

SECTION 3: SELECT YOUR PLAN PREMIUM PAYMENT OPTION

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty assessed), we need to know how you would prefer to pay it. 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](https://www.socialsecurity.gov/prescriptionhelp). Premiums, copayments, coinsurance and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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.

5. What language do you speak most of the time at home? **(Choose one.)**

- | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Ilocano | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Other (any language not listed above.) |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog | |

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.

HMSA Akamai Advantage Dual Care has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2019 based on a review of HMSA Akamai Advantage Dual Care's Model of Care.

SECTION 5: PLEASE READ AND SIGN ON FOLLOWING PAGE

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

HMSA Akamai Advantage Dual Care (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

Important Information About Your Health Plan

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.



An Independent Licensee of the Blue Cross and Blue Shield Association

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.

Hawaiian: He 'ike ko'iko'i ko kēia ho'olaha pili i kou 'inikua a i 'ole palapala noi 'inikua HMSA. Aia paha he mau lā ko'iko'i ma kēia ho'olaha. Pono paha 'oe e hana i kekahi mea ma mua o kekahi lā no ka ho'omau i kou 'inikua a i 'ole ka 'imi kōkua me ka uku.

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

Bisayan - Visayan: Kini nga pahibalo adunay importanteng impormasyon mahitungod sa imong aplikasyon sa HMSA o mga benepisyo sa plano. Mahimo sab nga aduna kini mga importanteng petsa. Mahimong kinahanglan kang magbuhat og aksyon sa mga partikular nga petsa aron mapabilin ang imong plano sa panglawas o aron mangayo og tabang sa mga gastos.

Kung ikaw o ang usa ka tawo nga imong gitabangan adunay mga pangutana mahitungod sa HMSA, aduna kay katungod nga kuhaon kini nga pahibalo ug ang uban pang tabang sa imong lengguwahe nga walay bayad. Aron makig-istorya sa usa ka tighubad, palihug tawag sa 1 (800) 776-4672 nga walay toll. 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.

Ilocano: Daytoy a pakaammo ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo iti HMSA wenno kadagiti benepisioyo iti plano. Mabalina nga adda pay nairaman a petsa. Mabalina a masapulyo ti mangaramid iti addang agpatingga kadagiti partikular a petsa tapno agtalinaed kayo iti plano wenno makaala kayo iti tulong kadagiti gastos.

No addaan kayo wenno addaan ti maysa a tao a tultulonganyo iti saludsod maipanggep iti HMSA, karbenganyo a maala daytoy a pakaammo ken dadduma

pay a tulong iti bukodyo a pagsasao nga awan ti bayadna. Tapno makapatang ti maysa a mangipatarus ti pagsasao, tumawag kay koma iti 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。

患者さん、または付き添いの方がHMSAについて質問がある場合は、母国語で無料で通知を受けたり、他のサポートを受ける権利があります。通訳を希望する場合は、ダイヤルフリー電話 1 (800) 776-4672 をご利用ください。TTY 711.

Laotian: ແຈ້ງການສະບັບນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການສະມັກ HMSA ຂອງທ່ານ ຫຼືແຜນຜົນປະໂຫຍດຈາກ HMSA. ອາດມີຂໍ້ມູນກ່ຽວກັບວັນທີທີ່ສໍາຄັນ. ທ່ານອາດຕ້ອງໄດ້ດໍາເນີນການໃນວັນທີໃດໜຶ່ງເພື່ອຮັກສາແຜນສຸຂະພາບຂອງທ່ານ ຫຼືຮັບການຊ່ວຍເຫຼືອຄ່າຮັກສາ.

ຖ້າຫາກທ່ານ ຫຼືຜູ້ທີ່ທ່ານຊ່ວຍເຫຼືອມີຄໍາຖາມກ່ຽວກັບ HMSA, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບແຈ້ງການສະບັບນີ້ ແລະການຊ່ວຍເຫຼືອອື່ນໆເປັນພາສາຂອງທ່ານໂດຍບໍ່ຕ້ອງເສຍຄ່າ. ເພື່ອໂທຫາພາສາແບບພາສາ, ກະລຸນາໂທໄປ 1 (800) 776-4672 ໂດຍບໍ່ເສຍຄ່າ. TTY 711.

