University of Hawaii and Chaminade University Students

Student Plan

2026-2027

hmsa

Welcome to the University of Hawaii and Chaminade University Student Plan

Looking for health insurance? The University of Hawaii and Chaminade University Student Plan is a smart choice while going to school. Eligible students get medical and prescription drug benefits, including doctor's office visits, diagnostic tests, emergency room visits, inpatient hospitalization, and more. You also have the option to buy a dental plan or additional coverage.

For more information, see the benefit summary starting on page 4.

Here's an overview of the student plan options:

Option 1: **Medical with drug.**

Option 2: **Medical with drug, repatriation, life, and accidental death and dismemberment coverage.**

Option 3: **Medical with drug and dental.**

Option 4: **Medical with drug, dental, repatriation, life, and accidental death and dismemberment coverage.**

Per section 1882(d) of the Social Security Act, the University of Hawaii and Chaminade Student Plan is not available for individuals with Medicare Part A, Part B, or Social Security Disability Insurance. Call us at (808) 948-5555, option 1, if you have questions.

Note: J-1 visa holders are required by federal law to have repatriation coverage. International students at the University of Hawaii are required by university policy to have repatriation coverage.

Plans for individuals, two parties, and families are available. To be eligible, students must be enrolled in the University of Hawaii system or Chaminade University for a minimum number of credits:

- University of Hawaii and Chaminade University undergraduate students: Six credits.
- University of Hawaii graduate students: Four credits.
- Chaminade University graduate students: Three credits.

This brochure includes a summary of the University of Hawaii and Chaminade University Student Plan. For more information, see the plan's *Summary of Benefits and Coverage* and *Guide to Benefits* at hmsa.com/student.

If you have questions, we're happy to help. Call (808) 948-5555, option 1, or 1 (800) 620-4672, option 1.

You can also visit us at an HMSA Center. Our knowledgeable representatives are available to answer your questions and can help you enroll. See locations and hours on the back cover or visit hmsa.com/contact.

To apply, go to hmsa.com/student. Once your bill is received, you'll have the option to pay by mail, in person, or online.

University of Hawaii and Chaminade University Student Plan

Member premiums Aug. 20, 2026-Aug. 19, 2027

OPTION 1		OPTION 2	
Medical with Drug	**HMSA Rates***	**Medical with Drug, Repatriation, Life, and AD&D**	**HMSA Rates***
Fall 2026 Coverage Period: Aug. 20-Dec. 31, 2026		**Fall 2026 Coverage Period: Aug. 20-Dec. 31, 2026**	
Student only	$2,154.28	Student only	$2,167.94
Student and one dependent	$6,463.98	Student and one dependent	$6,477.64
Student and two or more dependents	$9,156.70	Student and two or more dependents	$9,170.36
Spring 2027 Coverage Period: Jan. 1-May 19, 2027		**Spring 2027 Coverage Period: Jan. 1-May 19, 2027**	
Student only	$2,234.66	Student only	$2,248.84
Student and one dependent	$6,705.18	Student and one dependent	$6,719.36
Student and two or more dependents	$9,498.38	Student and two or more dependents	$9,512.56
Summer 2027 Coverage Period: May 20-Aug. 19, 2027		**Summer 2027 Coverage Period: May 20-Aug. 19, 2027**	
Student only	$1,479.06	Student only	$1,488.44
Student and one dependent	$4,437.96	Student and one dependent	$4,447.34
Student and two or more dependents	$6,286.70	Student and two or more dependents	$6,296.08

For more information, refer to the eligibility and application page.
To apply, go to hmsa.com/student. Once you receive your bill,
you can pay by mail, in person, or online.

ENROLLMENT DATES		
	Starts**	**Ends****
Fall 2026	July 20, 2026	Sept. 25, 2026
Spring 2027	Dec. 7, 2026	Feb. 5, 2027
Summer 2027	April 19, 2027	June 18, 2027

* Includes 3% administration fee.

