

2026 Summary of Benefits

Your Guide to Choosing a Medicare Advantage Plan

HMSA Akamai Advantage **Prime MAPD with Silver&Fit (PPO)**

This is a summary of health services and drug benefits for HMSA Akamai Advantage® Prime MAPD with Silver&Fit (PPO) plan effective Jan. 1, 2026.

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hmsa®

An Independent Licensee of the Blue Cross and Blue Shield Association



What's Inside

Eligibility 1

Summary of Benefits 2

Get high quality care 7

Travel Benefits 9

Looking for a Doctor? 11

Prescription Drugs 12

Prescription Drug List 13

Need Help Paying for Your Prescriptions? 14

Silver&Fit 15

Pre-enrollment Checklist 17

After you enroll 18

Multi-language Interpreter Services 19

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 United States or the territory of Puerto Rico.

Still not sure if you're eligible? Please contact your health plan administrator for more information.



Summary of Benefits

HMSA Akamai Advantage Prime MAPD with Silver&Fit (PPO)

Your share of the cost:

$ = Copayment. A set dollar amount that you pay.
% = Coinsurance. The percentage of the cost that you pay.

Benefits	Prime MAPD with Silver&Fit (PPO)
	YOU PAY
Monthly premium You must continue to pay your Part B premium in addition to your HMSA Medicare Advantage premium.	$262.50
Annual medical deductible What you'll have to pay each year out of pocket for medical services before the plan will pay for covered medical services.	$0
Maximum out-of-pocket 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.	$4,200 per year (in-network) $6,300 per year (in-network and out-of-network)
Inpatient hospital care*	In-network: Days 1-5: $350/day Days 6-30: $50/day Days 31-90: $0/day Additional days: $0/day Out-of-network: Days 1-11: $375/day Days 12-90: $0/day Additional days: $0/day
Outpatient hospital services*	20% of the cost (in-network) 40% of the cost (out-of-network)
Ambulatory surgery center services*	20% of the cost (in-network) 40% of the cost (out-of-network)
Doctor's office visits • **Primary care provider** A physician or other health care professional who treats common illnesses and manages your preventive care.	$0 (in-network) $30 (out-of-network)
• **Advanced practice registered nurse, nurse practitioner, or physician's assistant**	$0 (in-network) $30 (out-of-network)

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

Benefits	Prime MAPD with Silver&Fit (PPO)
	YOU PAY
• **Specialist** A physician who treats specific conditions such as allergies, heart disease, or foot disorders.	$30 (in-network) $40 (out-of-network)
Preventive care 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 *Evidence of Coverage*.	$0 (in-network and out-of-network)
Emergency care You won't pay a copayment for emergency care if you're admitted to the hospital within 24 hours.	$115 (in-network and out-of-network)
Urgent care You won't pay a copayment for urgent care if you're admitted to the hospital within 24 hours.	$30 (in-network and out-of-network)
Diagnostic services, labs, and imaging*	
• Diagnostic tests and procedures, lab services, and outpatient X-rays	$0 or $30 depending on the service (in-network) 40% of the cost (out-of-network)
• Diagnostic radiology services including advanced imaging services such as MRI, CT, and PET scans	$100 or 20% of the cost depending on the service (in-network) 40% of the cost (out-of-network)
• Therapeutic radiology services such as radiation treatment for cancer	$30 (in-network) 40% of the cost (out-of-network)
Hearing services **Medicare-covered hearing services** Exam to diagnose and treat hearing and balance-related conditions.	$0 (in-network) 40% of the cost (out-of-network)
Supplemental hearing services • One routine hearing exam every calendar year	$0 (in-network) 40% of the cost (out-of-network)
• First year of follow-up provider visits following hearing aid purchase	$0 (in-network) 40% of the cost (out-of-network)
• One hearing aid per ear every calendar year	$195, $595, $995, or $1,395 depending on the hearing aid type (in-network) 40% of the cost (out-of-network)

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

Summary of Benefits (continued)

