

Student Plan 2025-2026



Welcome to the University of Hawaii and Chaminade University Student Plan

ooking for health insurance? The University of Hawaii and Chaminade University Student Plan is a smart choice while going to school. Eligible students get medical and prescription drug benefits, including doctor's office visits, diagnostic tests, emergency room visits, inpatient hospitalization, and more. You also have the option to buy a dental plan or additional coverage.

For more information, see the benefit summary starting on page 4.

Here's an overview of the student plan options:

Option 1 Medical with drug
Option 2 Medical with drug, repatriation,
life, and accidental death
and dismemberment coverage
Option 3 Medical with drug and dental

Option 4 Medical with drug, dental, repatriation, life, and accidental death and dismemberment coverage

Per section 1882(d) of the Social Security Act, the University of Hawaii and Chaminade Student Plan is not available for individuals with Medicare Part A, Part B, or Social Security Disability Insurance. Call us at (808) 948-5555, option 1, if you have questions.

Note: J-1 visa holders are required by federal law to have repatriation coverage. International students at the University of Hawaii are required by university policy to have repatriation coverage. Plans for individuals, two parties, and families are available. To be eligible, students must be enrolled in the University of Hawaii system or Chaminade University for a minimum number of credits:

- University of Hawaii and Chaminade University undergraduate students: Six credits.
- University of Hawaii graduate students: Four credits.
- Chaminade University graduate students: Three credits.

This brochure includes a summary of the University of Hawaii and Chaminade University Student Plan. For more information, see the plan's Summary of Benefits and Coverage and Guide to Benefits at hmsa.com/student.

If you have questions, we're happy to help. Call (808) 948-5555, option 1, or 1 (800) 620-4672, option 1.

You can also visit us at an HMSA Center. Our knowledgeable representatives are available to answer your questions and can help you enroll. See locations and hours on the back cover or visit hmsa.com/contact.

To apply, go to hmsa.com/student. Once your bill is received, you'll have the option to pay by mail, phone, in person, or online.

University of Hawaii and Chaminade University Student Plan

Member premiums Aug. 20, 2025-Aug. 19, 2026

| OPTION 1 | | OPTION 2 | |
|--|----------------|--|----------------|
| Medical with Drug | HMSA Rates* | Medical with Drug, Repatriation, Life, and AD&D | HMSA Rates* |
| Fall 2025 Coverage Period: | | Fall 2025 Coverage Period: | |
| Aug. 20, 2025-Dec. 31, 2025 | | Aug. 20, 2025-Dec. 31, 2025 | |
| Student only | \$1,969.76 | Student only | \$1,983.42 |
| Student and one dependent | \$5,910.20 | Student and one dependent | \$5,923.86 |
| Student and two or more dependents | \$8,372.26 | Student and two or more dependents | \$8,385.92 |
| Spring 2026 Coverage Period: Jan. 1, 2026-May 19, 2026 | | Spring 2026 Coverage Period: Jan. 1, 2026-May 19, 2026 | |
| Student only | \$2,043.28 | Student only | \$2,057.46 |
| Student and one dependent | \$6,130.74 | Student and one dependent | \$6,144.92 |
| Student and two or more dependents | \$8,684.64 | Student and two or more dependents | \$8,698.82 |
| Summer 2026 Coverage Period: May 20, 2026-Aug. 19, 2026 | | Summer 2026 Coverage Period: May 20, 2026-Aug. 19, 2026 | |
| Student only | \$1,352.38 | Student only | \$1,361.76 |
| Student and one dependent | \$4,057.76 | Student and one dependent | \$4,067.14 |
| Student and two or more dependents | \$5,748.12 | Student and two or more dependents | \$5,757.50 |

For more information, refer to the eligibility and application page.

