Island** | 75-1029 Henry St., Suite 301

**Kahului, Maui** | 33 Lono Ave., Suite 350

**Lihue, Kauai** | 4366 Kukui Grove St., Suite 103

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.