



# 2026 Summary of Benefits

Your Guide to Choosing a Medicare Advantage Plan

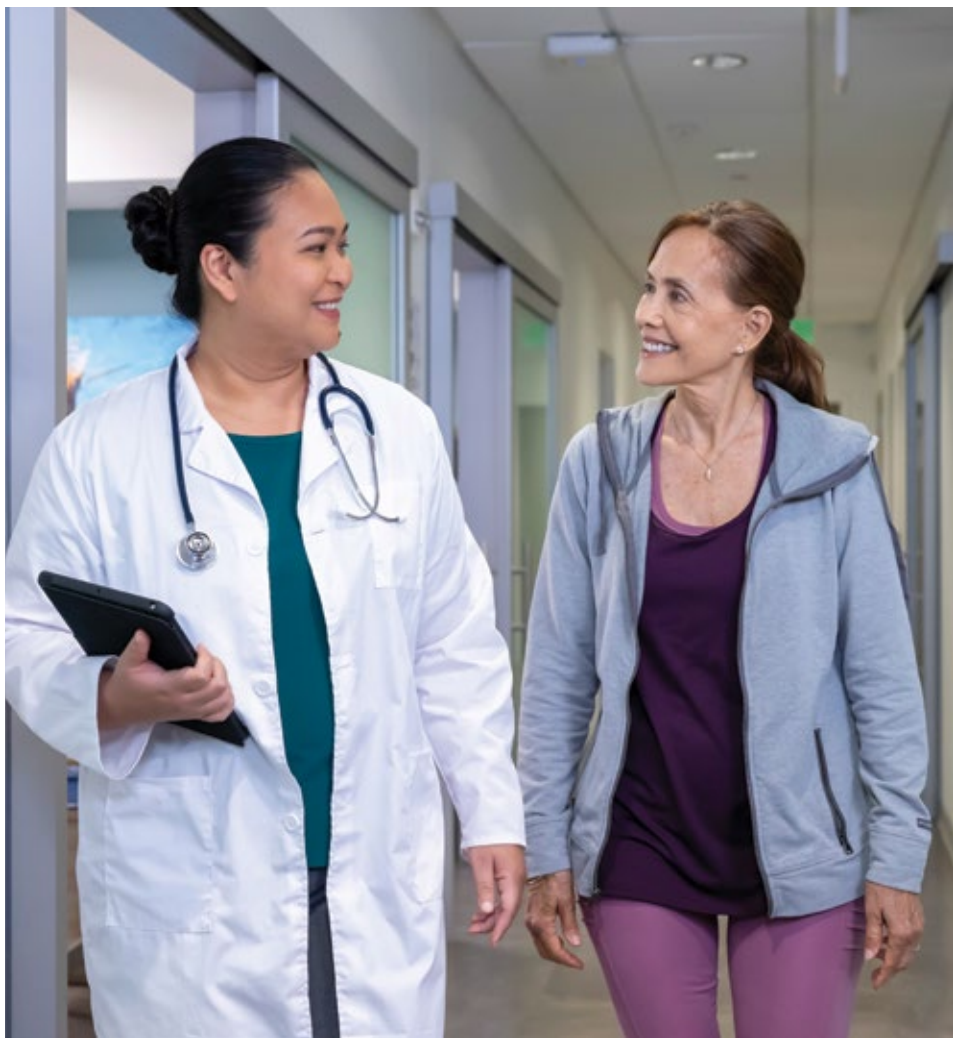
## HMSA Akamai Advantage Standard (PPO) & Standard Plus (PPO)

This is a summary of health services and drug benefits for HMSA Akamai Advantage® Standard (PPO) and Standard Plus (PPO) plans effective Jan. 1, 2026.

H3832\_2025\_B2R9AA962\_26\_M



An Independent Licensee of the Blue Cross and Blue Shield Association





## *Aloha Friends,*

For generations, we've been a part of the community serving members like you. For 87 years and counting, we've been here – in good times and through life's challenges.

Having a dependable, reliable health plan becomes important now more than ever in your health journey to enable you to continue enjoying life with family, friends, and neighbors.

With HMSA Medicare Advantage, you can count on us for continued access to care – whether in person, online, or throughout the world while traveling. HMSA is here, wherever and whenever you need us. Get quality care you can count on from doctors you know and trust and at top-rated hospitals and clinics.

Learn more in this *Summary of Benefits*. If you have any questions or want to enroll, we're happy to help either on the phone or in person. Our contact information is on the back cover.

You can also visit [hmsa.com/advantage](https://hmsa.com/advantage) for resources to help you plan your health care in retirement and to sign up for a Medicare workshop in person or online.

Keeping you healthy no matter where you go in life, HMSA is here with you.

Mahalo,

Kimberly Takata Endo  
Assistant Vice President  
Medicare Programs



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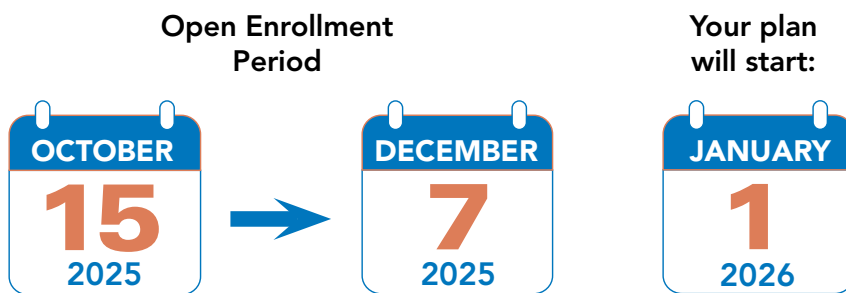
# Eligibility

To enroll in HMSA Medicare 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 Medicare Advantage premium.
- Live in the county of Hawaii, Maui, Kauai, or Kalawao. 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



## IMPORTANT:

If you have a federal, state, county, or employer-sponsored retiree plan, talk to your health plan administrator at work before enrolling in HMSA Medicare Advantage. You may not need to enroll in HMSA Medicare Advantage. Also, if you enroll in a Medicare Advantage plan, you may lose your state or county retiree plan and may not be able to reenroll.



# Summary of Benefits

## HMSA Akamai Advantage – Neighbor Islands

Choose a plan that provides you high-quality care you can count on from doctors you choose.

### Your share of the cost:

\$ = Copayment. A set dollar amount that you pay.

% = Coinsurance. The percentage of the cost that you pay.

| Benefits                                                                                                                                                                                    | Standard                                                                                                                                                                                                                         | Standard Plus                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>YOU PAY</b>                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                    |
| <b>Monthly premium</b><br>You must continue to pay your Part B premium in addition to your HMSA Medicare Advantage premium.                                                                 | \$20                                                                                                                                                                                                                             | \$151                                                                                                                                                                              |
| <b>Annual medical deductible</b><br>What you'll have to pay each year out of pocket for medical services before the plan will pay for covered medical services.                             | \$0<br>(in-network and out-of-network)                                                                                                                                                                                           | \$0<br>(in-network and out-of-network)                                                                                                                                             |
| <b>Maximum out-of-pocket</b><br>This financial safety net protects you from a catastrophic illness. It's the most you'll pay out of pocket for Medicare-covered medical services each year. | \$7,700 per year<br>(in-network)<br>\$11,000 per year<br>(in-network and out-of-network)                                                                                                                                         | \$5,100 per year<br>(in-network)<br>\$7,200 per year<br>(in-network and out-of-network)                                                                                            |
| <b>Inpatient hospital care*</b>                                                                                                                                                             | In-network:<br>Days 1-5: \$475/day<br>Days 6-60: \$50/day<br>Days 61-90: \$0/day<br>Lifetime Reserve Days (60): \$0/day<br>Out-of-network:<br>Days 1-14: \$500/day<br>Days 15-90: \$0/day<br>Lifetime Reserve Days (60): \$0/day | In-network:<br>Days 1-4: \$450/day<br>Days 5-90: \$0/day<br>Additional days: \$0/day<br>Out-of-network:<br>Days 1-11: \$475/day<br>Days 12-90: \$0/day<br>Additional days: \$0/day |
| <b>Outpatient hospital services*</b>                                                                                                                                                        | 20% of the cost<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                           | 20% of the cost<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                             |
| <b>Ambulatory surgery center services*</b>                                                                                                                                                  | 20% of the cost<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                           | 20% of the cost<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                             |

\* For some services, your doctor or other network provider must request prior authorization.