Benefits	Prime MAPD with Silver&Fit (PPO)	
	YOU PAY	
Dental services **Medicare-covered dental services** Limited dental services. Doesn't include services related to care, treatment, or filling, removing, or replacing teeth.	$30 (in-network) 40% of the cost (out-of-network)	
Vision services **Medicare-covered vision services** • Eye exam to diagnose and treat eye diseases and conditions • Eyeglasses or contact lenses after Medicare-covered cataract surgery	$0 (in-network) 40% of the cost (out-of-network) $0 (in-network and out-of-network)	
Supplemental vision services** • Routine eye exam (once a calendar year) • Contact lenses and eyeglasses (frames and lenses)	$0 (in-network) 40% of the cost (out-of-network) $0 Plan pays $300/calendar year (in-network and out-of-network)	
Mental health care • Inpatient visit* Mental health care services that require a hospital stay	In-network: Days 1-5: $350/day Days 6-90: $0/day Lifetime Reserve Days (60): $0/day	Out-of-network: Days 1-11: $375/day Days 12-90: $0/day Lifetime Reserve Days (60): $0/day
• Outpatient therapy visits Individual and group visits	$30 (in-network) 40% of the cost (out-of-network)	
Skilled nursing facility* 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: Days 1-20: $10/day Days 21-40: $210/day Days 41-100: $0/day	Out-of-network: Days 1-30: $210/day Days 31-100: $0/day
Outpatient rehabilitation* • Occupational therapy, physical therapy, and speech and language therapy visits	$30 (in-network) 40% of the cost (out-of-network)	

** If you're enrolled in another HMSA commercial vision plan, you'll get vision benefits from your commercial plan and not your HMSA Akamai Advantage plan.

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

Benefits	Prime MAPD with Silver&Fit (PPO)
	YOU PAY
Ambulance Ground and air ambulance	$300 (in-network and out-of-network)
Transportation	Not covered
Medicare Part B drugs* • Chemotherapy and other Part B drugs	Up to 20% of the cost depending on the drug (in-network) 40% of the cost (out-of-network)
• Insulin drugs	$35 (in-network) 40% of the cost (out-of-network)
Medical equipment and supplies* Includes oxygen tanks, walkers, and wheelchairs.	20% of the cost (in-network) 40% of the cost (out-of-network)
Fitness – Silver&Fit® Healthy Aging and Exercise Program A membership to participating fitness center, a Home Fitness Kit, and Well-Being Coaching. To find participating fitness centers near you, call 1 (888) 354-4934 or visit silverandfit.com.	Fitness Center Membership $0/month for standard fitness center $30-$580/month for premium fitness center Home Fitness Kit $0 for 1 Home Fitness Kit per calendar year Well-Being Coaching $0
Telehealth services HMSA's Online Care® and other telehealth services.	$0 (in-network and out-of-network)
PRESCRIPTION DRUGS	
Annual drug deductible What you'll have to pay each year out of pocket for Part D drugs before the plan will pay.	$200 (Doesn't apply tier 1 drugs, insulin, and most Part D vaccines)
Initial coverage stage Until you've paid $2,100 out of pocket for Part D drugs.	
30-day supply from retail pharmacies - Tier 1 – Preferred generic	$0
- Tier 2 – Generic	$10
- Tier 3 – Preferred brand	20% of the cost
- Tier 3 – Preferred brand insulin	Lesser of $35 and 20% of the cost
- Tier 4 – Nonpreferred drug	35% of the cost
- Tier 5 – Specialty	30% of the cost
- Tier 5 – Specialty insulin	Lesser of $35 and 25% of the cost.

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

Summary of Benefits (continued)

Benefits	Prime MAPD with Silver&Fit (PPO)
	YOU PAY
PRESCRIPTION DRUGS (continued)	
100-day supply from mail-order pharmacy	
- Tier 1 – Preferred generic	$0
- Tier 2 – Generic	$10
- Tier 3 – Preferred brand	20% of the cost
- Tier 3 – Preferred brand insulin	Lesser of $105 and 20% of the cost
- Tier 4 – Nonpreferred drug	35% of the cost
- Tier 5 – Specialty	30% of the cost
- Tier 5 – Specialty insulin	Lesser of $105 and 25% of the cost
Catastrophic coverage stage After you've paid $2,100 out of pocket for Part D drugs.	$0
Most Part D vaccines	$0

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. 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.

HMSA works closely with our pharmacy benefit manager to help you get the medications you need.

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. 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 Relations number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health (ASH).

Silver&Fit is a federally registered trademark of ASH and used with permission herein. ASH is an independent specialty health organization, offering musculoskeletal health provider networks and programs, fitness center networks and programs, and well-being solutions on behalf of HMSA.

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



HMSA Medicare Advantage

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

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.

Fitness first

Taking care of your health is easy with the Silver&Fit® Healthy Aging and Exercise Program. Get a fitness center membership at little or no cost. You can also get a Home Fitness Kit, access to online workout videos, Well-Being Coaching, and more at no cost. Go to page 15 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.

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.



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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.