** These dates show you when you can enroll in a plan for a specific semester. The plan start date for each semester is listed in the table above. For example, you can enroll in a summer 2027 plan from April 19 to June 18, 2027. The plan starts on May 20, 2027, whether you enrolled in April or June.

Benefit changes can only be made during the fall semester's open enrollment.

University of Hawaii and Chaminade University Student Plan

Member premiums Aug. 20, 2026-Aug. 19, 2027

OPTION 3		OPTION 4	
Medical with Drug and Dental	**HMSA Rates***	**Medical with Drug, Dental, Repatriation, Life, and AD&D**	**HMSA Rates***
Fall 2026 Coverage Period: Aug. 20-Dec. 31, 2026		**Fall 2026 Coverage Period: Aug. 20-Dec. 31, 2026**	
Student only	$2,289.26	Student only	$2,302.92
Student and one dependent	$6,716.16	Student and one dependent	$6,729.82
Student and two or more dependents	$9,546.14	Student and two or more dependents	$9,559.80
Spring 2027 Coverage Period: Jan. 1-May 19, 2027		**Spring 2027 Coverage Period: Jan. 1-May 19, 2027**	
Student only	$2,374.68	Student only	$2,388.86
Student and one dependent	$6,966.76	Student and one dependent	$6,980.94
Student and two or more dependents	$9,902.36	Student and two or more dependents	$9,916.54
Summer 2027 Coverage Period: May 20-Aug. 19, 2027		**Summer 2027 Coverage Period: May 20-Aug. 19, 2027**	
Student only	$1,571.74	Student only	$1,581.12
Student and one dependent	$4,611.10	Student and one dependent	$4,620.48
Student and two or more dependents	$6,554.08	Student and two or more dependents	$6,563.46

For more information, refer to the eligibility and application page.
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	Starts**	**Ends****
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BENEFITS AT-A-GLANCE: **MEDICAL**

All costs are for participating providers only. Please see your* Guide to Benefits *for information on providers outside our network.

	Preferred Provider Plan (491) PPO Network Member Cost
Annual Deductible	Single: $50
Annual Copayment Maximum	Single: $2,500 Family: $7,500
Medical Evacuation	Up to $50,000
To help maintain your health	
Annual Preventive Health Exam	$0
Annual Well-Woman Exam	$0
Annual Well-Child Care (age 21 & younger)	$0
Preventive Screenings (Grade A & B recommendations of the U.S. Preventive Services Task Force. For a list of all covered screenings, see https://hmsa.com/preventive)	$0
Immunizations (standard & travel)	$0
If you need immediate medical attention	
HMSA Online Care	$0
Urgent Care	25% coinsurance*
Emergency Room	25% coinsurance*
Ambulance (ground)	$0*
Ambulance (interisland air)	$0*
If you visit a doctor's office or clinic (outpatient)	
Doctor Visit	25% coinsurance*
Specialist Visit	25% coinsurance*
Physical Therapy	25% coinsurance*
Radiology - General (e.g., X-ray)	25% coinsurance*
Radiology - Other (e.g., MRI, CT scan, Ultrasound)	25% coinsurance*
Lab Tests (e.g., bloodwork)	25% coinsurance*
If you have a hospital stay (inpatient)	
Hospital Room & Board	25% coinsurance*
Surgery	25% coinsurance* (cutting) 25% coinsurance* (non-cutting)
Radiology - General (e.g., X-ray)	25% coinsurance*
Radiology - Other (e.g., MRI, CT scan, Ultrasound)	25% coinsurance*

	Preferred Provider Plan (491)
	PPO Network
	Member Cost
Lab Tests (e.g., bloodwork)	25% coinsurance*
If you're pregnant	
Routine Prenatal & Postnatal Care	25% coinsurance*
Delivery	25% coinsurance*
Hospital Room & Board	25% coinsurance*

Visit hmsa.com to access your suite of well-being tools and to log in to your My Account profile to view in-depth information about your health plan.
**Services where deductible applies*