Contact us for more information.

| Benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Standard                                                                                         | Standard Plus                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| YOU PAY                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |                                                                                                    |
| <b>Doctor's office visits</b> <ul style="list-style-type: none"> <li> <b>Primary care provider</b><br/> A physician or other health care professional who treats common illnesses and manages your preventive care. </li> <li> <b>Advanced practice registered nurse, nurse practitioner, or physician's assistant</b> </li> <li> <b>Specialist</b><br/> A physician who treats specific conditions such as allergies, heart disease, or foot disorders. </li> </ul> | \$0<br>(in-network)<br>\$40<br>(out-of-network)                                                  | \$0<br>(in-network)<br>\$30<br>(out-of-network)                                                    |
| <b>Preventive care</b><br>Includes annual wellness visits, bone mass measurements, diabetes screenings, mammograms, and some vaccines such as flu shots, hepatitis B shots, and pneumococcal shots. For a complete list of preventive care services that our plan pays for, please see the <i>Evidence of Coverage</i> .                                                                                                                                             | \$0<br>(in-network and out-of-network)                                                           | \$0<br>(in-network and out-of-network)                                                             |
| <b>Emergency care</b><br>You won't pay a copayment for emergency care if you're admitted to the hospital within 24 hours.                                                                                                                                                                                                                                                                                                                                            | \$115<br>(in-network and out-of-network)                                                         | \$115<br>(in-network and out-of-network)                                                           |
| <b>Urgent care</b><br>You won't pay a copayment for urgent care if you're admitted to the hospital within 24 hours.                                                                                                                                                                                                                                                                                                                                                  | \$40<br>(in-network and out-of-network)                                                          | \$40<br>(in-network and out-of-network)                                                            |
| <b>Diagnostic services, labs, and imaging*</b> <ul style="list-style-type: none"> <li> Diagnostic tests and procedures, lab services, and outpatient X-rays. </li> <li> Diagnostic radiology services, including advanced imaging services such as MRI, CT, and PET scans. </li> </ul>                                                                                                                                                                               | \$0 or 20% of the cost depending on the service (in-network)<br>40% of the cost (out-of-network) | \$0 or 20% of the cost depending on the service (in-network)<br>40% of the cost (out-of-network)   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 25% of the cost (in-network)<br>40% of the cost (out-of-network)                                 | \$100 or 20% of the cost depending on the service (in-network)<br>40% of the cost (out-of-network) |

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

# Summary of Benefits (continued)

| Benefits                                                                                                                                                                                                                                                                                                                                                                                                            | Standard                                                                                                                     | Standard Plus                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>YOU PAY</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                              |                                                                                                                              |
| <ul style="list-style-type: none"> <li>Therapeutic radiology services such as radiation treatment for cancer.</li> </ul>                                                                                                                                                                                                                                                                                            | 20% of the cost<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                   | 20%<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                               |
| <b>Hearing services</b><br><b>Medicare-covered hearing services</b><br>Exam to diagnose and treat hearing and balance-related conditions.                                                                                                                                                                                                                                                                           | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                               | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                               |
| <b>Supplemental hearing services</b><br><ul style="list-style-type: none"> <li>One routine hearing exam every calendar year.</li> </ul>                                                                                                                                                                                                                                                                             | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                               | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                               |
| <ul style="list-style-type: none"> <li>First year of follow-up provider visits following hearing aid purchase.</li> </ul>                                                                                                                                                                                                                                                                                           | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                               | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                               |
| <ul style="list-style-type: none"> <li>One hearing aid per ear every calendar year.</li> </ul>                                                                                                                                                                                                                                                                                                                      | \$195, \$595, \$995, or \$1,395 depending on the hearing aid type<br>(in-network)<br><br>40% of the cost<br>(out-of-network) | \$195, \$595, \$995, or \$1,395 depending on the hearing aid type<br>(in-network)<br><br>40% of the cost<br>(out-of-network) |
| <b>Dental services</b><br><b>Medicare-covered dental services</b><br>Limited dental services. Doesn't include services related to care, treatment, or filling, removing, or replacing teeth.                                                                                                                                                                                                                        | \$55<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                              | \$40<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                              |
| <b>Supplemental dental services</b><br>Diagnostic and preventive dental services: <ul style="list-style-type: none"> <li>Two oral exams every calendar year.</li> <li>Two cleanings every calendar year.</li> <li>One set of bitewing X-rays every calendar year.</li> <li>One set of full mouth X-rays or panoramic X-ray every 5 calendar years.</li> <li>Two fluoride treatments every calendar year.</li> </ul> | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                               | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                               |

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

| Benefits                                                                                                                                             | Standard                                                                                                                                                                                                     | Standard Plus                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>YOU PAY</b>                                                                                                                                       |                                                                                                                                                                                                              |                                                                                                                                                                                                              |
| Comprehensive dental services:<br>• Four extractions every calendar year.<br>• Two fillings every calendar year.                                     | \$0 (in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                      | \$0 (in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                      |
| Comprehensive dental services:<br>• One root canal every calendar year.<br>• One crown following a root canal on the same tooth every calendar year. | Not covered                                                                                                                                                                                                  | \$0 (in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                      |
| <b>Vision services</b><br><b>Medicare-covered vision services</b><br>• Eye exam to diagnose and treat eye diseases and conditions.                   | \$10<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                  | \$0<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                   |
| • Eyeglasses or contact lenses after Medicare-covered cataract surgery.                                                                              | \$0<br>(in-network and out-of-network)                                                                                                                                                                       | \$0<br>(in-network and out-of-network)                                                                                                                                                                       |
| <b>Supplemental vision services</b><br>• Routine eye exam (once a calendar year).                                                                    | \$10<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                  | \$0<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                   |
| • Contact lenses and eyeglasses (frames and lenses).                                                                                                 | \$0<br>Plan pays \$300/calendar year<br>(in-network and out-of-network)                                                                                                                                      | \$0<br>Plan pays \$300/calendar year<br>(in-network and out-of-network)                                                                                                                                      |
| <b>Mental health care</b><br>• Inpatient visit*<br>Mental health care services that require a hospital stay.                                         | In-network:<br>Days 1-5: \$415/day<br>Days 6-90: \$0/day<br>Lifetime Reserve Days (60): \$0/day<br><br>Out-of-network:<br>Days 1-14: \$440/day<br>Days 15-90: \$0/day<br>Lifetime Reserve Days (60): \$0/day | In-network:<br>Days 1-4: \$450/day<br>Days 5-90: \$0/day<br>Lifetime Reserve Days (60): \$0/day<br><br>Out-of-network:<br>Days 1-11: \$475/day<br>Days 12-90: \$0/day<br>Lifetime Reserve Days (60): \$0/day |
| • Outpatient therapy visits<br>Individual and group visits.                                                                                          | \$50<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                  | \$40<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                  |

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

# Summary of Benefits (continued)

| Benefits                                                                                                                                                                   | Standard                                                                                                                                              | Standard Plus                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>YOU PAY</b>                                                                                                                                                             |                                                                                                                                                       |                                                                                                                                                        |
| <b>Skilled nursing facility*</b><br>Our plan covers up to 100 days in a skilled nursing facility. No prior Medicare-covered acute level of care hospital stay is required. | In-network:<br>Days 1-20: \$0/day<br>Days 21-60: \$218/day<br>Days 61-100: \$0/day<br>Out-of-network:<br>Days 1-50: \$218/day<br>Days 51-100: \$0/day | In-network:<br>Days 1-20: \$10/day<br>Days 21-40: \$210/day<br>Days 41-100: \$0/day<br>Out-of-network:<br>Days 1-30: \$210/day<br>Days 31-100: \$0/day |
| <b>Outpatient rehabilitation*</b><br>Occupational therapy, physical therapy, and speech and language therapy visits                                                        | \$35<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                           | \$30<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                            |
| <b>Ambulance</b><br>Ground and air ambulance                                                                                                                               | \$350<br>(in-network and out-of-network)                                                                                                              | \$300<br>(in-network and out-of-network)                                                                                                               |
| <b>Transportation</b>                                                                                                                                                      | Not covered                                                                                                                                           | Not covered                                                                                                                                            |
| <b>Medicare Part B drugs*</b><br>• Chemotherapy and other Part B drugs                                                                                                     | Up to 20% of the cost<br>depending on the drug<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                 | Up to 20% of the cost<br>depending on the drug<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                  |
| • Insulin drugs                                                                                                                                                            | \$35 (in-network)<br>40% of the cost<br>(out-of-network)                                                                                              | \$35 (in-network)<br>40% of the cost<br>(out-of-network)                                                                                               |
| <b>Medical equipment and supplies*</b><br>Includes oxygen tanks, walkers, and wheelchairs.                                                                                 | 20% of the cost<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                | 20% of the cost<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                 |
| <b>Telehealth services</b><br>HMSA's Online Care® and other telehealth services                                                                                            | \$0<br>(in-network and out-of-network)                                                                                                                | \$0<br>(in-network and out-of-network)                                                                                                                 |

