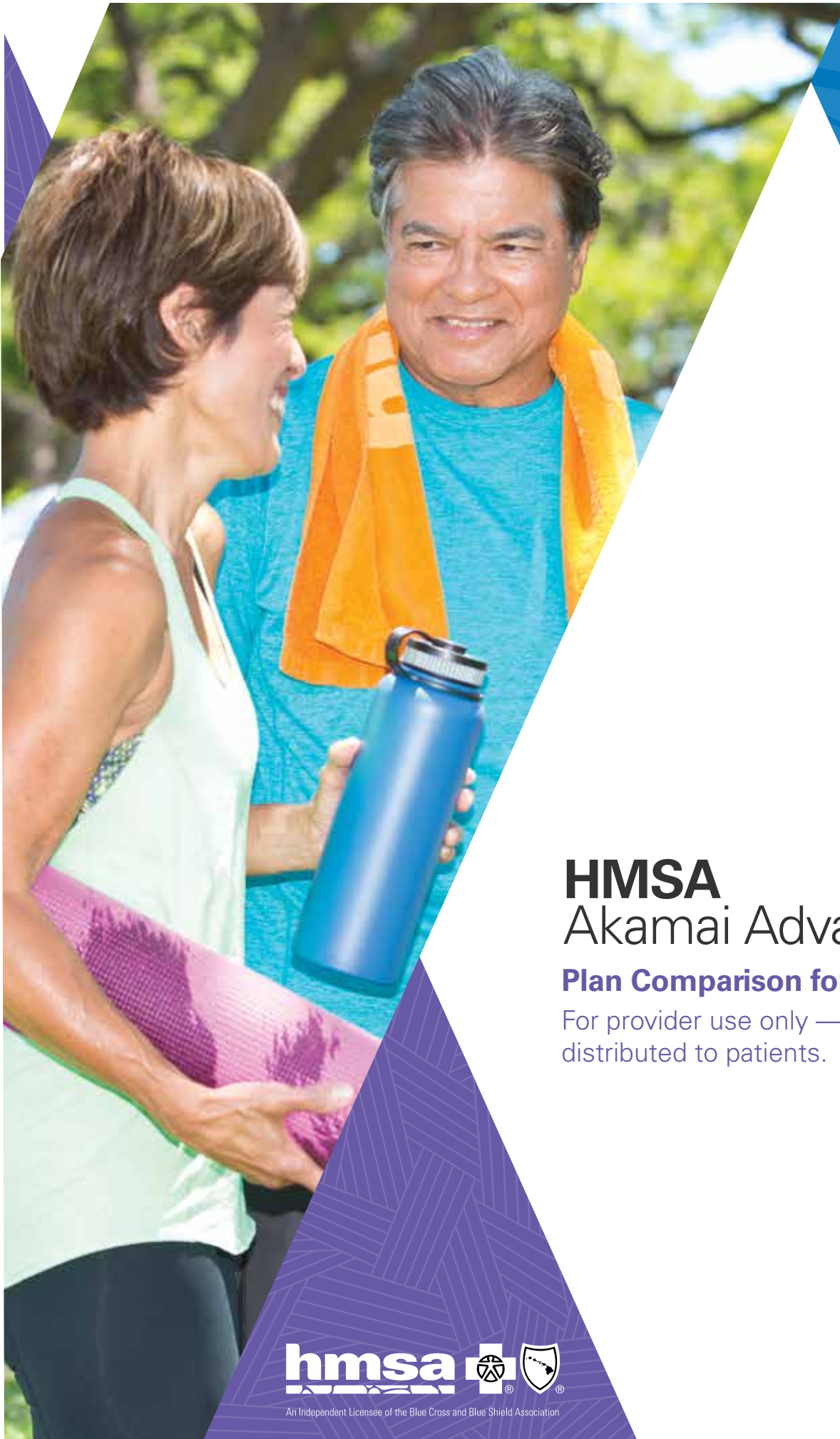


2018



# **HMSA** Akamai Advantage Plan Comparison for Providers

For provider use only — not to be distributed to patients.