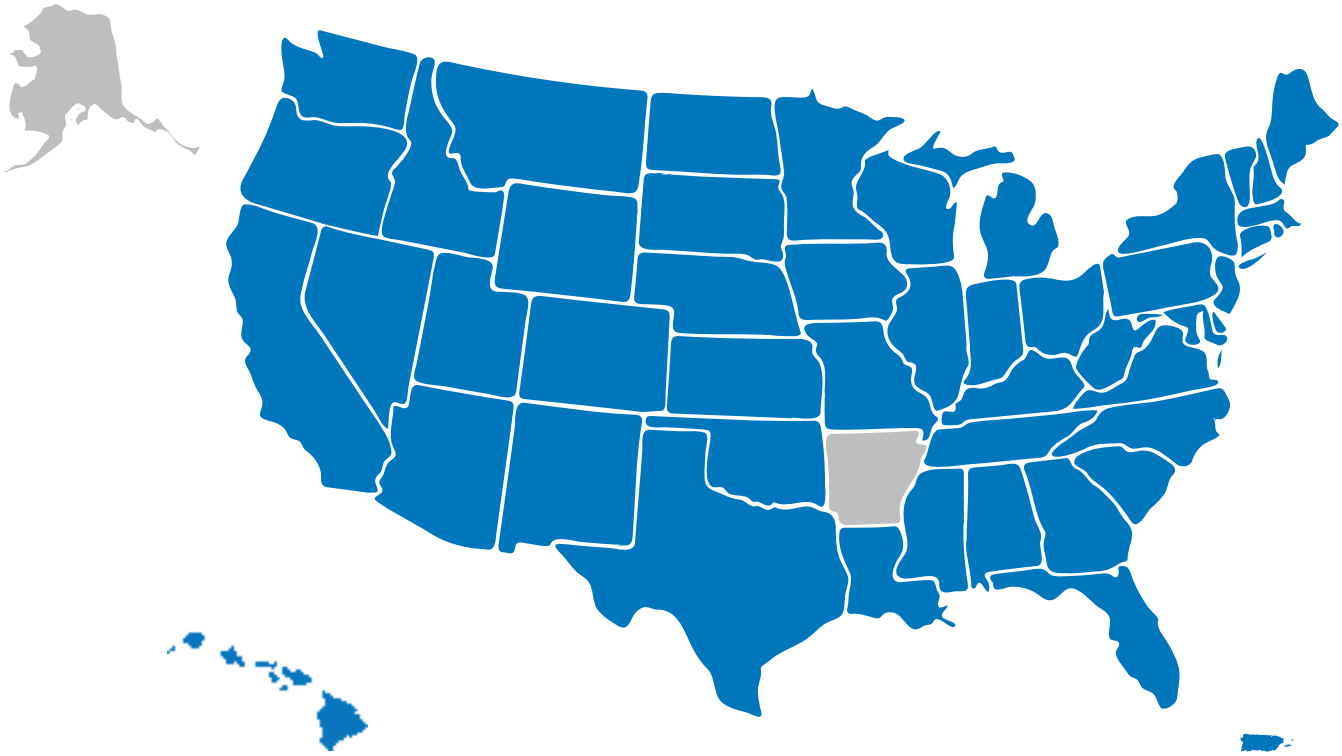


Visit **bcbs.com** or call 1 (800) 810-BLUE from the back of your HMSA membership card to find a doctor or hospital in the state you're visiting.

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.

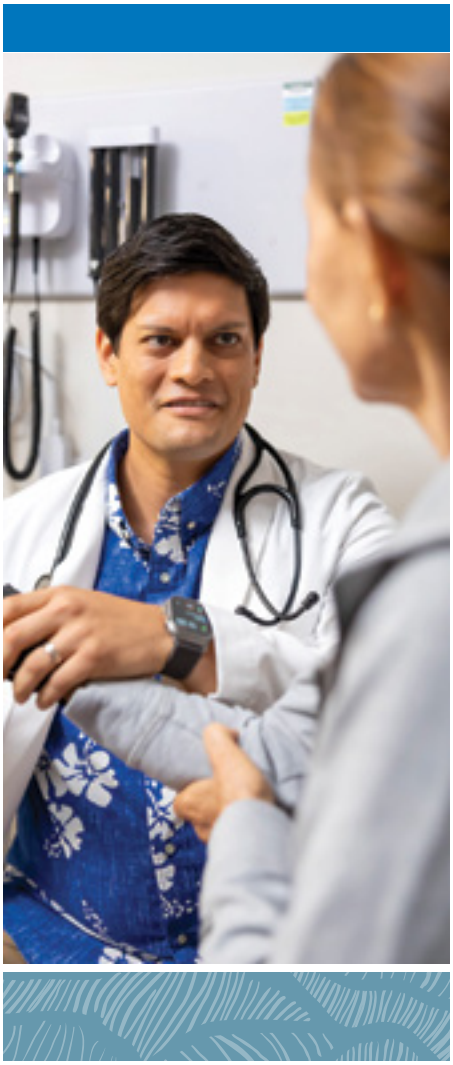
HMSA Akamai Advantage Visitor Travel Program



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

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/.