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

| Benefits                                                                                                                    | Standard                                                                    | Standard Plus                                                               |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| YOU PAY                                                                                                                     |                                                                             |                                                                             |
| PRESCRIPTION DRUGS                                                                                                          |                                                                             |                                                                             |
| <b>Annual drug deductible</b><br>What you'll have to pay each year out of pocket for Part D drugs before the plan will pay. | \$300<br>(Doesn't apply to tier 1 drugs, insulin, and most Part D vaccines) | \$200<br>(Doesn't apply to tier 1 drugs, insulin, and most Part D vaccines) |
| <b>Initial coverage stage</b><br>Until you've paid \$2,100 out of pocket for Part D drugs.                                  |                                                                             |                                                                             |
| <b>30-day supply from retail pharmacies</b>                                                                                 |                                                                             |                                                                             |
| - Tier 1 – Preferred generic                                                                                                | \$0                                                                         | \$0                                                                         |
| - Tier 2 – Generic                                                                                                          | \$11                                                                        | \$11                                                                        |
| - Tier 3 – Preferred brand                                                                                                  | 20% of the cost                                                             | 20% of the cost                                                             |
| - Tier 3 – Preferred brand insulin                                                                                          | Lesser of 20% of the cost and \$35                                          | Lesser of 20% of the cost and \$35                                          |
| - Tier 4 – Nonpreferred drug                                                                                                | 30% of the cost                                                             | 30% of the cost                                                             |
| - Tier 5 – Specialty                                                                                                        | 29% of the cost                                                             | 29% of the cost                                                             |
| - Tier 5 – Specialty insulin                                                                                                | Lesser of 25% of the cost and \$35                                          | Lesser of 25% of the cost and \$35                                          |
| <b>100-day supply from mail-order pharmacy</b>                                                                              |                                                                             |                                                                             |
| - Tier 1 – Preferred generic                                                                                                | \$0                                                                         | \$0                                                                         |
| - Tier 2 – Generic                                                                                                          | \$11                                                                        | \$11                                                                        |
| - Tier 3 – Preferred brand                                                                                                  | 20% of the cost                                                             | 20% of the cost                                                             |
| - Tier 3 – Preferred brand insulin                                                                                          | Lesser of 20% of the cost and \$105                                         | Lesser of 20% of the cost and \$105                                         |
| - Tier 4 – Nonpreferred drug                                                                                                | 30% of the cost                                                             | 30% of the cost                                                             |
| - Tier 5 – Specialty                                                                                                        | 29% of the cost                                                             | 29% of the cost                                                             |
| - Tier 5 – Specialty insulin                                                                                                | Lesser of 25% of the cost and \$105                                         | Lesser of 25% of the cost and \$105                                         |
| <b>Catastrophic coverage stage</b><br>After you've paid \$2,100 out of pocket for Part D drugs.                             |                                                                             |                                                                             |
|                                                                                                                             | \$0                                                                         | \$0                                                                         |
| <b>Most Part D vaccines</b>                                                                                                 | \$0                                                                         | \$0                                                                         |

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



## Summary of Benefits (continued)

HMSA Akamai Advantage® is a PPO plan with a Medicare contract. Enrollment in HMSA Akamai Advantage depends on contract renewal.

To learn more about the health plan benefits and costs of Original Medicare, see the *Medicare & You 2026* handbook at [medicare.gov](https://www.medicare.gov). To request a copy, call 1 (800) MEDICARE [1 (800) 633-4227], 24 hours a day, seven days a week. For TTY, call 1 (877) 486-2048.

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](https://hmsa.com/advantage). Cost sharing may differ for long-term care pharmacies.

Out-of-network/noncontracted providers are under no obligation to treat HMSA Akamai Advantage members except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

Amwell is an independent company providing hosting and software services for HMSA's Online Care platform on behalf of HMSA.

# Which plan should I choose?

Choosing a Medicare Advantage plan is a personal decision. Each plan comes with different levels of health care benefits and costs. Ask yourself how much:

- Health care services and medications do I need?
- Financial protection do I want?
- Can I afford?

You can also consult with your doctor, friends, family members, or contact us so we can help you make a smart choice. See the back of this brochure for our contact information.



| What you pay                                                                                                               | Standard                                             | Standard Plus                                       |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| <b>Monthly premium</b>                                                                                                     | <b>\$20</b>                                          | <b>\$151</b>                                        |
| <b>Out-of-pocket cost</b><br>Deductibles, copayments, and coinsurance for health care services                             | <b>Higher</b>                                        | <b>Lower</b>                                        |
| <b>Maximum out-of-pocket costs</b><br>Annual limit on how much you pay out of pocket for Medicare-covered medical services | <b>Higher</b><br><b>\$7,700</b><br><b>in-network</b> | <b>Lower</b><br><b>\$5,100</b><br><b>in-network</b> |

## Which plan should I choose?

| Standard<br>This plan may be for you if you:                                                                                                   | Standard Plus<br>This plan may be for you if you:                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Prefer a lower monthly premium.</li> </ul>                                                            | <ul style="list-style-type: none"> <li>• Want greater peace of mind with more financial protection and no annual deductibles.</li> </ul>                                           |
| <ul style="list-style-type: none"> <li>• Don't mind paying higher copayments and coinsurance for some health care services.</li> </ul>         | <ul style="list-style-type: none"> <li>• Don't mind paying a higher monthly premium in exchange for lower copayments and coinsurance when you use health care services.</li> </ul> |
| <ul style="list-style-type: none"> <li>• Feel like you are in good health and don't anticipate using a lot of health care services.</li> </ul> | <ul style="list-style-type: none"> <li>• Have chronic health conditions or see doctors often.</li> </ul>                                                                           |
| <ul style="list-style-type: none"> <li>• Don't take lots of medications.</li> </ul>                                                            | <ul style="list-style-type: none"> <li>• Regularly take medications.</li> </ul>                                                                                                    |
| <ul style="list-style-type: none"> <li>• Need health insurance mostly in case of emergencies or unexpected illness.</li> </ul>                 | <ul style="list-style-type: none"> <li>• Anticipate needing surgery.</li> </ul>                                                                                                    |



## HMSA Medicare Advantage

Get high quality care  
you can count on from  
doctors you know and trust.



### Dental

Healthy teeth and gums impact your overall health. Get dental cleanings, exams, X-rays, fillings, and more for \$0 with no calendar year maximum or waiting period.



### Medications

\$0 copayment for Tier 1 preferred generic prescription drugs.



### Vision

You'll see clearly when you get \$300 annually for eyeglasses and contact lenses.



### Hearing

\$0 routine hearing exam and hearing aids starting at \$195 per aid.



### Choose your doctors

Get care from doctors you know and trust. You have access to a large network of primary care providers, nurse practitioners, specialists, and more for the care you need.



### Primary care provider (PCP) visits

\$0 copayment for PCP visits.



### Lab services

\$0 copayment for most lab services.



### Access to care

Get care from the comfort and safety of home any time, any day with HMSA's Online Care at no cost. You can also see a nurse or other health care provider at your nearest walk-in MinuteClinic® at selected Longs Drugs stores.



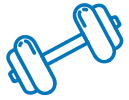
### **Customer service**

Local, friendly health plan experts are ready to help you in person or on the phone.



### **Travel**

Have peace of mind knowing you have health plan benefits on the Mainland and worldwide.



### **Stay active with health and well-being discounts**

HMSA members have access to Active&Fit Direct™. Get a membership to gyms and fitness centers at a special discount. Go to page 20 to learn more.