To apply, go to hmsa.com/student. Once you receive your bill,
you can pay by mail, phone, in person, or online.

| ENROLLMENT DATES | | |
|------------------|----------------|----------------|
| | Starts** | Ends** |
| Fall 2025 | July 21, 2025 | Sept. 26, 2025 |
| Spring 2026 | Dec. 8, 2025 | Feb. 6, 2026 |
| Summer 2026 | April 20, 2026 | June 19, 2026 |

^{*} Includes 3% administration fee.

Benefit changes can only be made during the fall semester's open enrollment.

^{**} These dates show you when you can enroll in a plan for a specific semester. The plan start date for each semester is listed in the table above. For example, you can enroll in a summer 2026 plan from April 20 to June 19, 2026. The plan starts on May 20, 2026, whether you enrolled in April or June.

University of Hawaii and Chaminade University Student Plan

Member premiums Aug. 20, 2025-Aug. 19, 2026

| OPTION 3 | | OPTION 4 | |
|---|----------------|--|----------------|
| Medical with Drug and Dental | HMSA Rates* | Medical with Drug, Dental, Repatriation, Life, and AD&D | HMSA Rates* |
| Fall 2025 Coverage Period: | | Fall 2025 Coverage Period: | |
| Aug. 20, 2025-Dec. 31, 2025 | | Aug. 20, 2025-Dec. 31, 2025 | |
| Student only | \$2,104.74 | Student only | \$2,118.40 |
| Student and one dependent | \$6,162.38 | Student and one dependent | \$6,176.04 |
| Student and two or more dependents | \$8,761.70 | Student and two or more dependents | \$8,775.36 |
| Spring 2026 Coverage Period: Jan. 1, 2026-May 19, 2026 | | Spring 2026 Coverage Period: Jan. 1, 2026-May 19, 2026 | |
| Student only | \$2,183.30 | Student only | \$2,197.48 |
| Student and one dependent | \$6,392.32 | Student and one dependent | \$6,406.50 |
| Student and two or more dependents | \$9,088.62 | Student and two or more dependents | \$9,102.80 |
| Summer 2026 Coverage Period: | | Summer 2026 Coverage Period: | |
| May 20-Aug. 19, 2026 | | May 20-Aug. 19, 2026 | |
| Student only | \$1,445.06 | Student only | \$1,454.44 |
| Student and one dependent | \$4,230.90 | Student and one dependent | \$4,240.28 |
| Student and two or more dependents | \$6,015.50 | Student and two or more dependents | \$6,024.88 |

For more information, refer to the eligibility and application page.

To apply, go to hmsa.com/student. Once you receive your bill,
you can pay by mail, phone, in person, or online.

| ENROLLMENT DATES | | |
|------------------|----------------|----------------|
| | Starts** | Ends** |
| Fall 2025 | July 21, 2025 | Sept. 26, 2025 |
| Spring 2026 | Dec. 8, 2025 | Feb. 6, 2026 |
| Summer 2026 | April 20, 2026 | June 19, 2026 |

^{*} Includes 3% administration fee.

Benefit changes can only be made during the fall semester's open enrollment.

^{**} These dates show you when you can enroll in a plan for a specific semester. The plan start date for each semester is listed in the table above. For example, you can enroll in a summer 2026 plan from April 20 to June 19, 2026. The plan starts on May 20, 2026, whether you enrolled in April or June.



BENEFITS AT-A-GLANCE: MEDICAL

All costs are for participating providers only.

Please see your *Guide to Benefits* for information on providers outside our network.

