

HMSA's Away From Home Care – Guest Membership Program offers nationwide health plan benefits to give you peace of mind when you're traveling or living on the Mainland.

As an HMO member, you can take advantage of the Away From Home Care Program that ensures you have health plan benefits when traveling for extended periods or temporarily living on the Mainland.

You can enroll in the program as a guest member under a Blue Cross and Blue Shield HMO plan in another state. After you apply, benefits are effective 10 to 15 days after we've accepted your application.

If you need urgent or emergency services, you don't have to wait for your guest membership to start. You can get those services immediately.

Guest membership is available in most places. But you won't be able to enroll in the program if you can't access network providers. We'll let you know if guest membership isn't offered in your area.

+ Who can apply?

- Long-term travelers who plan to be on the road 90 to 180 days.
- Spouse and dependents living away from home 90 days to one year.
- Students attending school out of state.

+ Getting care as a guest member

Once you're enrolled as a guest member, you might be required to choose a primary care provider (PCP) in your area. Or, a PCP may be chosen for you. Your host plan will let you know how you'll get a PCP.

It's a good idea to contact your new PCP as soon as possible to establish a good relationship. Your new PCP can refer you to specialists if necessary, just like your PCP in Hawaii.

When you get services, you don't have to worry about filing a claim. Your host plan will handle all of that for you.

+ How to renew

Staying on the Mainland longer? You can renew your guest membership. Just contact us 30 days before your membership expires.

To renew, you'll need to fill out a new application and send it to us.

Ready to get started? You can apply for this program at any time. We'll determine if you're eligible and if guest membership is available in the area where you'll be.

Send us your application by email, fax, or mail. Once we process it, we'll send your information to your host plan.

Away From Home Care helps pay for medical services only. It doesn't apply to prescription drugs. But if you have an HMSA drug plan in Hawaii, your drug benefits will apply at your Mainland destination. Just remember to carry your HMSA membership card with you and present it when filling prescriptions.

Here's how to apply:

1. Complete the Guest Member and Subscriber sections of the guest membership application.

If you don't fill out these sections, it may delay your enrollment.

2. Sign the form.

The subscriber's signature is required. If the guest member isn't the plan subscriber, the guest member also must sign.

3. Return your completed application to us.

- Mail it to us in the postage-paid envelope.
- Fax it to (808) 948-5947.
- Email it to AwayFromHomeCare@hmsa.com with "Away From Home Care" in the subject line.

If you're eligible for the program, you'll get membership information from the Blue Cross and/or Blue Shield plan in your area. If guest membership isn't available in your area, we'll contact you.

+ Need more information?

We're here to help. Call us 808-948-6466 with any questions. We're available Monday through Friday, 8 a.m. to 4 p.m., Hawaii time. You can also learn more about guest membership at our Help Center at hmsa.com.

Follow us on Facebook, Instagram, X, and LinkedIn at [@hmsahawaii](https://www.instagram.com/hmsahawaii).

Away From Home Care® Guest Membership Application



**BlueCross®
BlueShield®**

Application UID:

Office use only

Application Status: _____

Application Start Date: ____ / ____ / ____ Application End Date: ____ / ____ / ____
(mm/dd/yyyy) (mm/dd/yyyy)

Guest Member Information Person who is applying for Guest Membership

Guest Member Name

Away From Home Address: Street/Apt.#

City State ZIP Code

Away From Home Telephone: (____) _____ - _____

Date of Birth: ____ / ____ / ____
(mm/dd/yyyy)

Gender: ☐ ☐
Male Female

Relationship to Subscriber

Subscriber Information

Subscriber Name

Subscriber Address: Street/Apt.#

City State ZIP Code

Primary Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____

Date of Birth: ____ / ____ / ____
(mm/dd/yyyy)

Gender: ☐ ☐
Male Female

Subscriber no.

Membership Details

Type of Guest Membership:

(Student/Long-term Traveler/Families Apart)

I hereby certify that all information stated in the Guest Membership Application is truthful and correct to the best of my knowledge. I acknowledge that the benefits for myself or eligible dependents as guest members of the host plan may vary from the benefits of my home plan. I understand that as a guest member, the host plan's scope and level of benefits apply.

Subscriber Signature

Date

I hereby authorize my home plan and the host plan, identified in this application, to exchange medical information about me.

Guest Member Signature (Parent/guardian for minor)

Date