### **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 each calendar year. If you reach your annual out-of-pocket maximum, we'll pay for all Medicare-covered medical expenses for the rest of the year.



### **Preventive care**

One of the best ways to stay healthy is to detect and treat illnesses early to help prevent serious problems. An Annual Wellness Visit and many preventive care services are available for \$0.



### **Health education**

Attend a variety of workshops in person or online at no cost. Learn how to sleep better, make healthier food choices, stay active, and more. For a schedule of classes, visit [hmsa.com/HealthEducation](https://hmsa.com/HealthEducation).



### **Health coaching**

Get guidance, support, and resources to help you manage chronic health conditions, stop smoking, relieve stress, and more. To learn more, visit [hmsa.com/well-being/health-coaching](https://hmsa.com/well-being/health-coaching).





# Travel Benefits

## Your health plan travels with you.

If you need care while traveling, the **HMSA Akamai Advantage Visitor Travel Program** has you covered. You'll have access to the nationwide Blue Medicare Advantage PPO network. See a network doctor in one of the 48 states, the District of Columbia, and Puerto Rico highlighted in blue on the map to the right. You'll pay the same in-network costs for covered services as if you were seeing a network doctor in Hawaii.

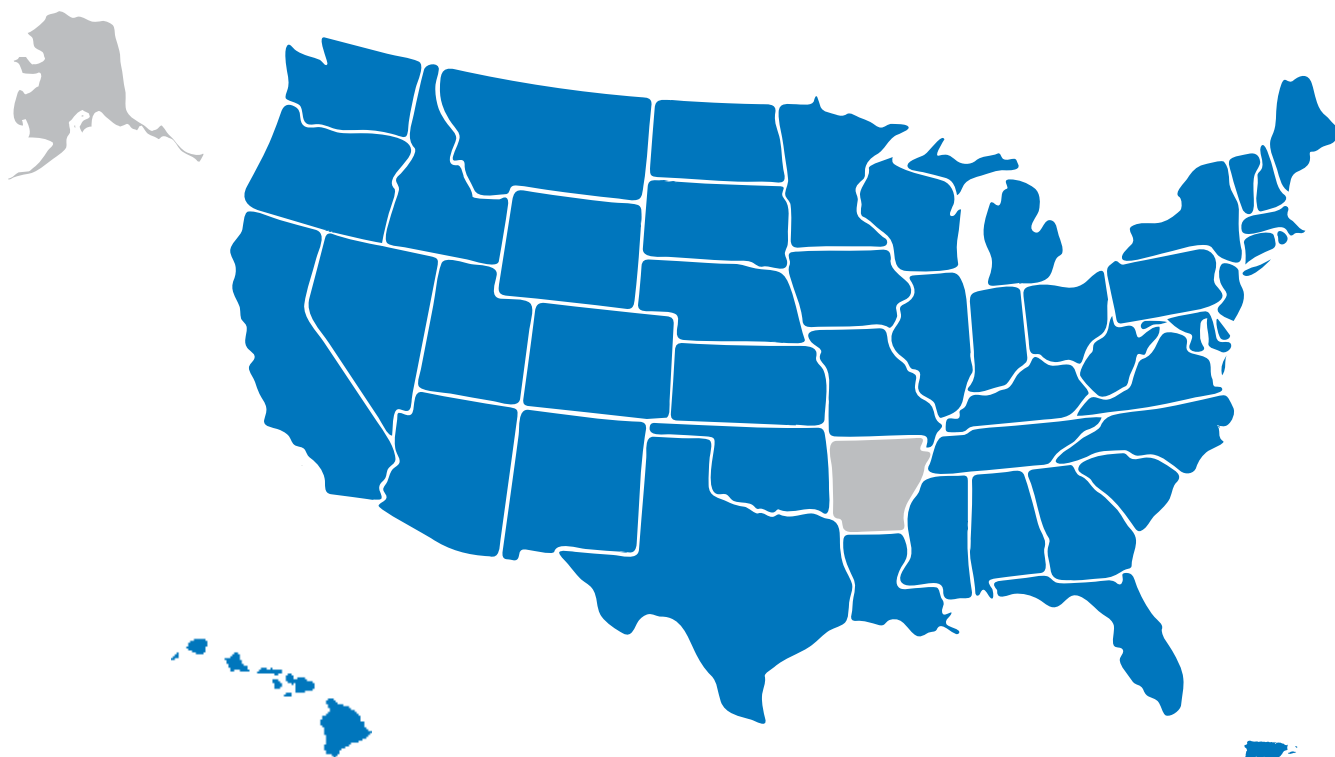
Visit **bcbs.com** or call 1 (800) 810-BLUE from the back of your HMSA membership card to find a doctor or hospital in the state you're visiting.

### Worldwide emergency and urgent care

You'll also receive health care benefits for doctor visits and hospital stays if you have a medical emergency in another country. To find a doctor or hospital, visit **bcbsglobalcore.com**. You can also call Blue Cross Blue Shield Global Core at 1 (800) 810-BLUE (2583). That number is also on your HMSA membership card.



## HMSA Akamai Advantage Visitor Travel Program



|                                |               |                |                |               |
|--------------------------------|---------------|----------------|----------------|---------------|
| Alabama                        | Idaho         | Minnesota      | North Dakota   | Utah          |
| Arizona                        | Illinois      | Mississippi    | Ohio           | Vermont       |
| California                     | Indiana       | Missouri       | Oklahoma       | Virginia      |
| Colorado                       | Iowa          | Montana        | Oregon         | Washington    |
| Connecticut                    | Kansas        | Nebraska       | Pennsylvania   | West Virginia |
| Delaware                       | Kentucky      | Nevada         | Puerto Rico    | Wisconsin     |
| District of<br>Columbia (D.C.) | Louisiana     | New Hampshire  | Rhode Island   | Wyoming       |
| Florida                        | Maine         | New Jersey     | South Carolina |               |
| Georgia                        | Maryland      | New Mexico     | South Dakota   |               |
| Hawaii                         | Massachusetts | New York       | Tennessee      |               |
|                                | Michigan      | North Carolina | Texas          |               |

This list is current as of August 2025 and may change. For some states, Medicare Advantage PPO networks are available only in portions of the state. For an updated list of states and to learn more, visit [hmsa.com/health-plans/medicare/travel-program/](https://hmsa.com/health-plans/medicare/travel-program/).

# HMSA Akamai Advantage (PPO)

## Looking for a Doctor?

The 2026 Provider Directory  
will be available Oct. 15, 2025.

Visit [hmsa.com/advantage](https://hmsa.com/advantage).

1. Click Find a Doctor.
2. Under Medicare, select your plan.
3. Click Remember my plans then the Search button.  
You can search by location, specialty, or ailment.

**Get our Provider Directory. You have three options:**

- **View online.** Go to [hmsa.com/advantage](https://hmsa.com/advantage). Under Plan Documents, click your plan then Provider Directory.
- **Go online to request a printed copy.**  
Go to [hmsa.com/advantage](https://hmsa.com/advantage). Under Plan Documents, click your plan. Click Request hard copy. Follow the instructions and click Submit.
- **Call us to request a printed copy.** Call (808) 948-6000 or 1 (800) 660-4672 daily, 8 a.m. to 8 p.m. For TTY, call 711.

**We can mail you a provider directory for:**

- HMSA Akamai Advantage® (PPO).
- HMSA Akamai Advantage PPO Dental.
- HMSA Akamai Advantage Routine Vision.

The providers listed in our directories participate with HMSA. However, call the provider to make sure they're in your plan's network to get the most savings.

**Questions?** If you need help finding a provider, call us and we'll be happy to help you.



HMSA Akamai Advantage® is a PPO plan with a Medicare contract. Enrollment in HMSA Akamai Advantage depends on contract renewal.

# HMSA Akamai Advantage (PPO)

## Prescription Drug List 2026 (Formulary)

Find out what medications your plan helps pay for.

### Go online – it's quick and easy!

View medication costs, availability, and any requirements.

**The updated drug list will be available starting Oct. 1, 2025.**

### Go to My Account.

- On [hmsa.com](https://hmsa.com), click My Account Login and log in. Scroll down to Your plan benefits and click view more.
- On the Benefits page, scroll down to the Guides section and click 2026 Formulary (drug list).

### Not registered for My Account?

Go to [hmsa.com](https://hmsa.com) and click My Account Login. Click Sign Up to create an account. All you need is your HMSA membership card and an email address. It only takes a few minutes to create an account and link to your plan.

