Prepared exclusively for:

First Hawaiian Bank

Medical	2024 AA Prime MAPD w/ Silver&Fit (Local PPO w/enhanced service area)[1]		2025 AA Prime MAPD w/ Silver&Fit (Local PPO w/enhanced service area)[1]	
Plan Premium[2]	**$226**		**$226**	
Benefit Category	In-Network	Out-of-Network	In-Network	Out-of-Network
Maximum Out-of-Pocket[3]	$3,450	$5,150	$3,450	$5,150
Inpatient Care				
Inpatient Hospital Care[4]	$225/day; days 1-6 $50/day; days 7-30 $0/day; days 31-90 $0/day for add'l days	$375/day; days 1-11 $0/day; days 12-90 $0/day for add'l days	$225/day; days 1-6 $50/day; days 7-30 $0/day; days 31-90 $0/day for add'l days	$375/day; days 1-11 $0/day; days 12-90 $0/day for add'l days
Inpatient Mental Health Care[5]	$225/day; days 1-6 $0/day; days 7-90	$375/day; days 1-11 $0/day; days 12-90	$225/day; days 1-6 $0/day; days 7-90	$375/day; days 1-11 $0/day; days 12-90
Skilled Nursing Facility[6]	$20/day; days 1-20 $165/day; days 21-40 $0/day; days 41-100	$150/day; days 1-10 $175/day; days 11-44 $0/day; days 45-100	$20/day; days 1-20 $165/day; days 21-40 $0/day; days 41-100	$150/day; days 1-10 $175/day; days 11-44 $0/day; days 45-100
Home Health Care	$0	40%	$0	40%
Outpatient Hospital/ Ambulatory Surgery Center Services	20%	40%	20%	40%
Doctor's Office Visits				
PCP	$0	$30	$0	$30
NP, APRN, & PA	$0	$30	$0	$30
Specialist	$30	$40	$30	$40
Outpatient Mental Health Care	$30	40%	$30	40%
Ambulance	$225	$225	$225	$225
Emergency Care	$90	$90	$90	$90
Urgent Care	$30	$30	$30	$30
Outpatient Rehabilitation (PT, OT, ST)	$30	40%	$30	40%
Diagnostic Tests and Procedures, Lab Services and Outpatient X-Rays	$30 or 20%	40%	$0 or $30	40%
Diagnostic Radiology Services	$100 or 20%	40%	$100 or 20%	40%
Therapeutic Radiology Services	$30	40%	$30	40%

The Centers for Medicare & Medicaid Services (CMS) allows plan sponsors to offer EGWP MA and MAPD Plans exclusively for employer/union retiree groups.

Prepared exclusively for:

First Hawaiian Bank

hmsa
An Independent Licensee of the Blue Cross and Blue Shield Association

Medical

Benefit Category	2024 AA Prime MAPD w/ Silver&Fit (Local PPO w/enhanced service area)[1] In-Network	2024 AA Prime MAPD w/ Silver&Fit (Local PPO w/enhanced service area)[1] Out-of-Network	2025 AA Prime MAPD w/ Silver&Fit (Local PPO w/enhanced service area)[1] In-Network	2025 AA Prime MAPD w/ Silver&Fit (Local PPO w/enhanced service area)[1] Out-of-Network
Preventive Care[7]				
Annual Wellness Visit	$0	$0	$0	$0
Bone Mass Measurement	$0	$0	$0	$0
Diabetes Screening	$0	$0	$0	$0
Mammogram	$0	$0	$0	$0
Some Vaccines	$0	$0	$0	$0
Medicare Part B Drugs				
Chemotherapy and Other Part B Drugs	20%	40%	20%	40%
Medicare Part B Insulin Drugs	$35*	40%	$35	40%
Medical Equipment & Supplies	20%	40%	20%	40%
Dental Services[8]	$30	40%	$30	40%
Hearing Services				
Exam to diagnose and treat hearing and balance-related conditions[9]	$30	40%	$0	40%
Routine hearing exam once a calendar year	NA	NA	$0	40%
Hearing aid fitting and evaluation (unlimited visits during first year following hearing aid purchase)	NA	NA	$0	40%
Prescription hearing aids (one hearing aid per ear every calendar year)	NA	NA	$195, $595, $995 or $1,395 depending on hearing aid model	40%

The Centers for Medicare & Medicaid Services (CMS) allows plan sponsors to offer EGWP MA and MAPD Plans exclusively for employer/union retiree groups.