| | Preferred Provider Plan (491) |
|---|---|
| | PPO Network |
| | Member Cost |
| Annual Deductible | Single: \$50 |
| Annual Copayment Maximum | Single: \$2,500 Family: \$7,500 |
| Medical Evacuation | Up to \$50,000 |
| To help maintain your health | |
| Annual Well-woman Exam | \$0 |
| Annual Well-child Care (21 and younger) | \$0 |
| Preventive Screenings (Grade A & B recommendations of the U.S. Preventive Services Task Force. For a list of all covered screenings, see https://hmsa.com/preventive) | \$0 |
| Immunizations (Standard and travel) | \$0 |
| If you need immediate medical attention | |
| HMSA's Online Care® | \$0 |
| Urgent Care | 25% coinsurance* |
| Emergency Room | 25% coinsurance* |
| Ambulance (Ground or interisland air) | \$0* |
| If you visit a doctor's office or clinic (outpatient) | |
| Doctor Visit | 25% coinsurance* |
| Specialist Visit | 25% coinsurance* |
| Physical Therapy | 25% coinsurance* |
| Radiology – General (e.g., X-ray) | 25% coinsurance* |
| Radiology – Other (e.g., MRI, CT scan, ultrasound) | 25% coinsurance* |
| Lab Tests (e.g., Blood work) | 25% coinsurance* |
| If you have a hospital stay (inpatient) | |
| Hospital Room and Board | 25% coinsurance* |
| Surgery | 25% coinsurance* (cutting) 25% coinsurance* (non-cutting) |
| Radiology – General (e.g., X-ray) | 25% coinsurance* |
| Radiology – Other (e.g., MRI, CT scan, ultrasound) | 25% coinsurance* |
| Lab Tests (e.g., Blood work) | 25% coinsurance* |
| If you're pregnant | |
| Routine Prenatal and Postnatal Care | 25% coinsurance* |
| Delivery | 25% coinsurance* |
| Hospital Room and Board | 25% coinsurance* |

^{*}Services that apply to your plan's deductible or the amount you pay for covered services before your health plan pays.

Visit hmsa.com to access your suite of well-being tools and to log in to My Account to view in-depth information about your health plan. Amwell is an independent company providing hosting and software services for HMSA's Online Care platform on behalf of HMSA.

| Key Terms | |
|--|--|
| Term | Definition |
| Annual Copayment Maximum | The maximum amount you have to pay for covered services and products (your deductibles, copayments, and coinsurance) in a calendar year before your health plan pays 100% of the cost of covered services. |
| Annual Deductible | The amount you pay each calendar year for covered health care services and products before your plan starts to pay (excluding contraceptives, prescription drugs and supplies, preventive care, and well-child care). Until you meet the deductible each calendar year, you pay 100% of your medical expenses. |
| Coinsurance vs. Copayment | Coinsurance: The percentage of your out-of-pocket costs for covered health care services and products after you've met your deductible (if your plan has one). Copayment: The fixed dollar amount you pay participating providers for covered health care services and products after you've met your deductible (if your plan has one). |
| Eligible Charge vs. Actual Charge | Eligible Charge: The maximum amount that participating providers agree to charge for covered health care services and products. Actual Charge: The amount that nonparticipating providers can charge for health care services and products. This amount is usually higher than the eligible charge. |
| Guide to Benefits | Your comprehensive guide and legal document that explains your benefits in detail, including exclusions, limitations, terms, and conditions for a specific plan. |
| HMSA's Online Care | A video chat service that connects you to a board-certified doctor who can diagnose conditions and prescribe medication 24/7, 365 days a year. |
| Medical Evacuation | Transportation to a member's home country or domicile if the member is unable to travel without help due to a medical condition. Precertification is required. The plan pays up to a maximum of \$50,000 for a covered evacuation. |
| Participating Provider vs. Nonparticipating Provider | Participating provider: Providers who have a contract with HMSA are "in network" and have agreed to charge you a set fee. Nonparticipating provider: Providers who don't have a contract with HMSA are considered "out of network." They can charge any amount for health care services and products, which can be more than what your plan will pay. |
| PPO vs. HMO | PPO (Preferred Provider Organization): A plan that gives you the freedom to see any provider, both in and out of network, without a referral. Our network has more than 5,000 doctors, specialists, and other health care professionals. No other health plan in Hawaii has a larger provider network. HMO (Health Maintenance Organization): A plan with a designated primary care provider (PCP) and a health center for all care. If you see providers outside your health center, you'll need a referral from your PCP. |
| Provider | A doctor, hospital, pharmacy, or laboratory. |
| U.S. Preventive Services Task Force | An independent volunteer panel of national experts in prevention and evidence-based medicine that recommends certain clinical preventive services such as screenings. |



BENEFITS AT-A-GLANCE: DRUG

All costs are for participating providers only.