### Request a hard copy.

You can also ask us to mail you a copy of the drug list. Go to [hmsa.com/advantage](https://hmsa.com/advantage). Under Plan Documents, click your plan. Click Request hard copy, fill out the form, and click Submit.

### Don't have a computer?

We can mail the drug list to you. Call us daily, 8 a.m. to 8 p.m.

- (808) 948-6000 or 1 (800) 660-4672
- TTY: 711

**Questions?** Call us and we'll be happy to help you.





# Prescription Drugs

## Convenient ways to get your prescription drugs



### Save time with mail order

Have your prescriptions mailed to your door with our on-island mail order pharmacy. You can save on trips to the pharmacy, get maintenance prescription drugs filled for up to a 100-day supply, and order automatic refills for drugs you take for chronic conditions.



### Pharmacies at convenient locations near you

You'll get the same prescription drugs for a lower price. 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](https://hmsa.com/advantage), or call us at a number on the back of this brochure so we can help you.



### Connect with your pharmacy care team

If you have questions about your prescription drugs, talk to our pharmacy care team on the phone or in person. They can help you navigate your prescription drug coverage and understand your Medicare Part D benefits. To learn more, call 1 (855) 479-3659, 24 hours a day, seven days a week. For TTY, call 711.



### While traveling

If you need a prescription while you're on the Mainland, just show your HMSA membership card at one of more than 9,000 CVS Pharmacy locations nationwide. You can easily find in-network pharmacies on [hmsa.com](https://hmsa.com) for your provider to send new prescriptions to. Our Customer Care team is also available to help you at 1 (855) 479-3659, 24 hours a day, seven days a week. For TTY, call 711.

Prescription drugs can be mailed to your home from the HMSA Medicare 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, call 1 (855) 479-3659, 24 hours a day, seven days a week; TTY users, call 711. Call these numbers to sign up for our optional automatic delivery program.

# Need help paying for your prescriptions?

## See if you qualify for Extra Help.

Extra Help, also known as Low-Income Subsidy, is a federal program that can help you pay for your monthly plan premium, annual deductibles, and copayments of Medicare-covered prescription drugs. It could lower your Medicare Part D premium as well as your prescription drug copayments and coinsurances. Many people qualify and don't even know it. Hawaii's income and resource limits for eligibility is higher compared with other states. To learn more, visit [hmsa.com/advantage](https://hmsa.com/advantage).

## Apply for Extra Help with the Social Security Administration

You have four options:



[socialsecurity.gov/medicare/prescriptionhelp](https://socialsecurity.gov/medicare/prescriptionhelp)



1 (800) 772-1213 Monday through Friday, 8 a.m. to 7 p.m.  
For TTY, call 1 (800) 325-0778.



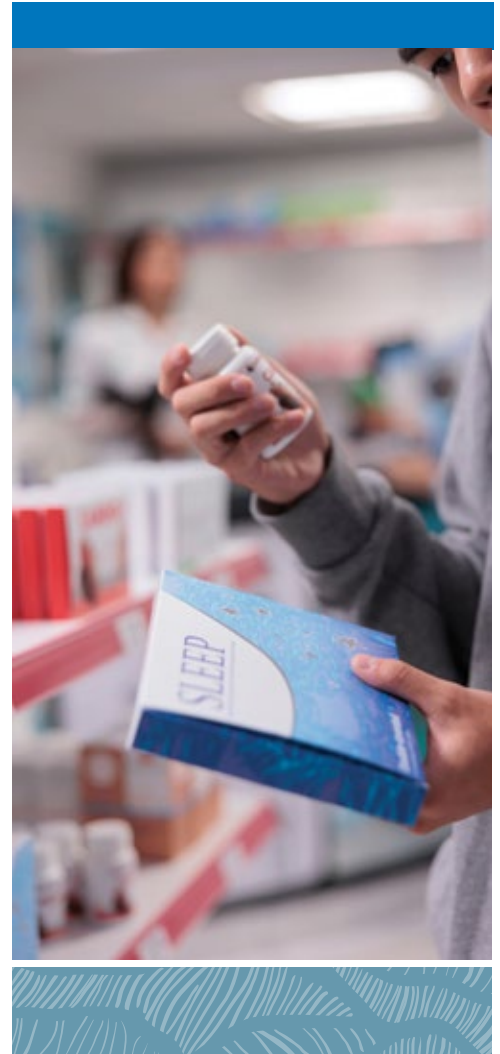
Call the Social Security Administration at the number above and request that they mail you a paper application.



Schedule an appointment to apply at your local Social Security Administration office.

## If you qualify for QUEST (Medicaid)

You may automatically qualify for Extra Help to pay for Medicare prescription drug coverage. To apply for Medicaid, contact the state Medicaid office (Med-QUEST Division) at 1 (800) 316-8005. For TTY, call 711.





# Move more with Active&Fit Direct

As an HMSA member, you have access to Active&Fit Direct™ program. Get a membership to gyms and fitness centers for a specially discounted HMSA member price.

## It's easy to join.



Go to [hmsa.com](https://hmsa.com) and click My Account Login.



Go to the Well-being tab and click Active&Fit Program.



Click on Enroll Now to find your gym and join.



## Get more health and well-being discounts.

Visit [hmsa.com/well-being](https://hmsa.com/well-being) and click on Member Discounts, or scan the QR code.

Active&Fit Direct and the Active&Fit Direct logos are trademarks of American Specialty Health and used with permission herein. Additional terms and conditions apply.

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



# Enrollment Options

Ready to enroll? Sign up today!

Choose one of five easy ways to enroll.



## Online

Enroll 24/7 at [hmsa.com/advantage](https://hmsa.com/advantage). Once you submit your application, you'll receive an application receipt number.



## Phone

- (808) 948-6235 or 1 (800) 693-4672 toll-free
  - TTY: 711
- Call 8 a.m. to 8 p.m.

**Oct. 1-March 31:** Seven days a week.

**April 1-Sept. 30:** Monday-Friday.



## In person

We'll be happy to help you enroll. Visit your nearest HMSA Center. See back page for locations and hours.

If you're enrolling in HMSA Medicare Advantage for the first time, we can come to your home or the location of your choice. To make an appointment, call (808) 948-5800 Monday through Friday, 8 a.m. to 5 p.m.



## Mail

Fill out the HMSA Akamai Advantage application toward the back of this *Summary of Benefits* and mail it to:

HMSA Akamai Advantage Sales  
P.O. Box 3500  
Honolulu, HI 96811-3500



## Through the Medicare Plan Finder

Visit [medicare.gov/plan-compare/](https://www.medicare.gov/plan-compare/).



# HMSA Akamai Advantage (PPO)

## Monthly Plan Premium

### for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

#### Effective Jan. 1, 2026

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium may be lower than what it would be if you didn't get Extra Help from Medicare.

Here's what your monthly plan premium will be if you get Extra Help.

| Your level of Extra Help | Monthly premium for Complete* | Monthly premium for Complete Plus* | Monthly premium for Standard* | Monthly premium for Standard Plus* |
|--------------------------|-------------------------------|------------------------------------|-------------------------------|------------------------------------|
| 100%                     | \$8.30                        | \$128.20                           | \$20.00                       | \$105.40                           |

\*This doesn't include any Medicare Part B premium you may have to pay.

The HMSA Akamai Advantage premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting Extra Help, you can see if you qualify by calling:

- 1 (800) MEDICARE any day or time. For TTY, call 1 (877) 486-2048.
- Your State Medicaid Office.
- The Social Security Administration at 1 (800) 772-1213 Monday through Friday, 7 a.m. to 7 p.m. For TTY, call 1 (800) 325-0778.

If you have any questions, please call Customer Relations at 1 (800) 660-4672, seven days a week, 8 a.m. to 8 p.m. For TTY, call 711.

- Oct. 1-March 31: Seven days a week.
- April 1-Sept. 30: Monday-Friday.

# Discrimination is against the law

HMSA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). HMSA does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

## Services HMSA provides

HMSA offers the following services to support people with disabilities and those whose primary language is not English. There is no cost to you.

- Qualified sign language interpreters are available for people who are deaf or hard of hearing.
- Large print, audio, braille, or other electronic formats of written information is available for people who are blind or have low vision.
- Language assistance services are available for those who have trouble with speaking or reading in English. This includes:
  - Qualified interpreters.
  - Information written in other languages.

