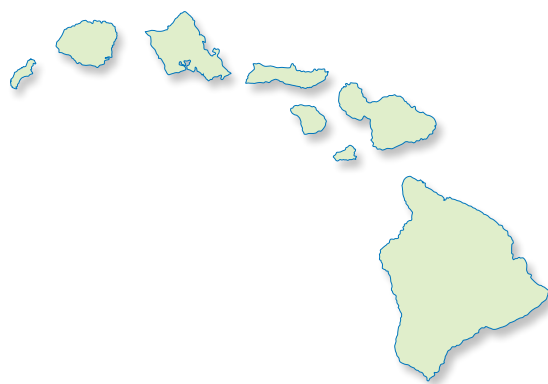


Health Care Planning Guide



Get
ready for
Medicare

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Plan ahead for Medicare



There are many things to consider as you approach 65 and become eligible for Medicare. You may retire to have more free time to travel, focus on new hobbies, or be with family and friends. Or you may continue working.

Whatever your future holds, it's important that you plan for your health care. And we're here to help you achieve your goals. This guide will help you:

- Plan for your future.
- Understand the basics of Medicare.
- Choose the right health plan.
- Calculate and estimate health plan costs.
- Get basic resources.

My health plan timeline

Keep track of important dates.

Event	Date
When I plan to retire	
My Social Security retirement age	
My Medicare eligibility	
Call Social Security to enroll in Medicare three months before my 65th birthday	
My current health plan ends	
My spouse's retirement	
Health plan under my spouse's employer ends	

Actively invest in your health

Taking time to care for yourself is an important investment in your future. Here are some things you can do to maintain good health and well-being:



Stay physically active

Choose an activity that best suits you, like walking, hiking, swimming, or gardening. Or maybe all four!



Eat a balanced diet

Make fresh fruits, vegetables, and whole grains part of your daily meals.



Maintain a healthy weight

Prevent and manage many medical conditions and feel better about yourself.



Know your numbers

Check your blood pressure, cholesterol, and blood sugar to help prevent heart disease, diabetes, and other medical conditions.



Relax

Get enough rest and manage stress with yoga, tai chi, meditation, or quiet time for yourself.



Stay connected

Maintain relationships with family, friends, and the community.



Learn something new

Register for an online or in-person workshop at hmsa.com/healtheducation.



Tip: Take advantage of your health plan's fitness and preventive care benefits and well-being programs to help keep you healthy at little or no cost.

Things to consider

Start planning your health care before you turn 65. Look at your health plan options and choose the one that best fits your needs. Delaying enrollment could lead to a financial penalty or delay in benefits. Consider these questions to get a head start:

Who'll provide my health plan benefits?

- Medicare from the federal government or through a private insurer.
- QUEST (Medicaid).
- My former employer.
- My spouse's employer.
- A union trust fund.
- The military.

What are my health plan's eligibility requirements?

Check the requirements for each health plan you're considering.

When's the enrollment deadline?

There may be a financial penalty or delay in benefits if you miss a deadline.

What kinds of services does the health plan pay for?

Your health plan benefits in retirement may be different than the benefits you have now.

How much will my out-of-pocket costs be?

Check the plan's monthly premium, deductibles, copayments/coinsurance, and provider network.

Need help?

Learn more about Medicare at a free workshop in person or online. Register at hmsa.com/workshops.

For Medicare and Extra Help eligibility and enrollment:

Social Security Administration
ssa.gov
1 (800) 772-1213
Monday–Friday, 8 a.m.–7 p.m.
TTY: 1 (800) 325-0778

For Original Medicare benefits and rights:

Medicare
medicare.gov
1 (800) MEDICARE [1 (800) 633-4227]
24 hours a day, seven days a week
TTY: 1 (877) 486-2048

For local counseling on Original Medicare:

Hawaii State Health Insurance Assistance Program
hawaiihip.org
(808) 586-7299
1 (888) 875-9229
Monday–Friday, 7:45 a.m.–4:30 p.m.
TTY: 1 (866) 810-4379

Tip: Choose a health plan that will give you peace of mind and financial protection for health care expenses.