An Independent Licensee of the Blue Cross and Blue Shield Association

# HMSA AKAMAI ADVANTAGE® - OAHU

|  | Complete (PPO)  | Complete Plus (PPO)   | Essential Advantage (HMO)   |
|--|---|---|---|
| <b>MEMBER PAYS:</b>  |   |   |   |
| <b>Monthly premium</b><br>Member must continue to pay the Part B premium in addition to the HMSA premium.                          | \$57  | \$147   | \$20  |
| <b>Annual deductible</b><br>What the member would have to pay each year out-of-pocket before the plan would pay for some services. | \$150 per year for some services (in-network and out-of-network)            | \$0   | \$150 per year for some services (in-network and out-of-network)            |
| <b>Maximum out-of-pocket</b><br>The most the member pays each year for Medicare-covered services.                                  | \$6,700 (in-network)  | \$3,400 (in-network)  | \$5,000 (in-network)  |
| <b>MEDICAL BENEFITS</b>  | In-network  | In-network  | In-network  |
| Inpatient hospital care  | Days 1-6: \$300/day<br>Days 7-60: \$44/day<br>Days 61-90: \$0/day           | Days 1-7: \$280/day<br>Days 8-90: \$0/day<br>Additional Days: \$0/day       | Days 1-6: \$300/day<br>Days 7-60: \$44/day<br>Days 61-90: \$0/day           |
| Outpatient services/surgery  | \$150 deductible, then 20%  | 20%   | \$150 deductible, then 20%  |
| Primary care provider office visit   | \$30  | \$10  | \$20  |
| Specialty care provider office visit   | \$50  | \$30  | \$50  |
| Preventive care  | \$0   | \$0   | \$0   |
| Emergency care   | \$80  | \$80  | \$80  |
| Urgent care  | \$50  | \$30  | \$50  |
| Diagnostic tests and procedures, lab services, and outpatient X-rays   | 20%   | 20%   | 20%   |
| Skilled nursing facility   | Days 1-20: \$0/day<br>Days 21-60: \$164/day<br>Days 62-100: \$0/day         | Days 1-20: \$20/day<br>Days 21-40: \$155/day<br>Days 41-100: \$0/day        | Days 1-20: \$0/day<br>Days 21-60: \$164/day<br>Days 62-100: \$0/day         |
| Ambulance  | \$250   | \$225   | \$250   |
| Medical equipment and supplies   | 20%   | 20%   | 20%   |
| Worldwide coverage for emergency physician and outpatient services   | 10%   | 10%   | 10%   |
| Medicare Part B drugs  | 20%   | 20%   | 20%   |
| Kidney dialysis  | 20%   | 20%   | 20%   |
| <b>VISION BENEFITS</b>   |   |   |   |
| Routine eye exam   | \$30/one exam per calendar year   | \$10/one exam per calendar year   | \$20/one exam per calendar year   |
| Eyewear (supplemental)   | \$0 for frames, lenses, or contacts; every 24 months, plan pays up to \$100 | \$0 for frames, lenses, or contacts; every 24 months, plan pays up to \$100 | \$0 for frames, lenses, or contacts; every 24 months, plan pays up to \$100 |
| <b>HEALTH AND WELLNESS</b>   |   |   |   |
| Fitness benefit  | Silver&Fit® program   | Silver&Fit® program   | Silver&Fit® program   |

*The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and is used within permission herein.*