If you need modifications, appropriate auxiliary aids and services, or language assistance services, please call 1 (800) 776-4672. TTY users, call 711.

## How to file a grievance or complaint

If you believe HMSA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Phone: 1 (800) 462-2085
- TTY: 711
- Email: [appeals@hmsa.com](mailto:appeals@hmsa.com)
- Fax: (808) 952-7546
- Mail: HMSA Member Advocacy and Appeals  
P.O. Box 1958  
Honolulu, HI 96805-1958

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1 (800) 368-1019, 1 (800) 537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at HMSA's website: <https://hmsa.com/non-discrimination-notice/>.

(continued on next page)



An Independent Licensee of the Blue Cross and Blue Shield Association

1020-1276050 6.25 LE

Commercial/ACA/Medicare  
H3832\_1020\_1276050\_L3G4AH716\_26\_C  
S3994\_1020\_1276050\_L3G4AH717\_26\_C  
H8481\_1020\_1276050\_L3G4AH718\_26\_C

**ATTENTION:** If you don't speak English, language assistance services are available to you at no cost. Auxiliary aids and services are also available to give you information in accessible formats at no cost. QUEST members, call 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, or speak to your provider. Medicare Advantage and commercial plan members, call 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

### **'Ōlelo Hawai'i**

**NĀ MEA:** Inā 'a'ole 'oe 'ōlelo Pelekania, loa'a nā lawelawe kōkua 'ōlelo iā 'oe me ka uku 'ole. Loa'a nā kōkua kōkua a me nā lawelawe no ka hā'awi 'ana iā 'oe i ka 'ike ma nā 'ano like 'ole me ka uku 'ole. Nā lālā QUEST, e kelepona iā 1 (800) 440-0640 me ka uku 'ole, TTY 1 (877) 447-5990, a i 'ole e kama'ilio me kāu mea ho'olako. 'O nā lālā Medicare Advantage a me nā lālā ho'olālā kalepa, e kelepona iā 1 (800) 776-4672 a i 'ole TDD/TTY 1 (877) 447-5990.

### **Bisaya**

**PAHIBALO:** Kung dili English ang imong pinulongan, magamit nimo ang mga serbisyo sa tabang sa pinulongan nga walay bayad. Ang mga auxiliary nga tabang ug serbisyo anaa sab aron mohatag og impormasyon kanimo sa daling ma-access nga mga format nga walay bayad. Mga membro sa QUEST, tawag sa 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, o pakig-istorya sa imong provider. Mga membro sa Medicare Advantage ug commercial plan, tawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

### **繁體中文**

**請注意：**如果你不諳英文，我們將為您提供免費的語言協助服務。輔助支援和服務也能免費以無障礙的方式為您提供資訊。QUEST 會員請致電免費熱線 1 (800) 440-0640、聽障熱線 (TTY) 1 (877) 447-5990 或與您的服務提供者聯絡。Medicare Advantage 及商業計劃會員請致電 1 (800) 776-4672 或聽障／語障熱線 (TDD/TTY) 1 (877) 447-5990。

### **简体中文**

**注意：**如果您不会说英语，我们可以免费为您提供语言协助服务。同时，我们还配备辅助工具和和相关服务，免费为您提供无障碍格式的信息。QUEST 会员请拨打免费电话 1 (800) 440-0640，TTY 1 (877) 447-5990，或咨询您的医疗服务提供者。Medicare Advantage 和商业计划会员请致电 1 (800) 776-4672 或 TDD/TTY 1 (877) 447-5990。

### **Ilokano**

**BASAEN:** No saanka nga agsasao iti Ingles, mabalinmo a magun-odan ti libre a serbisio a tulong iti lengguahe. Adda met dagiti kanayonan a tulong ken serbisio a makaited kenka iti libre nga impormasion iti nalaka a maawatan a pormat. Dagiti miembro ti QUEST, tawaganyo ti 1 (800) 440-0640 a libre iti toll, TTY 1 (877) 447-5990, wenno makisaritaka iti provider-yo. Dagiti miembro ti Medicare Advantage ken plano a pang-komersio, tawaganyo ti 1 (800) 776-4672 wenno TDD/TTY 1 (877) 447-5990.

### **日本語**

**注意：**英語を話されない方には、無料で言語支援サービスをご利用いただけます。また、情報をアクセシブルな形式で提供するための補助ツールやサービスも無料でご利用いただけます。QUESTプログラムの加入者の方は、フリーダイヤル1 (800) 440-0640までお電話ください。TTYをご利用の場合は1 (877) 447-5990までお電話いただくか、担当医療機関にご相談ください。Medicare Advantageプランおよび民間保険プランの加入者の方は、1 (800) 776-4672までお電話いただくか、TDD/TTYをご利用の場合は1 (877) 447-5990までお電話ください。

### **한국어**

**주의：**영어를 사용하지 않는 경우, 무료로 언어 지원 서비스를 이용할 수 있습니다. 무료로 접근 가능한 형식으로 정보를 받기 위해 보조 지원 및 서비스 역시 이용할 수 있습니다. QUEST 가입자는 수신자 부담 전화 1 (800) 440-0640, TTY 1 (877) 447-5990 번으로 전화하거나 서비스 제공자와 상의하십시오. Medicare Advantage 및 민간 플랜 가입자는 1 (800) 776-4672 또는 TDD/TTY 1 (877) 447-5990 번으로 전화하십시오.

### **ພາສາລາວ**

**ເຊີນລາບ:** ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍ່ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພີ່ມໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ເຂົ້າເຖິງໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ເສຍຄ່າໄດ້ທີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ປຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. ສະມາຊິກແຜນປະກັນ Medicare Advantage ແລະ ຊັ້ນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

## Kajin Majōl

KÖJELLA: Ñe kwōjab jelā kenono kajin Belle, ewōr jibañ in ukok ñan kwe im ejellok wonnen. Ewōr kein roñjak im jibañ ko jet ñan wāween ko kwōmaron ebōk melele im ejellok wonnen. Armej ro rej kōjrbal QUEST, kall e 1 (800) 440-0640 ejellok wonnen, TTY 1 (877) 447-5990, ñe ejab kenono ibben taktō eo am. Medicare Advantage im ro rej kōjerbal injuran ko rej make wia, kall e 1 (800) 776-4672 ñe ejab TDD/TTY 1 (877) 447-5990.

## Lokaiahn Pohnpei

Kohdo: Ma ke mwahu en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. Me mwengei en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. QUEST mwengei, kohdo mwengei 1 (800) 440-0640, TTY 1 (877) 447-5990, me mwengei en kaiahn Pohnpei. Medicare Advantage me mwengei en kaiahn Pohnpei, kohdo mwengei 1 (800) 776-4672 me TDD/TTY 1 (877) 447-5990.

## Gagana Sāmoa

FAASILASILAGA: Afai e te lē tautala le faa-Igilisi, o loo avanoa mo oe e aunoa ma se totogi auaunaga fesoasoani i le gagana. O loo maua fo'i fesoasoani faaopo'opo ma auaunaga e tuuina atu ai iā te oe faamatalaga i auala eseese lea e maua e aunoa ma se totogi. Sui auai o le QUEST, valaau aunoa ma se totogi i le 1 (800) 440-0640, TTY 1 (877) 447-5990, pe talanoa i lē e saunia lau tausiga. Sui auai o le Medicare Advantage ma sui auai o peleni inisiua tumaoti, valaau i le 1 (800) 776-4672 po o le TDD/TTY 1 (877) 447-5990.