Key Terms

Term	Definition
Actual Charge vs. Eligible Charge	Actual Charge: The amount that nonparticipating providers can charge for health care services and products. This amount is usually higher than the eligible charge. Eligible Charge: The maximum amount that participating providers agree to charge for covered health care services and products.
Annual Deductible	The amount you pay each calendar year for covered health care services and products before your plan starts to pay (excluding contraceptives, prescription drugs and supplies, preventive care, and well-child care). Until you meet the deductible each calendar year, you pay 100 percent of your medical expenses.
Coinsurance vs. Copayment	Coinsurance: The percentage of your out-of-pocket costs for covered health care services and products after you've met your deductible (if your plan has one). Copayment: The fixed dollar amount you pay participating providers for covered health care services and products after you've met your deductible (if your plan has one).
Guide to Benefits (GTB)	Your comprehensive guide and legal document that explains your benefits in detail including, exclusions, limitations, terms, and conditions for a specific plan.
HMSA Online Care	A service that immediately lets you connect to a board-certified doctor through video chat to diagnose conditions and prescribe medication 24/7, 365 days a year.
Annual Copayment Maximum	The maximum amount you have to pay for covered services and products (your deductibles, copayments, and coinsurance) in a calendar year before your health plan pays 100 percent of the cost of covered benefits.
Participating Provider vs. Nonparticipating Provider	Participating Provider: Providers who have a contract with HMSA are "in network" and have agreed to charge you a lower rate than nonparticipating providers. Nonparticipating Provider: Providers who don't have a contract with HMSA are considered "out-of-network." They can charge any amount for health care services and products, which can be more than what your plan will pay.
PPO vs. HMO	PPO (Preferred Provider Organization): A plan that gives you the freedom to see any provider, both in and out of network, without a referral. Our network has more than 5,000 doctors, specialists, and other health care professionals. No other health plan in Hawaii has a larger provider network. HMO (Health Maintenance Organization): A plan with a designated primary care provider (PCP) and a health center for all care. If you see providers outside your health center, you'll need a referral from your PCP.
Provider	A physician, hospital, pharmacy, or laboratory.
U.S. Preventive Services Task Force	An independent volunteer panel of national experts in prevention and evidence-based medicine that recommends certain clinical preventive services (e.g., screenings).

Understand important information about your plan: This "benefits at-a-glance"-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan, specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits, and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at hmsa.com/appeals.

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BENEFITS AT-A-GLANCE: **DRUG**

All costs are for participating providers only. Please see your* Guide to Benefits *for information on providers outside our network.

	Drug (483)
	Member Cost
Maximum Out-of-Pocket	Single: $3,600 Family: $4,200
1-30-day supply from pharmacies	
Tier 1: mostly Generic drugs	$10 copayment
Tier 2: mostly Preferred Formulary Drugs	$20 copayment
Tier 3: mostly Non-Preferred Formulary Drugs	$20 copayment plus $45 Tier 3 cost share
Tier 4: mostly Preferred Formulary Specialty Drugs	20% coinsurance
Tier 5: mostly Non-Preferred Formulary Specialty Drugs	25% coinsurance
84-90-day supply from participating pharmacies or mail-order prescription drug program	
Tier 1: mostly Generic drugs	$20 copayment
Tier 2: mostly Preferred Formulary Drugs	$45 copayment
Tier 3: mostly Non-Preferred Formulary Drugs	$45 copayment plus $135 Tier 3 cost share
Tier 4: mostly Preferred Formulary Specialty Drugs	Not covered
Tier 5: mostly Non-Preferred Formulary Specialty Drugs	Not covered

To learn more about HMSA's drug tiers, please visit hmsa.com/drug-list.

Key Terms

Term	Definition
Cost Share	A portion of the total drug cost you are required to pay in addition to a copayment or coinsurance.
Drug Tiers	The way in which HMSA categorizes drug types that are covered under the plan. The common categories are generic, preferred, brand name, and specialty drugs.
Formulary	A list of drugs that are covered under your drug plan. For a detailed list, please visit hmsa.com/drug-list.
Mail-Order Prescription Drug Program	Program where you can get prescription drugs from our mail-order provider at the best prices possible and have medications delivered to your home. For more information, visit hmsa.com.
Annual Copayment Maximum	The maximum amount you have to pay for covered services (your deductibles, copayments, and coinsurance) in a calendar year before your health plan pays 100 percent of the cost of covered benefits.