Please see your *Guide to Benefits* for information on providers outside our network.

| | Davie (492) |
|---|---|
| | Drug (483) |
| | Member Cost |
| Maximum Out of Pocket | Single: \$3,600 |
| Iviaximum out of Pocket | Family: \$4,200 |
| 1 to 30-day supply from pharmacies | |
| Tier 1: Mostly Generic Drugs | \$10 copayment |
| Tier 2: Mostly Preferred Formulary Drugs | \$20 copayment |
| Tier 3: Mostly Non-preferred Formulary Drugs | \$20 copayment and \$45 tier 3 cost share |
| Tier 4: Mostly Preferred Formulary Specialty Drugs | \$100 copayment |
| Tier 5: Mostly Non-preferred Formulary Specialty Drugs | \$200 copayment |
| 84 to 90-day supply from participating pharmac | ies or mail-order prescription drug program |
| Tier 1: Mostly Generic Drugs | \$20 copayment |
| Tier 2: Mostly Preferred Formulary Drugs | \$45 copayment |
| Tier 3: Mostly Non-preferred Formulary Drugs | \$45 copayment and \$135 tier 3 cost share |
| Tier 4: Mostly Preferred Formulary Specialty Drugs | Not covered |
| Tier 5: Mostly Non-preferred Formulary Specialty Drugs | Not covered |

To learn more about HMSA's drug tiers, visit hmsa.com/drug-list.

Key Terms

Formulary

Drug Program

Mail-order Prescription

| Term | Definition |
|-----------------------------|---|
| Annual Copayment Maximum | The maximum amount you have to pay for covered services (your deductibles, copayments, and coinsurance) in a calendar year before your health plan pays 100% of the cost of covered services. |
| Cost Share | A portion of the total drug cost you're required to pay in addition to a copayment or coinsurance. |
| Drug Tiers | The way that HMSA categorizes drug types that are covered under the plan. The common categories are generic, preferred, brand name, and specialty drugs. |

Get prescription drugs from our mail-order provider at a lower cost than retail and have medications delivered to your home. For more information, visit hmsa.com.

A list of drugs that are covered under your drug plan. For a detailed list, please visit hmsa.com/drug-list.



BENEFITS AT-A-GLANCE: DENTAL

All costs are for participating providers only.

Please see your *Guide to Benefits* for information on providers outside our network.

| | HMSA Group Dental PPO Plan (C96) |
|--|---|
| | PPO Network |
| | Member Cost |
| Calendar Year Maximum | \$1,000 |
| Calendar Year Rollover | Not a benefit |
| Preventive Care | |
| Exams* (Two per calendar year) | \$0 |
| Cleanings* (Two per calendar year) | \$0 |
| Topical Fluoride (Ages 0-18, two per calendar year) | \$0 |
| X-rays* (Excluding periapical) | \$0 |
| Basic Care | |
| X-rays* (Periapical) | 30% coinsurance |
| Sealants (Through age 16) | 30% coinsurance |
| Space Maintainers (Through age 13) | 30% coinsurance |
| Fillings (Amalgam and composite) | 30% coinsurance |
| Endodontics (Root canal therapy) | 30% coinsurance |
| Periodontics (Gum maintenance) | 30% coinsurance |
| Major Care | |
| Waiting Period for New Members | 12 months for bridges, dentures, implants, and crowns |
| Crowns, Bridges, Implants | 50% coinsurance |
| Orthodontics | Not a benefit |

^{*}Enhanced Dental Benefits: Additional dental services and support are available for pregnant women and members diagnosed with diabetes, coronary artery disease, stroke, Sjögren's syndrome, or oral cancer. Go to hmsa.com/oralhealth for more information.