## Español

ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia con el idioma. También están disponibles ayuda y servicios auxiliares para brindarle información en formatos accesibles sin costo alguno. Los miembros de QUEST deben llamar al número gratuito 1 (800) 440-0640, TTY 1 (877) 447-5990 o hablar con su proveedor. Los miembros de Medicare Advantage y de planes comerciales deben llamar al 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

## Tagalog

PAUNAWA: Kung hindi ka nakapagsasalita ng Ingles, mayroon kang makukuhang mga serbisyo sa tulong sa wika nang libre. Mayroon ding mga auxiliary na tulong at serbisyo para bigyan ka ng impormasyon sa mga naa-access na format nang libre. Sa mga miyembro ng QUEST, tumawag sa 1 (800) 440-0640 nang toll-free, TTY 1 (877) 447-5990, o makipag-usap sa iyong provider. Sa mga miyembro ng Medicare Advantage at commercial plan, tumawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

## ไทย

โปรดให้ความสนใจ: หากท่านไม่พูดภาษาอังกฤษ เรามีบริการให้ความช่วยเหลือทางภาษาแก่ท่านโดยไม่มีค่าใช้จ่าย และยังมีความช่วยเหลือและบริการเสริมเพื่อให้ข้อมูลแก่ท่านในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่าย สำหรับสมาชิก QUEST โปรดโทรไปที่หมายเลขโทรศัพท์หมายเลข 1 (800) 440-0640, TTY 1 (877) 447-5990 หรือพูดคุยกับผู้ให้บริการของคุณ สำหรับสมาชิก Medicare Advantage และแผนเชิงพาณิชย์ โปรดโทรไปที่หมายเลข 1 (800) 776-4672 หรือ TDD/TTY 1 (877) 447-5990

## Tonga

FAKATOKANGA: Kapau óku íkai keke lea Faka-Pilitania, óku í ai e tokotaha fakatonulea óku í ai ke tokonií koe íkai ha totongi. Óku í ai mo e kulupu tokoni ken au óatu e ngaahi fakamatala mo e tokoni íkai ha totongi. Kau memipa QUEST, ta ki he 1 (800) 440-0640 taé totongi, TTY 1 (877) 447-5990, pe talanoa ki hoó kautaha. Ko kinautolu óku Medicare Advantage mo e palani fakakomesiale, ta ki he 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

## Foosun Chuuk

ESINESIN: Ika kese sine Fosun Merika, mei wor aninisin fosun fonu ese kamo mi kawor ngonuk. Mei pwan wor pisekin aninis mi kawor an epwe esinei ngonuk porous non och wewe ika nikinik epwe mecheres me wewechon ngonuk ese kamo. Chon apach non QUEST, kekeri 1 (800) 440-0640 namba ese kamo, TTY 1 (877) 447-5990, ika fos ngeni noumw ewe chon awora aninis. Medicare Advantage ika chon apach non ekoch otot, kekeri 1 (800) 776-4672 ika TDD/TTY 1 (877) 447-5990.

## Tiếng Việt

CHÚ Ý: Nếu quý vị không nói được tiếng Anh, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các phương tiện và dịch vụ hỗ trợ cũng có sẵn để cung cấp cho quý vị thông tin ở các định dạng dễ tiếp cận mà không mất phí. Hội viên QUEST, xin gọi số miễn cước 1 (800) 440-0640, TTY 1 (877) 447-5990, hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị. Hội viên Medicare Advantage và chương trình thương mại, xin gọi số 1 (800) 776-4672 hoặc TDD/TTY 1 (877) 447-5990.

# Pre-enrollment Checklist

## Before making an enrollment decision, it's important that you fully understand our benefits and rules.

If you have any questions, you can call and speak to a customer service representative at (808) 948-6235 or 1 (800) 693-4672 toll-free. For TTY, call 711.

### Understanding the Benefits

- ☐ The *Evidence of Coverage (EOC)* provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [hmsa.com/health-plans/medicare/resources/](https://hmsa.com/health-plans/medicare/resources/) or call us to view a copy of the EOC.
- ☐ Review the *Provider Directory* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

### Understanding Important Rules

- ☐ In addition to your monthly plan premium (if applicable), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on Jan. 1, 2027.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copayment for services received by non-contracted providers.
- ☐ If you're currently enrolled in a Medicare Advantage plan, that plan will end when your new Medicare Advantage plan starts. If you have TRICARE, your benefits may be affected when your new plan starts. Contact TRICARE for more information. If you have a Medigap plan, you may want to cancel it because you'll be paying for benefits you can't use.



An Independent Licensee of the Blue Cross and Blue Shield Association

# HMSA Medicare Advantage

OMB No. 0938-1378  
Expires: 12/31/2026

MedicareRx  
Prescription Drug Coverage

## Enrollment Form Instructions

### WHO CAN USE THIS FORM?

People with Medicare who want to join an HMSA Medicare Advantage Plan.

### TO JOIN A PLAN, YOU MUST:

- Be a U.S. citizen or be lawfully present in the U.S.
- Live in the plan's service area

**Important:** To join an HMSA Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

### WHEN DO I USE THIS FORM?

You can join a plan:

- Between October 15-December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [medicare.gov](https://www.medicare.gov) to learn more about when you can sign up for a plan.

### WHAT DO I NEED TO COMPLETE THIS FORM?

- Your Medicare number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items on pages 1-4 unless noted as optional. The items on page 5 are optional — you can't be denied coverage because you don't fill them out.

### REMINDERS:

- If you want to join a plan during fall open enrollment (October 15-December 7), we must get your completed form by December 7.

- HMSA will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security or Railroad Retirement Board (RRB) benefit.

### WHAT HAPPENS NEXT?

Send your completed and signed form to:  
HMSA Medicare Advantage Sales  
P.O. Box 3500  
Honolulu, HI 96811-9983

Once we process your request to join, we'll contact you.

### HOW DO I GET HELP WITH THIS FORM?

Call HMSA Medicare Advantage Sales at (808) 948-6235 or 1 (800) 693-4672. TTY users can call 711.

Or call Medicare at 1 (800) MEDICARE [1 (800) 633-4227]. TTY users can call 1 (877) 486-2048.

**En español:** Llame a HMSA Medicare Advantage Sales al (808) 948-6235 or 1 (800) 693-4672/TTY 711 o a Medicare gratis al 1 (800) 633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

### INDIVIDUALS EXPERIENCING HOMELESSNESS

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

**IMPORTANT NOTES:** If you currently have an Affordable Care Act (ACA) or Medigap plan, be sure to contact your insurance carrier to cancel that plan since it will not be automatically canceled.

If you currently have another health plan (employer or union group, or ACA), joining HMSA Medicare 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 Medicare Advantage. Read the information your employer or union sends to 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.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**IMPORTANT:** Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.



An Independent Licensee of the Blue Cross and Blue Shield Association

# HMSA Medicare Advantage

MedicareRx  
Prescription Drug Coverage X

## HMSA Akamai Advantage® (PPO) Enrollment Form for CY 2026

### SECTION 1: PROVIDE INFORMATION ABOUT YOU

First Name

MI

Last Name

Permanent Residence Street Address

(P.O. Box isn't allowed, except for individuals experiencing homelessness.)

Residence City

State

ZIP Code

County (optional)

Birth Date (MM/DD/YYYY)

M or F

Daytime Telephone Number

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

Mailing Street Address (Include apartment number. P.O. Box allowed.)

Mailing City

State

ZIP Code

Current HMSA Member Number (if applicable) optional

Email Address (optional)

☐ I give HMSA permission to email me important health plan information.

Primary care provider (PCP), clinic, or health center (optional). 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 Group#:  -

Effective Date:  /  /

Election Period: ☐ ICEP ☐ IEP-D ☐ AEP (Oct. 15-Dec. 7)

☐ SEP (type): \_\_\_\_\_

☐ Not Eligible: \_\_\_\_\_

☐ OEP (Jan. 1-Mar 31)

☐ Authorization Form

Sales Agent ID & Name: \_\_\_\_\_ Agent Assisted: ☐ No ☐ Yes \_\_\_\_\_

SOA Doc: \_\_\_\_\_ Agent/Broker National Producer Number \_\_\_\_\_

I'd like HMSA Akamai Advantage to begin on the first day of the month of

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I understand that this is my HMSA Akamai Advantage proposed start date.

(M M / Y Y Y Y)

**Select the HMSA Akamai Advantage plan you want to join: (Choose one)**

Monthly Premium

- ☐ Complete (PPO) (Available to Oahu residents only.) .....\$20
- ☐ Complete Plus (PPO) (Available to Oahu residents only.) .....\$160
- ☐ Standard (PPO) (Available to residents of Hawaii, Maui, Kauai, and Kalawao counties.) .....\$20
- ☐ Standard Plus (PPO) (Available to residents of Hawaii, Maui, Kauai, and Kalawao counties.) .....\$151

**SECTION 2: PROVIDE YOUR MEDICARE INSURANCE INFORMATION**

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Medicare Number

- ☐ **Yes**    ☐ **No**    (Optional) Are you enrolled in QUEST (Medicaid)? If yes, please provide your Medicaid number:

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**SECTION 3: PAYING YOUR PLAN PREMIUMS**

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or Electronic Funds Transfer (EFT) each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.** Other payment options are available; ask us for more information.