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BENEFITS AT-A-GLANCE: **DENTAL**

All costs are for participating providers only. Please see your Guide to Benefits *for information on providers outside our network.*

	HMSA Group Dental PPO Plan (C96)
	PPO Network
Calendar Year Maximum	$1,000
Rollover Amount	Not Applicable
Preventive Care	**Member Cost**
Exams (two per calendar year)	$0
Cleaning* (two per calendar year)	$0
Topical Fluoride* (age 18 & younger, two per calendar year)	$0
X-rays (bitewings & full mouth)	$0
Basic Care	
Fillings (amalgam & composite)	30% coinsurance
Sealants	30% coinsurance
Space Maintainers	30% coinsurance
Endodontics (root canal therapy)	30% coinsurance
Periodontics (gum maintenance)	30% coinsurance
Extractions	30% coinsurance
Anesthesia	30% coinsurance
X-rays (periapical)	30% coinsurance
Major Care	
Waiting Period for New Members	12 Month Waiting Period
Crowns, Bridges	50% coinsurance
Dentures	50% coinsurance
Implants	50% coinsurance
Orthodontics	Not a benefit

***Enhanced Dental Benefits:** Additional dental services and support is available to enrolled program members for eligible medical conditions. Visit hmsa.com/oralhealth for more information.

Key Terms

Term	Definition
Calendar Year Maximum	The maximum dollar amount the plan will pay toward covered services during a calendar year.
Rollover Amount	A portion of your unused calendar year maximum that may be carried over to the next calendar year when you have at least one covered dental service per year.You can rollover up to a specific amount per year.
Waiting Period for New Members	The time new members may have to wait until their plan starts paying for certain dental care expenses.

Understand important information about your plan: This "benefits at-a-glance"-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan,specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your Guide to Benefits, and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at hmsa.com/appeals.

Understand important information about your plan: This "benefits at-a-glance"-summary provides a basic overview and comparison of a few of the benefits. Benefits and costs are based on the terms and conditions of your plan,specific exclusions and limitations, coordination of benefits, privacy, third party liability, eligibility requirements, and appeal rights, none of which are described here. For a complete description, see your *Guide to Benefits*, and any riders, certificates, or amendments. To dispute a decision made by HMSA related to benefits, reimbursement, or any other decision or action by HMSA, please follow the instructions at hmsa.com/appeals.

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BENEFITS AT-A-GLANCE: **ADDITIONAL BENEFITS**

All costs are for participating providers only.
Please see your *Guide to Benefits* for information on providers outside our network.

LIFE / AD&D	
	Benefit Amounts
Repatriation	Up to $25,000
Life and Accidental Death and Dismemberment Insurance	$30,000 benefit per eligible subscriber

Notes:

1) Life and AD&D benefit applies only to students insured under a plan option that includes life and AD&D insurance.

2) Repatriation benefit applies only to students insured under a plan option that includes life and AD&D insurance and dependents of insured students if the dependent is a J-2 visa holder.

Eligibility and Application Information

University of Hawaii system and Chaminade University students must meet requirements to be eligible for the student plan. A minimum of six credits for undergraduates, four credits for UH graduate students, and three credits for Chaminade graduate students is required for each fall and spring semester. Three credits are required during the summer sessions for both undergraduate and graduate students.

Per section 1882(d) of the Social Security Act, the University of Hawaii and Chaminade Student plan is not available for individuals with Medicare Part A, Part B, or Social Security Disability Insurance. Please call HMSA at (808) 948-5555, option 2, if you have questions.

Exceptions

Students who don't meet the minimum credit requirement may enroll in the plan if the credits represent a final graduation requirement. The student must obtain a letter from the appropriate department confirming this information and include it with the application and payment. Please note that one credit of thesis (700) or dissertation (800) research meets the minimum eligibility requirement.

