Prepared exclusively for:

Hawaii Medical Service Association

An Independent Licensee of the Blue Cross and Blue Shield Association

Medical	2026 AA Prime MAPD w/ Silver&Fit (Local PPO w/enhanced service area)[1]	
Plan Premium[2]	**See Plan Administrator**	
Benefit Category	In-Network	Out-of-Network
Maximum Out-of-Pocket[3]	$4,200	$6,300
Inpatient Care		
Inpatient Hospital Care[4]	$350/day; days 1-5 $50/day; days 6-30 $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]	$350/day; days 1-5 $0/day; days 6-90	$375/day; days 1-11 $0/day; days 12-90
Skilled Nursing Facility[6]	$10/day; days 1-20 $210/day; days 21-40 $0/day; days 41-100	$210/day; days 1-30 $0/day; days 31-100
Home Health Care	$0	40%
Outpatient Hospital/Ambulatory Surgery Center Services	20%	40%
Doctor's Office Visits		
PCP	$0	$30
NP, APRN, & PA	$0	$30
Specialist	$30	$40
Outpatient Mental Health Care	$30	40%
Ambulance	$300	$300
Emergency Care	$115	$115
Urgent Care	$30	$30
Outpatient Rehabilitation (PT,OT,ST)	$30	40%
Diagnostic Tests and Procedures, Lab Services and Outpatient X-Rays	$0 or $30	40%
Diagnostic Radiology Services	$100 or 20%	40%
Therapeutic Radiology Services	$30	40%
Preventive Care[7]		
Annual Wellness Visit	$0	$0
Bone Mass Measurement	$0	$0
Diabetes Screening	$0	$0
Mammogram	$0	$0
Some Vaccines	$0	$0
Medicare Part B Drugs		
Chemotherapy and Other Part B Drugs	20%	40%
Insulin Drugs	$35	40%
Medical Equipment & Supplies	20%	40%
Dialysis Services	20%	20%
Dental Services[8]	$30	40%

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Medical	2026 AA Prime MAPD w/ Silver&Fit (Local PPO w/enhanced service area)[1]	
Benefit Category	In-Network	Out-of-Network
Hearing Services		
Exam to diagnose and treat hearing and balance-related conditions[9]	$0	40%
Routine hearing exam once a calendar year	$0	40%
First year of follow-up provider visits following hearing aid purchase	$0	40%
One hearing aid per ear every calendar year	$195, $595, $995 or $1,395 depending on hearing aid type	40%
Vision Services		
Eye exam to diagnose and treat eye diseases and conditions[10]	$0	40%
Routine eye exam once a calendar year	$0	40%
Eyeglasses or contacts after Medicare-covered cataract surgery[11]	$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.	
Telehealth Services including HMSA's Online Care and other telehealth services	$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	
Fitness - Silver&Fit	$0/month Standard Fitness Center Membership $30 - $580/month Premium Fitness Center Membership $0 1 Home Fitness Kit/yr.	

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Prescription Drugs[13]	2026 AA Prime MAPD w/ Silver&Fit (Local PPO w/enhanced service area)[1]
Annual Deductible	$200 (Doesn't apply tier 1 drugs, insulin and most Part D vaccines)
Initial Coverage Stage	Beneficiary pays the cost shares shown until yearly out-of-pocket drug costs reach $2,100.*
Retail – 30-day Supply	In-Network
Tier 1 - Preferred Generic	$0
Tier 2 - Generic	$10
Tier 3 - Preferred Brand	20%
Tier 3 - Preferred Brand insulin	Lesser of $35 and 20%*
Tier 4 - Nonpreferred Drug	35%
Tier 5 - Specialty	30%
Tier 5 - Specialty insulin	Lesser of $35 and 25%*
Mail Order – 100-day Supply	
Tier 1 - Preferred Generic	$0
Tier 2 - Generic	$10
Tier 3 - Preferred Brand	20%
Tier 3 - Preferred Brand insulin	Lesser of $70 and 20%*
Tier 4 - Nonpreferred Drug	35%
Tier 5 - Specialty	30%
Tier 5 - Specialty insulin	Lesser of $105 and 25%*
Catastrophic Coverage Stage[14]	Beneficiary pays $0 once yearly out-of-pocket drug costs reach $2,100.*
Part D Vaccines	$0

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(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$4,200. The combined in- and out-of-network maximum out-of-pocket amount for Medicare-covered services is $6,300. (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.

*Asterisk for CMS mandated changes for 2025 and 2026.
Benefit changes for 2026 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.

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