Your health plan options

There are several health plan options for retirement. Choose the one that supports your health care needs and budget.

Your employer plan

Find out if your employer offers a retiree health plan. If they do, find out:

- Does it include benefits for a spouse and dependents?
- Can you keep your plan if you move out of state?

Also, what are the:

- Eligibility requirements?
- Enrollment deadlines?
- Health care benefits?
- Out-of-pocket costs?

Spouse's employer plan

Check if you can get a health plan through your spouse's employer.

COBRA

If you have a group health plan and will retire before you're eligible for Medicare, you could temporarily extend the plan during retirement through the Consolidated Omnibus Budget Reconciliation Act. You pay 100% of the health plan premiums plus an administrative fee. The plan generally lasts 18 months and can extend to dependents in certain situations.

Employers with 20 or more employees are required to offer COBRA. Check with your employer or visit the U.S. Department of Labor website at dol.gov/general/topic/health-plans/cobra.

If you sign up for COBRA and delay Medicare Part B (medical insurance), you may be at risk for paying a late penalty. To learn more, visit medicare.gov. In the search box, type COBRA.

Individual (ACA) plan

If you're under age 65 and aren't eligible for Medicare, you could get an individual health plan (also known as an Affordable Care Act or ACA plan). You may pay the entire plan premium, but you'll have financial protection if you're sick or injured.

Contact us or visit hmsa.com. Our phone numbers and HMSA Center locations are on the back of this brochure. We can help you understand your health plan options and sign up for a plan.

You can also check the federal online marketplace, HealthCare.gov, to see if you're eligible to receive financial help to pay for your individual health plan until you become eligible for Medicare.

Once you're eligible for Medicare, you won't be able to enroll in an Affordable Care Act plan. If you're enrolled in an ACA plan, you must disenroll.

Union Health and Welfare Trust Fund

If you're a member of a union, check with your union or trust fund administrator to find out if you can get benefits to help pay for your health care.

Military

If you or your spouse served in the military, you may qualify for a health plan through TRICARE, a federal Department of Defense health program. Contact them to learn more:

- **TRICARE:** 1 (800) 538-9552 or tricare.mil. For TTY, call 1 (866) 363-2883.

Medicare

Medicare is health insurance from the federal government. Original Medicare consists of Part A and Part B.

You're eligible for Medicare if you're:

- 65 years or older.
- Under 65 with certain disabilities.
- Any age with end-stage renal disease or ALS (also called Lou Gehrig's disease).



Part A
Hospital
Insurance



Part B
Medical
Insurance





Part C
Medicare
Advantage
Plans



Part D
Prescription
Drugs
Insurance

Medicare plan options

Enroll in Original Medicare when you're eligible. **Part A Hospital**  + **Part B Medical** 

For more benefits, you can choose:

Option 1

**Part D Medicare
Prescription Drug Plan**



and/or

**Medicare Supplement Plan
(Medigap)**



Option 2

Part C



**HMSA Medicare
Advantage Plan**

Part A



Part B



Part D



**Extra
Benefits**



Original Medicare doesn't pay for all your medical costs and doesn't pay for your prescription drugs. A Medicare Advantage plan can pay when Original Medicare doesn't pay.

Tip: Make sure you have creditable prescription drug benefits to avoid monetary penalties. Medicare beneficiaries who don't enroll in Medicare Part D when they first become eligible and don't have creditable prescription drug benefits may have to pay a penalty if they enroll in Part D later.

When to enroll in Medicare

Initial Enrollment Period		
Within three months before you turn 65	The month you turn 65	Within three months after you turn 65

General Enrollment Period
Jan. 1–March 31

If you're disabled

Enroll at any age. The Social Security Administration determines eligibility. If you're already enrolled in Social Security, you'll be automatically enrolled in Medicare and will receive your materials when you turn 65.