Students who don't take summer courses may stay on the plan during the summer semester if they were enrolled in the HMSA Student Plan during the previous spring semester and will register for the following fall semester. The summer semester must be paid by the deadline on the summer bill.

We reserve the right to request documentation at any time that shows you meet this criteria. If you're accepted into this plan, you must pay your premium on time to be eligible for coverage.

Please be aware that your eligibility for the student plan is monitored throughout the semester(s). If eligibility is not met, your enrollment will be canceled as of its start date and you will be responsible for the full payment of claims paid on your behalf.

Periodically, HMSA, the University of Hawaii, and Chaminade University perform a recertification of eligibility that may occur during the semester. If the University of Hawaii and/or Chaminade University can't confirm your eligibility, HMSA will contact you to request a copy of your class schedule with credit hours. If you're not able to provide your schedule or don't have the appropriate number of credit hours, your coverage will be terminated retroactively to the effective date of the semester. All claims paid on your behalf will be deducted from your refund.

Enrollment options

Eligible students can enroll online at hmsa.com/student or in person at an HMSA Center. For locations and hours, visit hmsa.com/contact.

To enroll online

- See the back cover or go to to hmsa.com/student.
- Once enrolled, you'll be billed and can pay by mail, in person, or online.

To enroll in person

- Go to hmsa.com/contact for HMSA Center locations and hours.

Enrollment policy

Student enrollment is accepted only during open enrollment. Once the deadline has passed, you won't be able to enroll until the next semester.

Enrollment dates

Your application materials must be completed and postmarked by the deadline:

	Starts	Ends
Fall 2026	July 20, 2026	Sept. 25, 2026
Spring 2027	Dec. 7, 2026	Feb. 5, 2027
Summer 2027	April 19, 2027	June 18, 2027

Cancellation policy

Cancellations/refunds won't be processed once the enrollment deadline for each semester has passed. If you'd like to cancel your plan before the enrollment deadline, please send a cancellation and refund request in writing:

- By email to studentplan@hmsa.com or
- By mail to:

  HMSA
  Attn: MS-UH/Chaminade Student Plan
  P.O. Box 860
  Honolulu, HI 96808-0860

If you drop out of the University of Hawaii system or Chaminade University, you won't have benefits under this health plan and claims won't be paid. If you withdraw from school and need a refund, send your request in writing by email or mail to the contact information on the left with a letter from your campus registrar documenting your withdrawal date. Your cancellation date will be the first of the month following the date of withdrawal. Once the semester enrollment deadline has passed, any mid-semester request for cancellation other than withdrawal will be denied.

Important Information about the University of Hawaii and Chaminade University Student Plan

Provider Network

With the University of Hawaii and Chaminade University Student Plan, you have the freedom to choose the provider who best meets your health care needs.

You may receive care from a student health clinic or any HMSA participating provider statewide. HMSA's provider network includes all major hospitals and thousands of doctors, specialists, and other providers.

HMSA's participating providers agree to charge a set fee called eligible charge for most services. Participating providers also agree, in most cases, to collect only the copayment specified in the University of Hawaii and Chaminade University Student Plan's *Guide to Benefits* for the covered services you receive.

For a list of participating providers, go to hmsa.com/student and select Find a Doctor. Select Preferred Provider Plan under Select Your Plan. You can also call HMSA for a directory of participating providers.

Eligible Charges

We calculate our payment and your copayment based on the eligible charge (a set fee that participating providers have agreed to charge for their services). The copayment is the amount you pay to share the cost of your medical care.

If you receive a service that your plan doesn't cover, you'll be responsible for the entire amount the provider charges.

In most cases, HMSA pays for covered services based on eligible charges of a participating provider. Eligible charges help ensure a fair and consistent level of benefit payment.

For covered services received outside the state of Hawaii from a Blue Cross Blue Shield provider, benefit payments are based on the contract between the out-of-state Blue Cross Blue Shield plan and its participating providers. For services from other out-of-state providers in the U.S., benefits are based on the eligible charges for the same or similar services in Hawaii.