Prepared exclusively for:

First Hawaiian Bank

An Independent Licensee of the Blue Cross and Blue Shield Association

Medical

Benefit Category	2024 AA Prime MAPD w/ Silver&Fit (Local PPO w/enhanced service area)[1]		2025 AA Prime MAPD w/ Silver&Fit (Local PPO w/enhanced service area)[1]	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Vision Services				
Eye exam to diagnose and treat eye diseases and conditions[10]	$0	40%	$0	40%
Routine eye exam once a calendar year	$0	40%	$0	40%
Eyeglasses or contacts after Medicare-covered cataract surgery[11]	$0	$0	$0	$0
Contact lenses and eyeglasses (frames and lenses). The plan pays up to $300 every calendar year for contact lenses and eyeglasses (frames and lenses).	$0 Plan pays up to $300/yr.		$0 Plan pays up to $300/yr.	
Telehealth Services including HMSA's Online Care and other telehealth services	$0	$0	$0	$0
Worldwide Coverage – emergency and urgently needed only[12]	10% for hospital room, board and ancillaries; 10% for emergency transportation; $0 copay for physician and outpatient services		10% for hospital room, board and ancillaries; 10% for emergency transportation; $0 copay for physician and outpatient services	
Fitness - Silver&Fit	$0 Standard Fitness Center Membership, $30 - $200 Premium Fitness Center Membership, $0 1 Home Fitness Kit/yr.		$0 Standard Fitness Center Membership, $30 - $250 Premium Fitness Center Membership, $0 1 Home Fitness Kit/yr.	

The Centers for Medicare & Medicaid Services (CMS) allows plan sponsors to offer EGWP MA and MAPD Plans exclusively for employer/union retiree groups.

Prepared exclusively for:

First Hawaiian Bank

An Independent Licensee of the Blue Cross and Blue Shield Association

Prescription Drugs[13]	2024 AA Prime MAPD w/ Silver&Fit (Local PPO w/enhanced service area)[1]	2025 AA Prime MAPD w/ Silver&Fit (Local PPO w/enhanced service area)[1]
Annual Deductible	$0	$0
Initial Coverage Stage	Beneficiary pays the cost shares shown until yearly total drug costs reach $5,030.*	Beneficiary pays the cost shares shown until yearly out-of-pocket drug costs reach $2,000.*
Retail – 30-day supply	In-Network	In-Network
Tier 1 - Preferred generic	$4	$4
Tier 2 - Generic	$10	$10
Tier 3 - Preferred brand	$47	$47
Tier 3 - Preferred brand insulin	$35*	$35
Tier 4 - Nonpreferred drug	$100	$100
Tier 5 - Specialty	33%	33%
Tier 5 - Specialty insulin	$35*	$35
Mail Order – 100-day supply	HMSA's Mail Order Prescription Drug Program	HMSA's Mail Order Prescription Drug Program
Tier 1 - Preferred generic	$4	$4
Tier 2 - Generic	$10	$10
Tier 3 - Preferred brand	$94	$94
Tier 3 - Preferred brand insulin	$70	$70
Tier 4 - Nonpreferred drug	$200	$200
Tier 5 - Specialty	33%	33%
Tier 5 - Specialty insulin	$105*	$105
Catastrophic Coverage Stage[14]	Beneficiary pays $0* once yearly out-of-pocket drug costs reach $8,000.*	Beneficiary pays $0 once yearly out-of-pocket drug costs reach $2,000.*
Part D Vaccines	$0*	$0

The Centers for Medicare & Medicaid Services (CMS) allows plan sponsors to offer EGWP MA and MAPD Plans exclusively for employer/union retiree groups.

(1) The service area for the plan is nationwide. Beneficiary must live in the United States or the territory of Puerto Rico to enroll in the plan. (2) For information concerning the premium the beneficiary pays, contact the employer/union group benefits plan administrator. In addition to the plan premium (if any), beneficiary must continue to pay their Medicare Part B premium. (3) The in-network maximum out-of-pocket amount for Medicare-covered services is $3,450. The combined in- and out-of-network maximum out-of-pocket amount for Medicare-covered services is $5,150. (4) Cost share per Medicare-covered hospital stay. No limit to the number of days covered by the plan for each Medicare-covered hospital stay. (5) There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. (6) Cost share per Medicare-covered benefit period. After Medicare-covered skilled nursing facility care is exhausted, beneficiary pays 100%. Plan covers up to 100 days for each Medicare-covered benefit period. (7) Preventive services shown are examples. The plan covers Medicare-covered preventive care services with zero cost sharing. (8) The plan covers Medicare-covered dental services. In general, preventive dental services (such as cleanings, routine dental exams, and dental x-rays) are not covered by Original Medicare or the plan. (9) The plan covers Medicare-covered exam to diagnose and treat hearing and balance-related conditions. (10) The plan covers Medicare-covered eye exam to diagnose and treat eye diseases and conditions. (11) The plan covers one pair of eyeglasses or contact lenses after each cataract surgery. (12) Based on HMSA Eligible Charge. Beneficiary pays 100% of charges over eligible charge. (13) Beneficiary must use network pharmacies to access prescription drug benefit, except under non-routine circumstances. Quantity limitations and restrictions may apply. (14) After beneficiary's yearly out-of-pocket drug costs reach $2,000* beneficiary pays $0* for covered Part D drugs.

*Asterisk for CMS mandated changes for 2024 and 2025.
Benefit changes for 2025 in red font.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. In the case of a discrepancy between this summary and the plan's *Evidence of Coverage,* the *Evidence of Coverage* document takes precedence. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year. Akamai Advantage is a PPO plan with a Medicare contract. Enrollment in Akamai Advantage depends on contract renewal.

202409