Extra Help

Medicare Part D provides drug benefits. The Extra Help program helps with the cost of your prescription drugs, like deductibles and copayments. You can apply for Extra Help any time before or after you enroll in Part D.

You can apply for Extra Help at ssa.gov/medicare/part-d-extra-help.

Or contact the Hawaii Medicaid Office:

medquest.hawaii.gov

Call Monday–Friday, 7:30 a.m.–4 p.m.:

- (808) 524-3370
TTY: 711
- 1 (800) 316-8005
TTY: 1 (800) 603-1201



Tip: Sign up for Medicare as soon as you're eligible to avoid monetary penalties or delays in benefits.

Age 65 and still working?

1. Enroll in Part A.

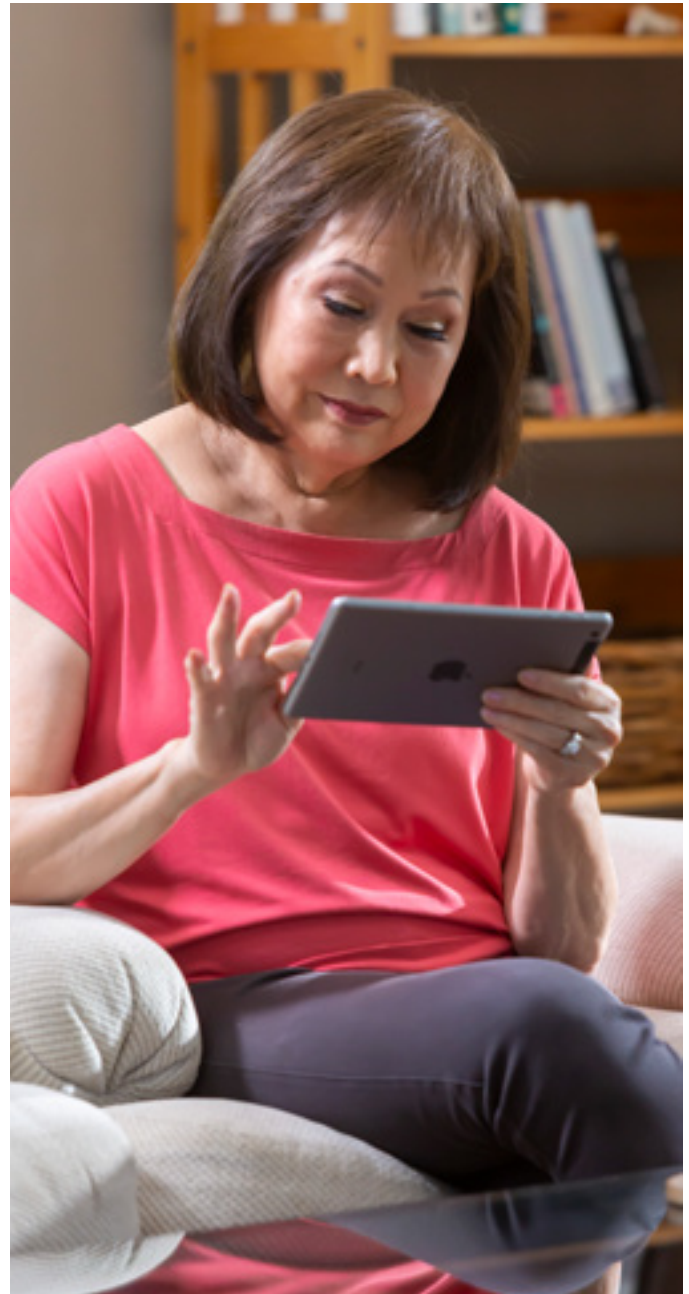
- No premium for most people.
- You may qualify for automatic enrollment. Call the Social Security Administration to find out. (See page 4 for contact information.)