# HMSA AKAMAI ADVANTAGE - OAHU

| DRUG BENEFITS  | Complete (PPO)   | Complete Plus (PPO) | Essential Advantage (HMO)          |
|--|--|---------------------|------------------------------------|
| MEMBER PAYS:   |  |                     |                                    |
| <b>Annual deductible</b><br>What the member would have to pay each year out-of-pocket before the plan would pay. | \$380<br>(Doesn't apply to tier 1)   | \$0                 | \$380<br>(Doesn't apply to tier 1) |
| <b>Initial coverage stage</b><br>Until total drug costs reach \$3,750.   |  |                     |                                    |
| <b>30-day supply from retail pharmacies</b>  |  |                     |                                    |
| Tier 1 – Preferred generic   | \$4.50   | \$4                 | \$4.50                             |
| Tier 2 – Generic   | \$12   | \$11                | \$12                               |
| Tier 3 – Preferred brand   | \$47   | \$45                | \$47                               |
| Tier 4 – Non-preferred brand   | \$100  | \$95                | \$100                              |
| Tier 5 – Specialty   | 25%  | 33%                 | 25%                                |
| <b>90-day supply from mail-order pharmacy</b>  |  |                     |                                    |
| Tier 1 – Preferred generic   | \$4.50   | \$4                 | \$4.50                             |
| Tier 2 – Generic   | \$12   | \$11                | \$12                               |
| Tier 3 – Preferred brand   | \$94   | \$90                | \$94                               |
| Tier 4 – Non-preferred brand   | \$200  | \$190               | \$200                              |
| Tier 5 – Specialty   | 25%  | 33%                 | 25%                                |
| <b>Coverage gap</b><br>Until the yearly out-of-pocket drug costs reach \$5,000                                   | 35% of the plan's cost for brand drugs.<br>44% of the plan's cost for generic drugs.                                     |                     |                                    |
| <b>Additional gap coverage for tier 1 drugs</b>  |  |                     |                                    |
| 30-day supply from retail pharmacies   | Not covered  | \$4                 | Not covered                        |
| 90-day supply from mail-order pharmacy   | Not covered  | \$4                 | Not covered                        |
| <b>Catastrophic coverage</b><br>After the yearly out-of-pocket drug costs reach \$5,000.                         | The greater of 5% or \$3.35 for generic drugs (including brand drugs treated as generic) and \$8.35 for all other drugs. |                     |                                    |

For more information, contact the plan. See back page.

Prescription drugs can be mailed to the member's home from the HMSA Akamai Advantage mail-order pharmacy. Mail orders are usually delivered within 14 days after the pharmacy receives the order. If the member's drugs don't arrive within 14 days, the member may call 1 (855) 479-3659 toll-free, 24 hours a day, seven days a week; TTY users, call 711. Members can also call these numbers if they want to sign up for our optional automatic delivery program.

# HMSA AKAMAI ADVANTAGE - NEIGHBOR ISLANDS

|  | Standard (PPO)  | Standard Plus (PPO)   |
|--|---|---|
|  | MEMBER PAYS:  |   |
| <b>Monthly premium</b><br>Member must continue to pay the Part B premium in addition to the HMSA premium.                          | \$92  | \$192   |
| <b>Annual deductible</b><br>What the member would have to pay each year out-of-pocket before the plan would pay for some services. | \$150 per year for some (in-network and out-of-network)                     | \$0   |
| <b>Out-of-pocket maximum</b><br>The most the member pays each year for Medicare-covered services.                                  | \$6,700 (in-network)  | \$3,400 (in-network)  |
| <b>MEDICAL BENEFITS</b>  | In-network  | In-network  |
| Inpatient hospital care  | Days 1-6: \$300/day<br>Days 17-60: \$44/day<br>Days 61-90: \$0/day          | Days 1-7: \$300/day<br>Days 8-90: \$0/day<br>Additional days: \$0/day       |
| Outpatient services/surgery  | \$150 deductible, then 20%  | 20%   |
| Primary care provider office visit   | \$30  | \$10  |
| Specialty care provider office visit   | \$50  | \$40  |
| Preventive care  | \$0   | \$0   |
| Emergency care   | \$80  | \$80  |
| Urgent care  | \$50  | \$40  |
| Diagnostic tests and procedures, lab services, and outpatient X-rays   | 20%   | 20%   |
| Skilled nursing facility   | Days 1-20: \$0/day<br>Days 21-60: \$164/day<br>Days 61-100: \$0/day         | Days 1-20: \$20/day<br>Days 21-40: \$155/day<br>Days 41-100: \$0/day        |
| Ambulance  | \$250   | \$225   |
| Medical equipment and supplies   | 20%   | 20%   |
| Worldwide coverage for emergency physician and outpatient services   | 10%   | 10%   |
| Medicare Part B drugs  | 20%   | 20%   |
| Kidney dialysis  | 20%   | 20%   |
| <b>VISION BENEFITS</b>   |   |   |
| Routine eye exam   | \$30/one exam per calendar year   | \$10/one exam per calendar year   |
| Eyewear (supplemental)   | \$0 for frames, lenses, or contacts; every 24 months, plan pays up to \$100 | \$0 for frames, lenses, or contacts; every 24 months, plan pays up to \$100 |
| <b>HEALTH AND WELLNESS</b>   |   |   |
| Fitness benefit  | Silver&Fit® program   | Silver&Fit® program   |