Traveling to the Mainland or Another Country

BEFORE YOUR TRIP

Remember your HMSA membership card.
Make sure you have your current card while traveling.

FIND A PROVIDER

Know who to see in an emergency:

- On the Mainland, call 1 (800) 810-BLUE (2583) or visit provider.bcbs.com. In another country, call (804) 673-1177 or visit bcbsglobalcore.com.
- Use the first three letters of your subscriber ID number on your card (e.g., XLP) to find participating providers in the state or country you'll be visiting.

SEEING A PROVIDER ON YOUR TRIP

Receive emergency, urgent, follow-up, routine, and elective care while traveling.
However, HMO and QUEST plans will only pay for emergency and urgent care.

Show your HMSA membership card. This will help the provider determine how to submit the claim.

If you see a participating provider: You'll pay part of the bill and won't need to submit a claim for reimbursement.

If you see a nonparticipating provider: You'll pay in full and submit a claim to us. For more information, call us or see your *Guide to Benefits*.

FILLING A PRESCRIPTION ON YOUR TRIP

Show your HMSA membership card.
This will help the pharmacy determine how the bill will be paid.

If you pay in full, you must submit a claim.
For more information, call us or see your *Guide to Benefits*.

QUESTIONS?

To learn more about how your plan works when you're away from home:

- Visit us at an HMSA Center in Hilo, Honolulu, Kahului, Lihue, or Pearl City.
- Call the number on the back of your HMSA membership card.
- Go to hmsa.com, click My Account Login. If you don't have a My Account, click Create an account.
  - For registration instructions, visit hmsa.com/help-center/hmsas-my-account-for-hmsa-members/.

Notes

International Students

Repatriation coverage:

- J-1 visa holders are required by federal law to have repatriation coverage.
- The University of Hawaii requires international students to have repatriation coverage.

Eligibility

Students must meet a minimum number of credits to be eligible to enroll:

- Undergraduate students: Six credits.
- University of Hawaii graduate students: Four credits.
- Chaminade University graduate students: Three credits.

Per section 1882(d) of the Social Security Act, the University of Hawaii and Chaminade Student Plan is not available for individuals with Medicare Part A, Part B, or Social Security Disability Insurance. Please call HMSA at (808) 948-5555, option 2, if you have questions.

Benefits

Benefit changes can be made only during the fall semester's open enrollment.

Renewals/Bill Payment

Important information for plan members during the summer:

Students renewing their plan for the fall semester must renew online at hmsa.com/student and resubmit a signed Authorization HIPAA form. Once your renewal application is completed, you'll receive a bill. You can pay by mail, in person, or online.

Bill payment options:

- **Mail**
  Mail a check using the envelope enclosed with the bill.
- **In person**
  Visit an HMSA Center. See the back cover or go to hmsa.com/contact for locations and hours.
- **Online** (available for students 18 and older)
  - Go to hmsa.com and click My Account Login.
  - Sign in to My Account and register using your HMSA subscriber ID number.
  - Click the bill payment link under Profile.
  - Online payment can be made with a credit card or bank (checking or savings) account.
  - Once payment is made, print the payment confirmation for your records.

Future Bills

For subsequent semesters or for the next coverage period, HMSA will send you a bill. If you're still eligible for the plan and would like to continue your coverage, pay your entire semester's premium by the deadline.

Cancellation

Once the semester enrollment deadline has passed, any mid-semester request for cancellation other than withdrawal will be denied.

HIPAA Authorization

Signing this document will authorize HMSA to disclose information to the University of Hawaii and/or Chaminade University for enrollment verification purposes.

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/.

(continued on next page)

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Commercial/ACA/Medicare
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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
ຊືນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການ ເສີມເພື່ອໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ ເຊົ້າເຖິງໄດ້ໂດຍ ບໍ່ມີຄ່າໃຊ້ຈ່າຍ. 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.

Notes:

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