Health Care Planning Guide

Get ready for Medicare

H3832_4041_2025_484052_22_M
What’s inside

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan for Medicare</td>
<td>2</td>
</tr>
<tr>
<td>Invest in your health</td>
<td>3</td>
</tr>
<tr>
<td>Things to consider</td>
<td>4</td>
</tr>
<tr>
<td>Your health plan options</td>
<td>5</td>
</tr>
<tr>
<td>Medicare</td>
<td>6</td>
</tr>
<tr>
<td>Medicare plan options</td>
<td>6</td>
</tr>
<tr>
<td>When to enroll</td>
<td>7</td>
</tr>
<tr>
<td>Age 65 and still working?</td>
<td>8</td>
</tr>
<tr>
<td><strong>HMSA Medicare Advantage</strong></td>
<td>9</td>
</tr>
<tr>
<td>Do I qualify?</td>
<td>9</td>
</tr>
<tr>
<td>When can I enroll?</td>
<td>9</td>
</tr>
<tr>
<td>Have it all with HMSA Medicare Advantage</td>
<td>10</td>
</tr>
<tr>
<td>Medicare plan comparison</td>
<td>12</td>
</tr>
<tr>
<td>Glossary</td>
<td>14</td>
</tr>
<tr>
<td>Contact us</td>
<td>back cover</td>
</tr>
</tbody>
</table>
Plan for Medicare

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I plan to retire</td>
<td></td>
</tr>
<tr>
<td>My Social Security retirement age</td>
<td></td>
</tr>
<tr>
<td>My Medicare eligibility</td>
<td></td>
</tr>
<tr>
<td>Call Social Security to enroll in Medicare three months before my 65th birthday</td>
<td></td>
</tr>
<tr>
<td>My current health plan ends</td>
<td></td>
</tr>
<tr>
<td>My spouse’s retirement</td>
<td></td>
</tr>
<tr>
<td>Health plan under my spouse’s employer ends</td>
<td></td>
</tr>
</tbody>
</table>
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.

**Tip:** Take advantage of your health plan’s preventive care benefits and well-being programs to help keep you healthy at little or no cost.
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 a private insurer.
- Medicaid (QUEST Integration).
- 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, and coinsurance.

---

**Need help?**

**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
hawaiiship.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.
There are several options when choosing a health plan for retirement. Choose the one that supports your health care needs and budget.

**Employer**

Find out if your employer offers a retiree health plan. If so:
- 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**

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

**COBRA**

If you have a group health plan and will be retiring before you’re eligible for Medicare, you could temporarily extend the plan during retirement through COBRA (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 plans**

If you’re under age 65 and aren’t eligible for Medicare, you could get an individual health plan. You may pay the entire plan premium, but you’ll have financial protection if you become sick or injured.

Contact us or visit hmsa.com. Our phone numbers and HMSA Center and office 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 currently enrolled in an ACA plan, you must notify your ACA plan to disenroll from that plan. Contact us so we can help you with your health plan choices.

**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 the U.S. Department of Veterans Affairs or TRICARE. Contact them to learn more:

- **TRICARE**: 1 (800) 538-9552 or tricare.mil. For TTY, call 1 (866) 363-2883.
- **Veterans Affairs**: 1 (877) 222-8387 or va.gov. For TTY, call 711.
Medicare

Medicare is health insurance from the federal government. Original Medicare includes two parts: 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 (Lou Gehrig’s disease).

Medicare Plan Options

Enroll in Original Medicare when you’re eligible. Part A Hospital Insurance + Part B Medical Insurance

For more benefits, you can choose:

Option 1

Medicare Prescription Drug Plan

and/or

Medicare Supplement Plan (Medigap)

Option 2

Part C Medicare Advantage Plans

HMSA Medicare Advantage Plan

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
Your Medicare plan starts July 1

If you’re disabled

Enroll at any age. Eligibility is determined by the Social Security Administration. 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

Depending on your income, you could qualify for Medicare’s Extra Help program to help pay for your prescription drugs.

To find out if you qualify, contact Social Security at ssa.gov/benefits/medicare/prescriptionhelp.html. See page 4 for contact information.

Or contact the Hawaii Medicaid Office:

medquest.hawaii.gov

Call Monday through Friday, 7:30 a.m. to 4 p.m.:

- (808) 524-3370
  TTY: (808) 692-7182
- or 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 premiums 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.
   - Premiums for most people.
   - Do you work for a small employer that doesn’t provide creditable coverage?
   - Do you have creditable coverage through your large employer?
   - Are you covered under your spouse?
   - 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 your coverage 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.

**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 defer Medicare Part B, call Social Security to see if the health insurance you have now is considered creditable coverage. (See page 4 for contact information.)
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 HMSA Medicare Advantage plan’s service area.

Do you qualify for both Medicare and Medicaid?

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

- An over-the-counter benefit for health and wellness products.
- Dental services, including exams, cleanings, X-rays, fillings, and more.
- No out-of-pocket costs for covered hospital and medical services.

Learn more.

We’re happy to help you choose and enroll in an HMSA Medicare Advantage plan that best fits your health care and budget needs. Our contact information is on the back of this brochure.