Note: Dental benefit applies only to students insured under a plan option that includes dental.

| Key Terms | | |
|-----------------------------------|---|--|
| Term | Definition | |
| Calendar Year Maximum | The maximum dollar amount the plan will pay toward covered services during a calendar year. | |
| Calendar Year Rollover | A portion of your unused calendar year maximum that may be carried over to the next calendar year when certain conditions are met. This allows you to accumulate benefit dollars to pay for covered services in the next calendar year. | |
| Waiting Period for New Members | New members may have to wait to get certain dental services before their plan will pay for it. | |



An Independent Licensee of the Blue Cross and Blue Shield Association

BENEFITS AT-A-GLANCE: ADDITIONAL BENEFITS

All costs are for participating providers only.

Please see your Guide to Benefits for information on providers outside our network.

| LIFE / AD&D | |
|---|--|
| | Benefit Amounts |
| Repatriation | Up to \$25,000 |
| Life and Accidental Death and Dismemberment Insurance | \$30,000 benefit per eligible subscriber |

Notes:

- 1) Life and AD&D benefit applies only to students insured under a plan option that includes life and AD&D insurance.
- 2) Repatriation benefit applies only to students insured under a plan option that includes life and AD&D insurance and dependents of insured students if the dependent is a J-2 visa holder.

Understand important information about your plan: This Benefits at-a-Glance provides a basic overview and comparison of a few plan benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third-party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your *Guide to Benefits* and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at hmsa.com/appeals.

Eligibility and Application Information

University of Hawaii system and Chaminade University students must meet requirements to be eligible for the student plan. A minimum of six credits for undergraduates, four credits for UH graduate students, and three credits for Chaminade graduate students is required for each fall and spring semester. Three credits are required during the summer sessions for both undergraduate and graduate students.

Per section 1882(d) of the Social Security Act, the University of Hawaii and Chaminade Student plan is not available for individuals with Medicare Part A, Part B, or Social Security Disability Insurance. Please call HMSA at (808) 948-5555, option 2, if you have questions.

Exceptions

Students who don't meet the minimum credit requirement may enroll in the plan if the credits represent a final graduation requirement. The student must obtain a letter from the appropriate department confirming this information and include it with the application and payment. Please note that one credit of thesis (700) or dissertation (800) research meets the minimum eligibility requirement.

Students who don't take summer courses may stay on the plan during the summer semester if they were enrolled in the HMSA Student Plan during the previous spring semester and will register for the following fall semester. The summer semester must be paid by the deadline on the summer bill.

We reserve the right to request documentation at any time that shows you meet this criteria. If you're accepted into this plan, you must pay your premium on time to be eligible for coverage.

Please be aware that your eligibility for the student plan is monitored throughout the semester(s). If eligibility is not met, your enrollment will be canceled as of its start date and you will be responsible for the full payment of claims paid on your behalf.

Periodically, HMSA, the University of Hawaii, and Chaminade University perform a recertification of eligibility that may occur during the semester. If the University of Hawaii and/or Chaminade University can't confirm your eligibility, HMSA will contact you to request a copy of your class schedule with credit hours. If you're not able to provide your schedule or don't have the appropriate number of credit hours, your coverage will be terminated retroactively to the effective date of the semester. All claims paid on your behalf will be deducted from your refund.

Enrollment options

Eligible students can enroll online at hmsa.com/student or in person at an HMSA Center. For locations and hours, visit hmsa.com/contact.

To enroll online

- See the back cover or go to to hmsa.com/student.
- Once enrolled, you'll be billed and can pay by mail, phone, in person, or online.

To enroll in person

 Go to hmsa.com/contact for HMSA Center locations and hours.

Enrollment policy

Student enrollment is accepted only during open enrollment. Once the deadline has passed, you won't be able to enroll until the next semester.