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and is used within permission herein.

# HMSA AKAMAI ADVANTAGE - NEIGHBOR ISLANDS

| DRUG BENEFITS  | Standard (PPO)   | Standard Plus (PPO) |
|--|--|---------------------|
|  | MEMBER PAYS:   |                     |
| <b>Annual deductible</b><br>What the member would have to pay each year out-of-pocket before the plan would pay. | \$400<br>(Doesn't apply to tier 1)   | \$0                 |
| <b>Initial coverage stage</b><br>Until total drug costs reach \$3,750.   |  |                     |
| <b>30-day supply from retail pharmacies</b>  |  |                     |
| Tier 1 – Preferred generic   | \$5  | \$4                 |
| Tier 2 – Generic   | \$20   | \$11                |
| Tier 3 – Preferred brand   | \$47   | \$45                |
| Tier 4 – Non-preferred brand   | \$100  | \$95                |
| Tier 5 – Specialty   | 25%  | 33%                 |
| <b>90-day supply from mail-order pharmacy</b>  |  |                     |
| Tier 1 – Preferred generic   | \$5  | \$4                 |
| Tier 2 – Generic   | \$20   | \$11                |
| Tier 3 – Preferred brand   | \$94   | \$90                |
| Tier 4 – Non-preferred brand   | \$200  | \$190               |
| Tier 5 – Specialty   | 25%  | 33%                 |
| <b>Coverage gap</b><br>Until the yearly out-of-pocket drug costs reach \$5,000.                                  | 35% of the plan's cost for brand drugs<br>44% of the plan's cost for generic drugs   |                     |
| <b>Additional gap coverage for tier 1 drugs</b>  |  |                     |
| 30-day supply from retail pharmacies   | Not covered  | \$4                 |
| 90-day supply from mail-order pharmacy   | Not covered  | \$4                 |
| <b>Catastrophic coverage</b><br>After the yearly out-of-pocket drug costs reach \$5,000.                         | The greater of 5% or \$3.35 for generic drugs<br>(including brand drugs treated as generic) and<br>\$8.35 for all other drugs. |                     |

For more information, contact the plan. See back page.

Prescription drugs can be mailed to the member's home from the HMSA Akamai Advantage mail-order pharmacy. Mail orders are usually delivered within 14 days after the pharmacy receives the order. If the member's drugs don't arrive within 14 days, the member may call 1 (855) 479-3659 toll-free, 24 hours a day, seven days a week; TTY users, call 711. Members can also call these numbers if they want to sign up for our optional automatic delivery program.