2. Enroll in Part B or defer.

- Most people pay a monthly premium deducted from their Social Security.
- Do you work for a small employer that doesn't provide creditable coverage?
- Do you have creditable coverage through your large employer?
- Are you enrolled in your spouse's plan?
- Most people sign up for both Part A (hospital insurance) and Part B (medical insurance) when they're first eligible (usually when they turn 65). Generally, there are risks to signing up later, such as a gap in health plan benefits or having to pay a penalty. However, in some cases, it might make sense to sign up later. To see which option is best for you, use Medicare's interactive checker tool at [medicare.gov/basics/get-started-with-medicare/sign-up/when-can-i-sign-up-for-medicare](https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-can-i-sign-up-for-medicare).

I'm ready to retire. What should I do?

- Set a retirement date.
- Enroll in Medicare Part B, if you deferred.
- Review your health plan options.
- Enroll in a health plan in time for your retirement date.



Tip: If you're still working after 65, your employer is required to send you an annual notice that confirms your creditable coverage.

HMSA Medicare Advantage



Do I qualify?

You can enroll in an HMSA Medicare Advantage plan if you:

- Enrolled in Original Medicare Part A and Part B.
- Live in the state of Hawaii.

Do you have both Medicare and HMSA Quest (Medicaid)?

You could enroll in HMSA Akamai Advantage® Dual Care (PPO D-SNP) and get:

- \$133 a month for groceries, home utilities, and over-the-counter health products.
- \$0 dental cleanings, exams, X-rays, fillings, and more.
- \$0 eye exam and \$300 annually toward eyeglasses and contact lenses.
- \$0 for a fitness center membership and home fitness programs.
- Care you need from doctors you choose.
- Convenience of telehealth, including HMSA's Online Care®, at no cost.
- Benefits that go beyond Original Medicare.

When can I enroll in an HMSA Medicare Advantage plan?

Medicare Initial Enrollment Period	Medicare Annual Enrollment Period	Medicare Open Enrollment Period	Special Enrollment Period
When you turn 65.	Oct.15–Dec. 7 Health plan starts Jan.1 <ul style="list-style-type: none">• Enroll, change, or disenroll.• Keep your plan – no action needed.	One-time change: Jan. 1–March 31.	When you lose your current plan, such as when you retire.

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

HMSA Akamai Advantage® Dual Care is a PPO D-SNP plan with a Medicare contract and is a state of Hawaii Medicaid Managed Care Program. Enrollment in HMSA Akamai Advantage Dual Care depends on contract renewal.

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

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.

HMSA Medicare Advantage gives you more benefits than Original Medicare.

Plan benefits and features	Original Medicare	HMSA Medicare Advantage
Part B premium reduction		√
Hospital care	√	√
Medical care	√	√
Preventive services	√	√
Limits on annual out-of-pocket medical costs		√
Prescription drugs		√
Routine dental services		√
Over-the-counter health products allowance		√
Routine vision exams and eyewear		√
Routine hearing exam and hearing aids		√
Fitness center membership and home fitness kit		√
Mainland and worldwide travel benefits		√
<ul style="list-style-type: none"> • HMSA365 discounts • Health and well-being workshops • Health coaching • <i>Island Scene</i> magazine • My Account on hmsa.com 		√

This information isn't a complete description of HMSA Medicare Advantage plan benefits and may differ depending on the plan. Call or visit us for more information. Our contact information is on the back of this guide.