Enrollment dates

Your application materials must be completed and postmarked by the deadline:

| | Starts | Ends |
|-------------|----------------|----------------|
| Fall 2025 | July 21, 2025 | Sept. 26, 2025 |
| Spring 2026 | Dec. 8, 2025 | Feb. 6, 2026 |
| Summer 2026 | April 20, 2026 | June 19, 2026 |

Cancellation policy

Cancellations/refunds won't be processed once the enrollment deadline for each semester has passed. If you'd like to cancel your plan before the enrollment deadline, please send a cancellation and refund request in writing:

- By email to studentplan@hmsa.com or
- By mail to:

HMSA

Attn: MS-UH/Chaminade Student Plan

P.O. Box 860

Honolulu, HI 96808-0860

If you drop out of the University of Hawaii system or Chaminade University, you won't have benefits under this health plan and claims won't be paid. If you withdraw from school and need a refund, send your request in writing by email or mail to the contact information on the left with a letter from your campus registrar documenting your withdrawal date. Your cancellation date will be the first of the month following the date of withdrawal. Once the semester enrollment deadline has passed, any mid-semester request for cancellation other than withdrawal will be denied.

Important Information about the University of Hawaii and Chaminade University Student Plan

Provider Network

With the University of Hawaii and Chaminade University Student Plan, you have the freedom to choose the provider who best meets your health care needs.

You may receive care from a student health clinic or any HMSA participating provider statewide. HMSA's provider network includes all major hospitals and thousands of doctors, specialists, and other providers.

HMSA's participating providers agree to charge a set fee called eligible charge for most services. Participating providers also agree, in most cases, to collect only the copayment specified in the University of Hawaii and Chaminade University Student Plan's Guide to Benefits for the covered services you receive.

For a list of participating providers, go to hmsa.com/student and select Find a Doctor. Select Preferred Provider Plan under Select Your Plan. You can also call HMSA for a directory of participating providers.

Eligible Charges

We calculate our payment and your copayment based on the eligible charge (a set fee that participating providers have agreed to charge for their services). The copayment is the amount you pay to share the cost of your medical care.

If you receive a service that your plan doesn't cover, you'll be responsible for the entire amount the provider charges.

In most cases, HMSA pays for covered services based on eligible charges of a participating provider. Eligible charges help ensure a fair and consistent level of benefit payment.

For covered services received outside the state of Hawaii from a Blue Cross and Blue Shield provider, benefit payments are based on the contract between the out-of-state Blue Cross and Blue Shield plan and its participating providers. For services from other out-of-state providers in the U.S., benefits are based on the eligible charges for the same or similar services in Hawaii.

Traveling to the Mainland or Another Country

BEFORE YOUR TRIP



FIND A PROVIDER



Remember your HMSA membership card.

Make sure you have your current card while traveling.

Know who to see in an emergency:

- On the Mainland, call 1 (800) 810-BLUE (2583) or visit provider.bcbs.com. In another country, call (804) 673-1177 or visit bcbsglobalcore.com.
- Use the first three letters of your subscriber ID number on your card (e.g., XLP) to find participating providers in the state or country you'll be visiting.

SEEING A PROVIDER ON YOUR TRIP



FILLING A PRESCRIPTION ON **YOUR TRIP**



Receive emergency, urgent, follow-up, routine, and elective care while traveling.

However, HMO and QUEST Integration plans will only pay for emergency and urgent care.

Show your HMSA membership card. This will help the provider determine how to submit the claim.

If you see a participating provider: You'll pay part of the bill and won't need to submit a claim for reimbursement.

If you see a nonparticipating provider: You'll pay in full and submit a claim to us. For more information, call us or see your Guide to Benefits.

Show your HMSA membership card.



This will help the pharmacy determine how the bill will be paid.

If you pay in full, you must submit a claim.

For more information, call us or see your Guide to Benefits.

QUESTIONS?



To learn more about how your plan works when you're away from home:

- Visit us at an HMSA Center in Hilo, Honolulu, Kahului, Lihue, or Pearl City.
- Call the number on the back of your HMSA membership card.
- Go to hmsa.com, click My Account Login. If you don't have a My Account, click Create an account.
 - For registration instructions, visit hmsa.com/help-center/hmsas-my-account-for-hmsa-members/.