HMSA Akamai Advantage (PPO)



Looking for a Doctor?

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

Visit 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. Under Plan Documents, click your plan then Provider Directory.
- **Go online to request a printed copy.** Go to 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.

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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, 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 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.

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, 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 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. 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.

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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.

Apply for Extra Help with the Social Security Administration

You have four options:

- 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.

Silver&Fit™

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Something for Everyone®
With the Silver&Fit® Program

Enjoy a complete fitness program built to fit your lifestyle.

- Access to a network of participating fitness centers or select YMCAs.
- Access to the Premium fitness network that includes more locations like fitness centers, studios, and unique fitness experiences for a buy-up price.[1]
- Your choice of one Home Fitness Kit per benefit year from the available options.[2]
- Workout plans to help you start or continue an exercise routine.
- On-demand workout videos for all fitness levels available on the Silver&Fit website.
- The Well-Being Club where you can join live virtual classes and events, attend in-person meetups, and get access to exclusive articles and videos.
- One-on-one Well-Being Coaching sessions by phone, video, or chat for support in areas like fitness, healthy eating, stress, sleep, and weight loss while taking GLP-1 or anti-obesity medications.[3]
- The Silver&Fit Connected!™ tool for tracking activity on 250+ wearable fitness trackers and mobile apps.[4]

To learn more about the program, please visit **SilverandFit.com** and explore the FAQs.

If you would like to speak with Customer Service representative, call 1 (888) 354-4934 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m.

Exclusions and Limitations

The following services are not offered:

- Services from gyms that don't join the Silver&Fit program.
- Education materials not made by the Silver&Fit program by American Specialty Health Incorporated.
- Communication tools, phone speakers, DVRs, and phones that work with hearing aids.
- Drugs and medicine.
- Over-the-counter goods.
- Diet and herb supplements, vitamins, and minerals.
- Weight control products.
- Quit smoking medicines.
- Meal-replacements or any type of food.
- Listening devices, like audio tape and CD players.
- Fitness devices and apps that have fees.

If you aren't a Silver&Fit member, you aren't eligible for any services. The Silver&Fit program may not be appropriate for members with serious medical conditions.

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[1]Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website.

[2]Once selected, **Home Fitness Kits cannot be exchanged**. Promo codes will expire at the end of the benefit year. Kits are based on availability and subject to change. Shipping times vary and kits may take up to 30 days to arrive.

[3]The Silver&Fit program isn't a medical provider or pharmacist, and its coaches don't offer medical or pharmaceutical advice. They can't and don't diagnose or treat medical, mental health, or other health conditions. Coaches provide general information for educational purposes only. For any medical or health concerns, consult a qualified healthcare professional.

[4]Purchase of some compatible wearable fitness trackers or apps may be required to use the Connected! tool and aren't reimbursable by the Silver&Fit program. Your use of the Silver&Fit Connected! tool serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness) to receive information about your tracked activity.

The Silver&Fit program is provided by ASH Fitness, a subsidiary of American Specialty Health Incorporated (ASH). Please talk with your doctor before starting or changing your exercise routine. All programs and services aren't available in all areas. Persons shown are not Silver&Fit members. Silver&Fit, Something for Everyone, Silver&Fit Connected!, and the Silver&Fit logo are trademarks of ASH. Other logos may be trademarks of their respective owners. Limitations, member fees, and restrictions may apply. Fitness center participation may vary by location and is subject to change.

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American Specialty Health is an independent company providing chiropractic, acupuncture, fitness programs, and/or massage therapy services on behalf of HMSA.

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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. 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/ 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.



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:

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.

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 11 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.

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
- 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/.

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Commercial/ACA/Medicare
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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
ຊຶ່ນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍ່ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພື່ອໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ ເຊົ້າເຖິງໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ເສຍຄ່າໄດ້ທີ່ ເບີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ປຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.ສະມາຊິກແຜນ ປະກັນ Medicare Advantage ແລະ ຊັ້ນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

(continued on next page)

Kajin Ṃajōḷ
KŌJELLA: 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 โปรดโทรไปที่หมายเลขโทรฟรีที่หมายเลข 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 weweoch 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.

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 Honolulu
818 Keeaumoku St.
Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Pearl City
Pearl City Gateway | 1132 Kuala St., Suite 400
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

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

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

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