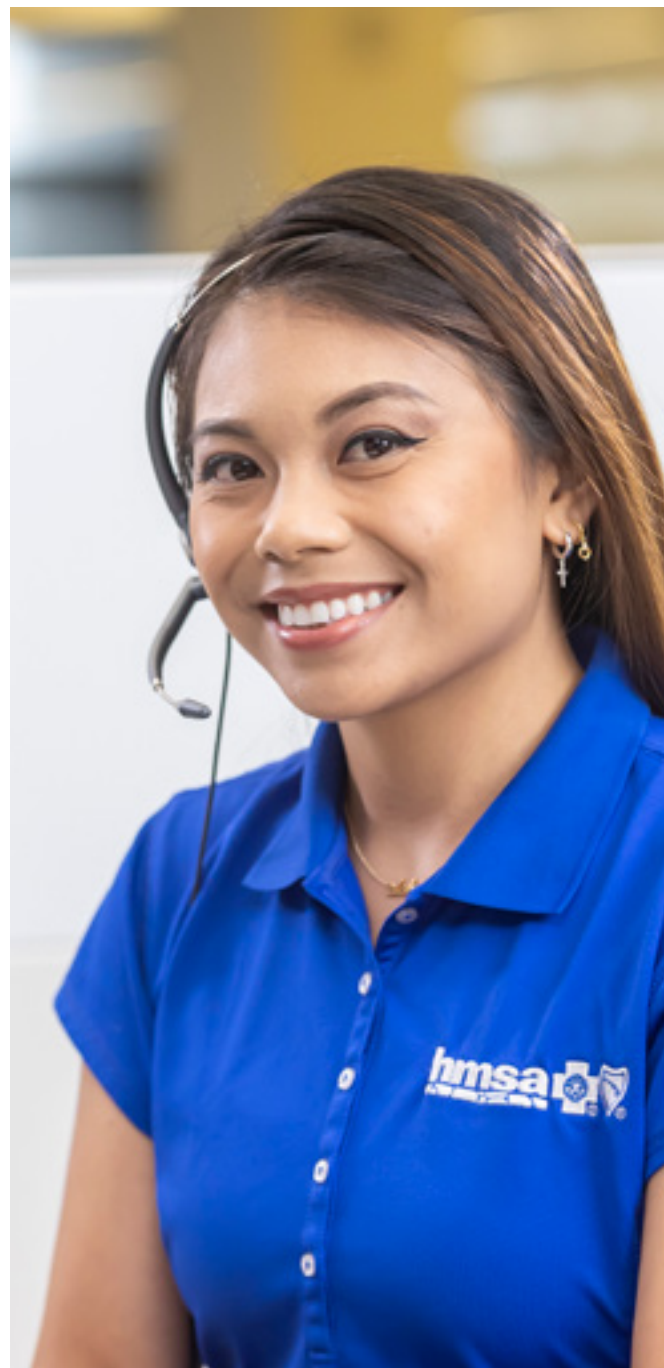
Choose an HMSA Medicare Advantage plan that you can count on.

We have plans starting at a \$0 monthly premium to meet your health care and budget needs.

With HMSA Medicare Advantage, you can get an all-in-one plan with medical, prescription drug, dental, vision, hearing and other extra benefits that go beyond Original Medicare.

With HMSA Medicare Advantage, you get:

- Monthly premiums that start at \$0 statewide.
- Reduction of your monthly part B premium.
- \$0 for primary care provider visits and lab services.
- \$0 dental cleanings, exams, X-rays, fillings, and more.
- \$200 every quarter for over-the-counter health products.
- \$300 annually for eyeglasses and contact lenses.
- \$0 routine hearing exam and hearing aids starting at \$195 per aid.
- Care you need from providers you choose.
- Friendly, local customer service.
- Convenience of telehealth, including HMSA's Online Care®, at no cost.
- Benefits for travel, fitness, prescription drugs, and more that go beyond Original Medicare.



Not all HMSA Medicare Advantage plan benefits are included in the HMSA Akamai Advantage® Dual Care (PPO D-SNP) plan and some Medicare Advantage employer group plans.

Medicare plan comparison

Compare your Medicare plan options and estimated out-of-pocket costs.