**Choose a premium payment option. If you don't, you'll receive a bill each month.**

- ☐ HMSA will mail you a bill each month.
- ☐ 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 RRB benefit. I get monthly benefits from:
- ☐ Social Security
- ☐ RRB

(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 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 have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.** Don't pay HMSA Akamai Advantage the Part D-IRMAA.

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.

(continued)

SECTION 4: ANSWER THESE IMPORTANT QUESTIONS

Will you have other prescription drug coverage (like VA, TRICARE) in addition to HMSA Akamai Advantage?

☐ Yes

☐ No

Name of other coverage

Member number for this coverage

Group number for this coverage

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

SECTION 5: IMPORTANT: READ AND SIGN BELOW:

I must keep both Hospital (Part A) and Medical (Part B) to stay in HMSA Akamai Advantage.

- By joining this Medicare Advantage plan, I acknowledge that HMSA Akamai Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA or Part D plan at a time and that enrollment in this plan will automatically end my enrollment in another MA or Part D plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my HMSA Akamai Advantage coverage begins, I must get all of my medical and prescription drug benefits from HMSA Akamai Advantage. Benefits and services provided by HMSA Akamai Advantage and contained in my HMSA Akamai Advantage *Evidence of Coverage* document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor HMSA Akamai Advantage will pay for benefits or services that are not covered.
- 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 the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 by Medicare or HMSA.

/

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Applicant's signature. If you're the authorized representative, sign above and fill out these fields:

Name of Legal Representative (please print)

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Legal Representative's Mailing Address

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Legal Representative's City

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Legal Representative's Telephone Number

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Legal Representative's Relationship to Applicant

**SECTION 6: ALL FIELDS IN THIS SECTION ARE OPTIONAL. Return with rest of application. Answering these questions is your choice. You can't be denied coverage because you don't fill them out.**

What language do you speak most of the time at home? Select one.

|                                    |                                   |                                      |                                  |                                      |
|------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> English   | <input type="checkbox"/> German   | <input type="checkbox"/> Korean      | <input type="checkbox"/> Palauan | <input type="checkbox"/> Tongan      |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Laotian     | <input type="checkbox"/> Samoan  | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Chuukese  | <input type="checkbox"/> Ilocano  | <input type="checkbox"/> Mandarin    | <input type="checkbox"/> Spanish | <input type="checkbox"/> Visayan     |
| <input type="checkbox"/> French    | <input type="checkbox"/> Japanese | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Other _____ |

Do you need an interpreter? ☐ Yes ☐ No

Select one if you want us to send you information in the accessible format.

|                                  |                                      |                                   |                                  |
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| <input type="checkbox"/> Braille | <input type="checkbox"/> Large print | <input type="checkbox"/> Audio CD | <input type="checkbox"/> Data CD |
|----------------------------------|--------------------------------------|-----------------------------------|----------------------------------|

Please contact HMSA Medicare Advantage at (808) 948-6235 or 1 (800) 693-4672 if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 p.m., seven days a week. TTY users can call 711.

Do you work? ☐ Yes ☐ No Does your spouse work? ☐ Yes ☐ No

I want to get the following materials by email. Select one or more.

|                                             |                                               |                                    |
|---------------------------------------------|-----------------------------------------------|------------------------------------|
| <input type="checkbox"/> Provider Directory | <input type="checkbox"/> Evidence of Coverage | <input type="checkbox"/> Formulary |
|---------------------------------------------|-----------------------------------------------|------------------------------------|

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

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Admission Date

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Institution City

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State

ZIP Code

(continued)

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

[illegible][illegible]

Signature

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)," System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

# Save Time with Automatic Payments



## An easy way to pay your premium.

With automatic payments, you don't have to worry about remembering to pay your HMSA premium. We'll work with your bank or other financial institution to transfer your payments to HMSA every month.

### How do I sign up for automatic payments?

Complete the authorization form on the back of this flyer and attach a voided check or savings account statement. Include the account holder's name and account number.

Mail the completed form to:

HMSA  
Attn: Cashiers  
P.O. Box 4720  
Honolulu, HI 96812-4720

You can also sign up for automatic payments at My Account on [hmsa.com](https://hmsa.com). Click My Account Login then Profile and select Pay My Bill.

Not registered for My Account? On [hmsa.com](https://hmsa.com), click My Account Login. Click Register and follow the instructions.

### After I submit my completed form, when will automatic payments start?

The automatic payment service will take about 30 days to process. We'll continue to bill you until we send you a confirmation that your automatic payments have been set up.

### How do I track automatic payments?

Your bank statement will show the HMSA deductions that will be made on the bill's due date or the following business day if the due date is on a weekend or holiday.

### Do I need separate authorization forms for my spouse and dependent if they're enrolled in separate individual plans?

Yes, you need to complete authorization forms for each HMSA subscriber.

### How do I cancel automatic payments?

Send us a written request to cancel this service. Allow 30 days for the cancellation to take effect.

### If I enroll in a rider such as HMSA's Dental Plus Plan, will I have to complete another authorization form to set up automatic payments for that plan?

Yes. Since that plan is billed separately from the medical plan, you'll have to complete a separate authorization form.

### Who do I call if I have questions?

Call us at (808) 948-6174 or 1 (800) 782-4672. We'll be happy to help you.



An Independent Licensee of the Blue Cross and Blue Shield Association

## Automatic Payment Application

HMSA Subscriber Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
HMSA Subscriber ID No.: \_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_  
Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_  
Account Holder Name(s): \_\_\_\_\_  
Account No.: \_\_\_\_\_ Account Type: ☐ Checking (1) ☐ Savings (2)

I allow HMSA and my financial institution to automatically transfer money from my account to pay my HMSA premiums. HMSA will notify me if the premium amount changes as a result of an annual rate change. The account is from a U.S. financial institution.

I understand that either HMSA or I can end automatic payments with 30 days written notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(As shown on financial institution records.)

### For HMSA Use Only

Accepted By: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
HMSA Group Number: \_\_\_\_\_ Trans. Type: \_\_\_\_\_ PTD: \_\_\_\_\_  
Input Date: \_\_\_\_\_ By: \_\_\_\_\_

**IMPORTANT:** For a checking account deduction, attach a **VOIDED** personal check below. For a savings account deduction, attach a statement to this form. Be sure the name of your financial institution and your account number appear on the check or statement. Please complete one authorization form per HMSA subscriber.

|                              |                                                                                                                             |     |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----|
| 00-1938/8391<br>1938         |                                                                                                                             | 101 |
| DATE _____                   |                                                                                                                             |     |
| Pay to the<br>Order of _____ | \$ <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> |     |
| _____ DOLLARS                |                                                                                                                             |     |
| :1 1938 01:8391 101          |                                                                                                                             |     |

# After you enroll

**We'll make your transition to HMSA Medicare Advantage as smooth and easy as possible. Here's what you can expect from us:**

## **Enrollment verification letter**

If we helped you enroll in HMSA Medicare Advantage for the first time, we'll send you a verification letter after your enrollment.

## **Welcome packet**

You'll receive an HMSA Medicare 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.

## **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.

## **Welcome call**

We may call you to make sure you received your materials, help you understand your benefits, and answer any questions you may have.

## **Choose a primary care provider**

When you enroll, it's important that you choose a 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. See page 16 for ways to find a participating provider or to check if your provider participates with HMSA.

## **Getting care**

To get the most savings from your health plan, go to doctors, hospitals, pharmacies, and other providers in the HMSA Medicare 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.





# Notes



# We're here with you.

## Call us

(808) 948-6235 or 1 (800) 693-4672  
TTY: 711.

8 a.m.–8 p.m.

**Oct. 1–March 31:** Seven days a week.

**April 1–Sept. 30:** Monday–Friday.

## Visit us

### HMSA Center in Hilo

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

### HMSA Center in Kahului

Puunene Shopping Center | 70 Hookele St., Suite 1220  
Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–1 p.m.

### HMSA Center in Lihue

Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202  
Monday–Friday, 8 a.m.–4 p.m.

[hmsa.com/advantage](https://hmsa.com/advantage)

     @hmsahawaii

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