Notes

International Students

Repatriation coverage:

- J-1 visa holders are required by federal law to have repatriation coverage.
- The University of Hawaii requires international students to have repatriation coverage.

Eligibility

Students must meet a minimum number of credits to be eligible to enroll:

- Undergraduate students: Six credits.
- University of Hawaii graduate students: Four credits.
- Chaminade University graduate students: Three credits.

Per section 1882(d) of the Social Security Act, the University of Hawaii and Chaminade Student Plan is not available for individuals with Medicare Part A, Part B, or Social Security Disability Insurance. Please call HMSA at (808) 948-5555, option 2, if you have questions.

Benefits

Benefit changes can be made only during the fall semester's open enrollment.

Renewals/Bill Payment

Important information for plan members during the summer:

Students renewing their plan for the fall semester must renew online at hmsa.com/student and resubmit a signed Authorization HIPAA form. Once your renewal application is completed, you'll receive a bill. You can pay by mail, phone, in person, or online.

Bill payment options:

Mail

Mail a check using the envelope enclosed with the bill.

Phone

Call (808) 948-6140 or 1 (800) 782-4672.

In person

Visit an HMSA Center. See the back cover or go to hmsa.com/contact for locations and hours.

- Online (available for students 18 and older)
 - Go to hmsa.com and click My Account Login.
 - Sign in to My Account and register using your HMSA subscriber ID number.
 - Click the bill payment link under Profile.
 - Online payment can be made with a credit card or bank (checking or savings) account.
 - Once payment is made, print the payment confirmation for your records.

Future Bills

For subsequent semesters or for the next coverage period, HMSA will send you a bill. If you're still eligible for the plan and would like to continue your coverage, pay your entire semester's premium by the deadline.

Cancellation

Once the semester enrollment deadline has passed, any mid-semester request for cancellation other than withdrawal will be denied.

HIPAA Authorization

Signing this document will authorize HMSA to disclose information to the University of Hawaii and/or Chaminade University for enrollment verification purposes.

Federal law requires HMSA to provide you with this notice.

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

Services that HMSA provides

Provides aids and services to people with disabilities to communicate effectively with us, such as:

- · Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages
- If you need these services, please call 1 (800) 776-4672; 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
- TTY: 711
- Email:

Compliance_Ethics@hmsa.com

- Fax: (808) 948-6414
- 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
- Phone: 1 (800) 368-1019; TDD users, call 1 (800) 537-7697

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

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

Hawaiian: E NĀNĀ MAI: Inā hoʻopuka 'oe i ka 'Ōlelo Hawai'i, loa'a ke kōkua manuahi iā 'oe. E kelepona iā 1 (800) 776-4672. TTY 711.

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

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

Ilocano: PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1 (800) 776-4672 toll-free. TTY 711.

Japanese: 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 1(800)776-4672 をご利用ください。 TTY711.まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (800) 776-4672번으로 연락해 주시 기 바랍 니다. TTY 711 번으로 전화 해 주십시오.

Laotian: ກະ ລຸນາ ສັງເກດ: ຖ້າທານເ ີວາພາສາລາວ, ການອ່າຍເຫຼືອ ດ້ານພາສາ, ບໍ່ມີ ຄ່າໃຊ້ຄ້າຍ, ແມ່ມີໃ ຫ້ ທ່ານ. ໂທ 1 (800) 776-4672 ຟີຣ. TTY 711. Marshallese: LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbal in jipañ ilo kajin ne am ejjelok wōnāān. Kaalok 1 (800) 776-4672 tollfree, enaj ejjelok wonaan. TTY 711.

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

Samoan: MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1 (800) 776-4672 e leai se totogi o lenei 'au'aunaga. TTY 711.

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

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

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

Trukese: MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1 (800) 776-4672, ese kamo. TTY 711.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (800) 776-4672. TTY 711.



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