Oahu Plans			
Plan expenses	HMSA Complete (PPO)	HMSA Complete Plus (PPO)	Medicare plan
			Insert plan name
Monthly premium	\$0	\$113	
Part B premium reduction	Plan pays \$6/month		
Medical maximum out-of-pocket	\$6,700	\$3,850	
Does my doctor accept this plan?			
Medical expenses	Copayment/ coinsurance	Copayment/ coinsurance	Copayment/ coinsurance
Medical deductible	\$0		
Inpatient hospital care	Days 1–5: \$320/day Days 6–60: \$50/day Days 61–90: \$0/day	Days 1–4: \$300/day Days 5–90: \$0/day Additional Days: \$0/day	
Doctor's office visits • Primary care provider • Specialist	\$0 \$50	\$0 \$30	
Dental services	\$0 for dental services	\$0 dental services, including root canal and crown	
Hearing services	\$0 1 exam/year \$0/fittings \$195, \$595, \$995, \$1,395 depending on the type of hearing aid 1 hearing aid/ear/year		
Preventive care services	\$0		
Laboratory tests	\$0 for most tests		
X-rays	20% for most X-rays		
Emergency care	\$100		
Urgent care	\$50	\$30	
Ambulance	\$250	\$225	
Vision services	\$10 exam Plan pays \$300/year eyewear	\$0 exam Plan pays \$300/year eyewear	
Telehealth	\$0		
Fitness	\$0 Fitness center membership and 1 home fitness kit		

Tip: For help comparing Medicare plans, visit [medicare.gov](https://www.medicare.gov).

Medicare plan comparison (continued)

Oahu Plans			
Prescription drug expenses	HMSA Complete (PPO)	HMSA Complete Plus (PPO)	Medicare plan
			Insert plan name
Drug deductible	\$380	\$0	
Drug maximum out-of-pocket	\$2,000		
Insert drug name			
Insert drug name			
Insert drug name			
Insert drug name			

Expenses not covered	Cost	Cost	Cost

Sales representative's name			
Customer service phone number			
Business location			

Medicare plan comparison

Compare your Medicare plan options and estimated out-of-pocket costs.

Neighbor Island Plans			
Plan expenses	HMSA Standard (PPO)	HMSA Standard Plus (PPO)	Medicare plan
			Insert plan name
Monthly premium	\$0	\$125	
Part B premium reduction	Plan pays \$6/month		
Medical maximum out-of-pocket	\$6,700	\$3,850	
Does my doctor accept this plan?			
Medical expenses	Copayment/ coinsurance	Copayment/ coinsurance	Copayment/ coinsurance
Medical deductible	\$0		
Inpatient hospital care	Days 1–6: \$370/day Days 7–60: \$50/day Days 61–90: \$0/day	Days 1–5: \$350/day Days 6–90: \$0/day Additional Days: \$0/day	
Doctor's office visits • Primary care provider • Specialist	\$0 \$50	\$0 \$40	
Dental services	\$0 for dental services	\$0 dental services, including root canal and crown	
Hearing services	\$0 1 exam/year \$0/fittings \$195, \$595, \$995, \$1,395 depending on the type of hearing aid 1 hearing aid/ear/year		
Preventive care services	\$0		
Laboratory tests	\$0 for most tests		
X-rays	20% for most X-rays		
Emergency care	\$100		
Urgent care	\$50	\$40	
Ambulance	\$250	\$225	
Vision services	\$10 exam Plan pays \$300/year eyewear	\$0 exam Plan pays \$300/year eyewear	
Telehealth	\$0		
Fitness	\$0 Fitness center membership and 1 home fitness kit		

Tip: For help comparing Medicare plans, visit [medicare.gov](https://www.medicare.gov).

Medicare plan comparison (continued)

Neighbor Island Plans			
Prescription drug expenses	HMSA Standard (PPO)	HMSA Standard Plus (PPO)	Medicare plan
			Insert plan name
Drug deductible	\$400	\$0	
Drug maximum out-of-pocket	\$2,000		
Insert drug name			
Insert drug name			
Insert drug name			
Insert drug name			

Expenses not covered	Cost	Cost	Cost

Sales representative's name			
Customer service phone number			
Business location			

Medicare plan comparison

Compare your Medicare plan options and estimated out-of-pocket costs.