When can I enroll in an HMSA Medicare Advantage plan?

<table>
<thead>
<tr>
<th>Initial Medicare Enrollment Period</th>
<th>Medicare Annual Enrollment Period</th>
<th>Medicare Open Enrollment Period</th>
<th>Special Enrollment Period</th>
</tr>
</thead>
</table>
| When you turn 65.                 | Oct.15–Dec. 7 Health plan starts Jan.1  
  • 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.
**Have it all with HMSA Medicare Advantage**

HMSA Medicare Advantage gives you more benefits than Original Medicare.

<table>
<thead>
<tr>
<th>Benefits and features</th>
<th>Original Medicare</th>
<th>HMSA Medicare Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medical care</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Preventive services</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Routine vision exams and eyewear</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Fitness center membership and home fitness kit</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Worldwide urgent and emergency care</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Limits on annual out-of-pocket medical costs</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>• HMSA365 discounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dental discounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Health and well-being workshops</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Health coaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <em>Island Scene</em> magazine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• My Account on hmsa.com</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This information isn’t a complete description of benefits. Benefits and features may be different depending on the plan. Call or visit us for more information. Our contact information is on the back of this guide.
Choose a Medicare Advantage plan that you can count on.

We have a variety of plans to choose from based on your health care and budget needs.

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

HMSA Medicare Advantage gives you:

• The care you need from doctors you choose.
• Prescription drugs safely mailed to you.
• Vision services, including routine eye exams, eyeglasses, and contact lenses*.
• Membership to a Silver&Fit® participating fitness center and a Home Fitness Kit at little or no cost.*
• Telehealth visits, including HMSA’s Online Care®, at no cost.
• Benefits in an emergency while traveling on the Mainland and worldwide.*
• An annual limit on how much you pay for medical expenses. When you reach the limit, we’ll pay for your Medicare-eligible expenses for the remainder of the calendar year.
• Dependable, local customer service on the phone or in person.
• My Account on hmsa.com to help you manage your health plan online.
• Online access to search for doctors and view your health plan benefits on hmsa.com/advantage.

* Not all benefits are covered with HMSA Akamai Advantage Dual Care (PPO SNP) plan and some Medicare Advantage employer group plans.

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. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a registered trademark of ASH and used with permission herein.
## Medicare plan comparison

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

<table>
<thead>
<tr>
<th>Expenses</th>
<th>HMSA Medicare Advantage</th>
<th>Medicare plan</th>
<th>Medicare plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Insert plan name</td>
<td>Insert plan name</td>
</tr>
<tr>
<td>Monthly premium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical maximum out-of-pocket</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does my doctor accept this plan?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical expenses</strong></td>
<td><strong>Copayment/coinsurance</strong></td>
<td><strong>Copayment/coinsurance</strong></td>
<td><strong>Copayment/coinsurance</strong></td>
</tr>
<tr>
<td>Medical deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor’s office visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Primary care provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Specialist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive care services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory tests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision services (eye exam, eyewear)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telehealth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fitness benefit</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tip:** For help comparing Medicare plans available statewide, visit medicare.gov.
### Medicare plan comparison (continued)

<table>
<thead>
<tr>
<th>Prescription drug expenses</th>
<th>HMSA Medicare Advantage</th>
<th>Medicare plan</th>
<th>Medicare plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Insert plan name</td>
<td>Insert plan name</td>
</tr>
<tr>
<td></td>
<td>Copayment/coinsurance</td>
<td>Copayment/coinsurance</td>
<td>Copayment/coinsurance</td>
</tr>
<tr>
<td>Drug deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert drug name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert drug name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert drug name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert drug name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert drug name</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses not covered</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sales representative’s name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer service phone number</td>
<td></td>
</tr>
<tr>
<td>Business location</td>
<td></td>
</tr>
</tbody>
</table>
Annual out-of-pocket maximum. The most you’ll pay out of pocket for covered health care services you’ve received.

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

Copayment. A set amount that you pay for health care services such as a doctor 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 first pay before your plan begins paying.

Formulary. A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. 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 may pay the entire amount of the premiums.

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

Part D. Optional benefits for prescription drugs available to people with Medicare for an additional charge. Insurance companies and other private companies approved by Medicare 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.
We’re here with you

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

**Online**
hmsa.com/advantage

**Call**
(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 through Friday

**Visit us**

**HMSA Center @ Honolulu**
818 Keeaumoku St.
Monday–Friday,
8 a.m.—5 p.m.
Saturday, 9 a.m.—2 p.m.

**HMSA Center @ 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 @ Hilo**
Waiakea Center
303A E. Makaala St.
Monday–Friday,
9 a.m.—6 p.m.
Saturday, 9 a.m.—2 p.m.

**HMSA Center @ Kahului**
70 Hookele St., Suite 1220
Monday–Friday,
9 a.m.—6 p.m.
Saturday, 9 a.m.—2 p.m.

**Lihue office**
4366 Kukui Grove St., Suite 103
Monday–Friday, 8 a.m.—4 p.m.

**Make an appointment**
To schedule a free meeting with a licensed agent, call (808) 948-5535, Monday through Friday, 8 a.m. to 5 p.m.