# 2025 Summary of Benefits

## HMSA Medicare Postal Prescription Drug Plan

**High Option (PDP)**

**Standard Option (PDP)**

S3994_2025_R9A324_25_M

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# 2025 Summary of Benefits

## Postal Service Health Benefits (PSHB) Program

HMSA Medicare Postal Prescription Drug Plan High Option (PDP)

HMSA Medicare Postal Prescription Drug Plan Standard Option (PDP)

**Jan. 1, 2025–Dec. 31, 2025**

HMSA Medicare Postal Prescription Drug Plan (PDP) is a prescription drug plan with a Medicare contract. Enrollment in the HMSA Medicare Postal Prescription Drug Plan depends on contract renewal.

The benefit information provided does not list every benefit that we cover or list every limitation or exclusion. To get a complete list of drug benefits, please download the *Evidence of Coverage* at hmsa.com/content/assets/pshb-pdp-eoc-2025.pdf, available after 11/01/2024 or call (808) 948-6499 (TTY: 711), Monday-Friday, 8 a.m.-5 p.m.

For a complete list of covered drugs, please download the HMSA Medicare Postal Prescription Drug Plan Formulary (drug list) at hmsa.com/content/assets/pshb-pdp-formulary-2025.pdf, available after 11/01/2024, or call (808) 948-6499 (TTY: 711), Monday-Friday, 8 a.m.-5 p.m.

To enroll in HMSA Medicare Postal Prescription Drug Plan, you must be:

- A member of the HMSA Plan for Postal Service Employees.
- Enrolled in Medicare Part A and/or B.
- A U.S. citizen or lawfully present in the U.S.
- Live in the plan's service area, which includes the U.S. and territory of Puerto Rico.

To learn more about HMSA Medicare Postal Prescription Drug Plan, call 1 (800) 776-4672 (TTY: 711), Monday-Friday, 8 a.m.-5 p.m. You can also visit our website at hmsa.com/postal.

For benefits and costs of Original Medicare, please see the current *Medicare & You* handbook available at medicare.gov or by calling 1 (800) MEDICARE (1 (800) 633-4227), 24 hours a day, seven days a week. TTY users should call 1 (877) 486-2048.

# HMSA Medicare Postal Prescription Drug Plan Benefits

For a full list of network pharmacies, please download the HMSA Medicare Postal Prescription Drug Plan Directory at https://hmsa.com/search/providers/assets/pdf/pshb-pdp-pharmacy-directory.pdf, available after 11/01/2024.

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

| Prescription Drug Benefits | High Option You Pay | Standard Option You Pay |
|---|---|---|
| **Monthly premium** | See your overall premium for HMSA Plan for Postal Service Employees. | |
| **Annual deductible** What you'll have to pay each year out-of-pocket before the plan will pay. | **$0** | |
| **Initial Coverage Stage** Until yearly total drug costs reach $2,000. | | |
| **30-day supply from retail pharmacies** | | |
| **Tier 1 Preferred generic** | $7 | $7 |
| **Tier 2 Generic** | $20 | 25% of the cost up to $100 |
| **Tier 3 Preferred brand** | $20 | 25% of the cost up to $100 |
| **Tier 3 Preferred brand insulin** | $7 | $7 |
| **Tier 4 Non-preferred drug** | $70 | 40% of the cost up to $600 |
| **Tier 5 Specialty** | $80 | $200 |
| **Tier 5 Specialty insulin** | $35 | $35 |
| **90-day supply from mail order pharmacies** | | |
| **Tier 1 Preferred generic** | $0 | $0 |
| **Tier 2 Generic** | $45 | 25% of the cost up to $200 |
| **Tier 3 Preferred brand** | $45 | 25% of the cost up to $200 |
| **Tier 3 Preferred brand insulin** | $11 | $11 |
| **Tier 4 Non-preferred drug** | $185 | 40% of the cost up to $1,200 |
| **Tier 5 Specialty** | $240 | $600 |
| **Tier 5 Specialty insulin** | $75 | $75 |
| **Catastrophic Coverage Stage** After yearly total drug costs reach $2,000. | $0 | $0 |
| **Most Part D Vaccines** | $0 | $0 |

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

This is a summary of the benefits of the HMSA Medicare Postal Prescription Drug Plan. Before making a final decision, please read the HMSA Postal Service Plan Brochure (RI 73-916). All benefits are subject to the definitions, limitations, and exclusions in the brochure.

**Form Approved**
OMB# 0938-1421

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# Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1 (800) 660-4672 (TTY: 711). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1 (800) 660-4672 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1 (800) 660-4672 (TTY: 711)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1 (800) 660-4672 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1 (800) 660-4672 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1 (800) 660-4672 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1 (800) 660-4672 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1 (800) 660-4672 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1 (800) 660-4672 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Form CMS-10802
(Expires 12/31/25)

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**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1 (800) 660-4672 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إنني أقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لديني. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1 (800) 660-4672 (TTY: 711). هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1 (800) 660-4672 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1 (800) 660-4672 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1 (800) 660-4672 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1 (800) 660-4672 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1 (800) 660-4672 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1 (800) 660-4672 (TTY: 711) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

# Serving you

Meet with knowledgeable, experienced health plan advisers. We'll answer questions about your health plan, give you general health and well-being information, and more. Hours of operation may change. Please go to hmsa.com/contact before your visit.

**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.

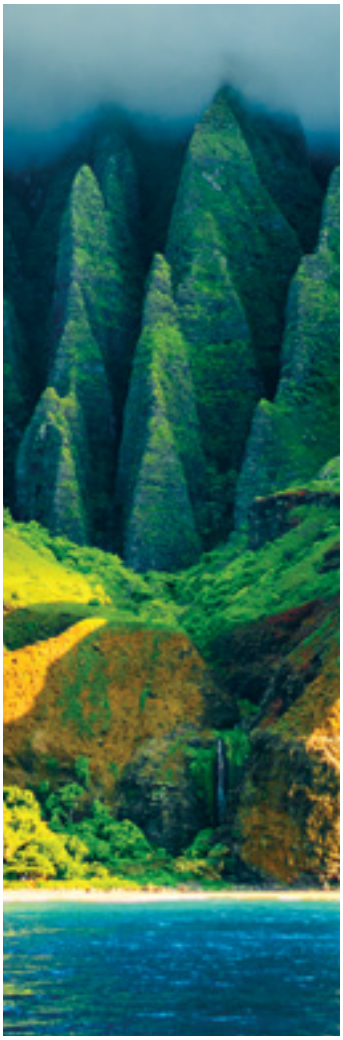
**HMSA Center in Lihue**
Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202
Monday–Friday, 8 a.m.–4 p.m

**Contact HMSA. We're here with you.**

Call (808) 948-6499 or 1 (800) 776-4672.

scan to visit **hmsa.com/postal**

@hmsahawaii



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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