Plan expenses	HMSA Dual Care (PPO D-SNP)	Medicare plan	Medicare plan
		Insert plan name	Insert plan name
Monthly premium	\$0		
Medical maximum out-of-pocket	\$9,350		
Does my doctor accept this plan?			
Medical expenses	Copayment/ coinsurance	Copayment/ coinsurance	Copayment/ coinsurance
Medical deductible	\$0		
Inpatient hospital care	\$0		
Doctor's office visits • Primary care provider • Specialist	\$0 \$0		
Dental services	\$0		
Preventive care services	\$0		
Laboratory tests	\$0		
X-rays	\$0		
Emergency care	\$0		
Urgent care	\$0		
Ambulance	\$0		
Vision services	\$0 exam Plan pays \$300/year eyewear		
Telehealth	\$0		
Fitness	\$0 Fitness center membership and 1 home fitness kit		

Tip: For help comparing Medicare plans, visit [medicare.gov](https://www.medicare.gov).

Medicare plan comparison (continued)

Prescription drug expenses	HMSA Dual Care (PPO D-SNP)	Medicare plan	Medicare plan
		Insert plan name	Insert plan name
	Copayment/coinsurance	Copayment/coinsurance	Copayment/coinsurance
Drug deductible	\$0	\$0	
Insert drug name			
Insert drug name			
Insert drug name			
Insert drug name			

Expenses not covered	Cost	Cost	Cost

Sales representative's name			
Customer service phone number			
Business location			

Glossary

Annual out-of-pocket maximum. The most you'll pay out of pocket for covered health care services you receive.

Coinsurance. A percentage of the cost that you pay for health care services such as a doctor's office visit, hospital stay, or prescription drug.

Copayment. A set amount that you pay for health care services such as a doctor's office visit, hospital stay, or prescription drug.

Creditable prescription drug coverage. Prescription drug benefits that pay as much on average as Medicare's standard prescription drug benefits.

Deductible. The amount you must pay before your plan begins paying.

Formulary. A list of prescription drugs that are benefits of a prescription drug plan or another insurance plan. Also called a drug list.

Generic drugs. Prescription drugs that can cost less than brand-name drugs. They're approved by the U.S. Food and Drug Administration and are just as safe and effective as brand-name drugs.

Individual plan. A health plan, such as an Affordable Care Act plan, you can buy on your own if you don't have health insurance through a job or your spouse. You'll pay the entire premium.

Medicare Advantage. A Medicare health plan (known as Part C) that you can buy through a private insurer like HMO that contracts with Medicare. Medicare Advantage plans provide all of your Part A and Part B benefits. Most Medicare Advantage plans, including HMO, offer prescription drug benefits.

Part D. Optional benefits for prescription drugs available to people with Medicare for an additional charge. Insurance companies and other Medicare-approved private companies offer Part D.

Participating provider. Doctors, hospitals, or other health care professionals from your health plan's network that you can see for care. They have a contract with your plan to charge a set rate for services. You usually pay less to see a participating provider than a nonparticipating provider.

Preferred Provider Organization. A PPO health plan allows you to choose any doctor, hospital, or other providers in your health plan network. You could see providers outside the network, but you'll likely pay higher out-of-pocket costs.

Premium. Monthly health plan payments.

HMSA Medicare Advantage



We'll answer your questions, review your options, and help you enroll.

Online

hmsa.com/advantage

Call

(808) 948-6235

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

Attend a free Medicare workshop online or in person.

For a schedule, visit hmsa.com/workshops.

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 Lihue

Kuhio Medical Center

3-3295 Kuhio Highway, Suite 202

Monday–Friday, 8 a.m.–4 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

70 Hookele St., Suite 1220

Monday–Friday,

8 a.m.–5 p.m.

Saturday, 9 a.m.–1 p.m.

Schedule an appointment or workshop

To schedule an appointment with a Medicare retirement specialist or register for a free workshop, call (808) 948-5800, Monday–Friday, 8 a.m.–5 p.m.