Marshallese: Kojella in ej boktok jet melele ko reaurok kin application ak jipan ko jen HMSA bwilan ne am. Emaron bar kwalok jet raan ko reaurok bwe kwon jela. Komaron aikuij kommane jet bunten ne ko mokta jen detlain ko aer bwe kwon jab tum jen health bwilan en am ak bok jipan kin wonaan takto.

Ne ewor kajjitok kin HMSA, jen kwe ak juon eo kwoj jipane, ewor am jimwe im maron nan am ba ren ukot kojella in kab melele ko kin jipan ko jet nan kajin ne am ilo ejjelok wonaan. Bwe kwon kenono ippan juon ri-ukok, jouj im calle 1 (800) 776-4672 tollfree, enaj ejjelok wonaan. TTY 711.

Micronesian - Pohnpeian: Kisin likou en pakair wet audaudki ire kesempwal me pid sapwelimwomwi aplikasin en HMSA de koasoandihn sawas en kapai kan. E pil kak audaudki rahn me pahn kesempwal ieng komwi. Komw pahn kakete anahne wia kemwekid ni rahn akan me koasoandi kan pwe komwi en kak kolokol sawas en roson mwahu de pil ale pweinen sawas pwukat.

Ma komwi de emen aramas tohrohr me komw sewese ahniki kalelapak me pid duwen HMSA, komw ahniki pwuhng en ale pakair wet oh sawas teikan ni sapwelimwomwi mahsen ni soh isepe. Ma komw men mahsenieng souhn kawehwe, menlau eker telephohn 1 (800) 776-4672 ni soh isepe. 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 취하셔야 합니다.

신청자 본인 또는 본인의 도움을 받는 누군가가 HMSA에 대해 궁금한 사항이 있으면 본 통지서를 받고 아무런 비용 부담 없이 모국어로 다른 도움을 받을 수 있습니다. 통역사를 이용하려면 수신자 부담 전화 1 (800) 776-4672번으로 연락해 주시기 바랍니다. TTY 711.

Samoaan - Fa'asamoa: O lenei fa'aliga tāua e fa'atatau i lau tusi talosaga ma fa'amanuiaga 'e te ono agava'a ai, pe'a fa'amanuiaina 'oe i le polokalame o le HMSA. E aofia 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'amanuiaga i le polokalame soifua maloloina 'ua fa'ata'atia po'o se fesoasoani fo'i mo le tologi'ina.

Afai e iai ni fesili e fa'atatau i le HMSA, e iai lou aiātatau e te talosaga ai e maua lenei fa'aliga i lau gagana e aunoa ma se tologi. A mana'omia le fesoasoani a se fa'aliliu 'upu, fa'amolemole fa'afeso'ota'i le numera 1 (800) 776-4672 e leai se tologi 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. Pueda 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.

Tagalog: Ang abiso na ito ay naglalaman ng mahalagang impormasyon tungkol sa inyong aplikasyon sa HMSA o mga benepisyo sa plano. Maaari ding kasama dito ang mga petsa. Maaaring kailangan ninyong gumawa ng hakbang bago sumapit ang mga partikular na petsa upang mapanatili ninyo ang inyong planong pangkalusugan o makakuha ng tulong sa mga gastos.

Kung kayo o isang taong tinutulungan ninyo ay may mga tanong tungkol sa HMSA, may karapatan kayong makuha ang 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 ha ai ha ngaahi 'aho 'oku mahu'inga. 'E i ai e ngaahi 'aho pau 'e fiema'u ke ke fai e 'u me'a 'uhiā ko ho'o palani mo'ui lelei pe ko ho'o ma'u ha tokoni fekau'aki mo e totongi.

Kapau 'oku 'i ai ha'o fehu'i pe ha fehu'i ha'a taha '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 fakafonu'a ta'e totongi. Ke talanoa ki ha taha fakatonulea, katiki ta 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 foror 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 eche kapin ei taropwe mei transladini non kapasen fonuom, ese kamo. Ika ka mwochen kapas ngeni emon chon chiakku, 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 cần hành động 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 thông dịch viên, vui lòng gọi số miễn cước 1 (800) 776-4672. TTY 711.