# HMSA AKAMAI ADVANTAGE DUAL CARE

Here's a short description of the 2018 member benefits for HMSA Akamai Advantage Dual Care and HMSA QUEST Integration plans. There may be some exceptions, so encourage the member to check the *Evidence of Coverage* for details. Their costs may change or be different depending on how much they receive from Extra Help. If a member has questions, please have them call 948-6235 on Oahu or 1 (800) 693-4672 toll-free on the Neighbor Islands.

|  | DUAL CARE (PPO SNP)     |
|--|-------------------------|
| <b>MEMBER PAYS:</b>                    |                         |
| <b>Monthly Premium</b>                 | <b>\$0</b>              |
| <b>MEDICAL BENEFITS</b>                | <b>In-network</b>       |
| Inpatient hospital care                | \$0/day, up to 90 days  |
| Outpatient services/surgery            | \$0                     |
| Primary care provider office visit     | \$0                     |
| Specialty care provider office visit   | \$0                     |
| Preventive care                        | \$0                     |
| Emergency care                         | \$0                     |
| Urgent care                            | \$0                     |
| Diagnostic services, labs, and imaging | \$0                     |
| Dental services                        | \$0                     |
| Skilled nursing facility               | \$0/day, up to 100 days |
| Ambulance                              | \$0                     |
| Medical equipment and supplies         | \$0                     |
| Medicare Part B drugs                  | \$0                     |
| Home health care                       | \$0                     |
| <b>HEALTH AND WELLNESS</b>             |                         |
| HMSA's Online Care®                    | \$0                     |

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



## DUAL CARE (PPO SNP)

MEMBER PAYS:

### PRESCRIPTION DRUG BENEFITS

#### Annual Deductible

If the member qualifies for a low-income subsidy, they pay \$0. If the member doesn't qualify for a low-income subsidy, they pay a \$405 deductible for their drugs.

30-day supply from retail pharmacies

Generic drugs, including brand drugs treated as generic

\$0, \$1.25, \$3.35, or 15%

All other drugs

\$0, \$3.70, \$8.35, or 15%

*Prescription drugs can be mailed to the member's home from the HMSA Akamai Advantage mail-order pharmacy. Mail orders are usually delivered within 14 days after the pharmacy receives the order. If the member's drugs don't arrive within 14 days, the member may call 1 (855) 479-3659 toll-free, 24 hours a day, seven days a week; TTY users, call 711. Members can also call these numbers if they want to sign up for our optional automatic delivery program.*

# HMSA AKAMAI ADVANTAGE

## Provider Practices

Thank you for agreeing to distribute HMSA Akamai Advantage® materials in your office. Below are some tips to help you stay within guidelines from the Centers for Medicare & Medicaid Services (CMS).

### DO

If you display marketing materials for some plans, you must accept requests to display materials from all plans you participate in, if asked. You and your staff must remain neutral and may not help health plans market directly to your patients or influence their enrollment decisions.

Providers may:

- Provide the names of plans you contract with and/or participate in.
- Help patients apply for the low-income subsidy.
- Educate patients on the types of plans that may be best for them.
- Make available and/or distribute plan marketing materials in common areas.
- Display posters for different plans in common areas, such as the waiting room.
- Allow presentations by plan representatives in common areas for anyone who wants to attend. Presentations can't take place anywhere health care services are provided, such as a pharmacy counter.
- Provide information on different plan benefits.
- Refer patients to other sources of information such as the State Health Insurance Assistance Program (SHIP), plan marketing representatives, the state Medicaid office, your local Social Security office, or Medicare (medicare.gov or 1-800-MEDICARE).
- Print information from the CMS website and share it with patients, such as the *Medicare and You* handbook or *Medicare Options Compare*, or other documents written or approved by CMS.



# HMSA AKAMAI ADVANTAGE

## DON'T

Don't steer patients to particular plans and don't limit distribution of plan materials to a subset of plans that you contract with.

Don't:

- Offer anything of value to persuade patients to select you as their provider.
- Accept compensation directly or indirectly from plans for enrollment activities.
- Make phone calls or try to persuade patients to enroll in a specific plan based on your financial interest or any other interests.
- Offer inducements to persuade patients to enroll in a particular plan or organization.
- Advocate for any particular plan or group of plans.
- Conduct health screenings as a marketing activity.
- Mail marketing materials on behalf of plans.
- Rank or highlight any of the plans you discuss with your patients.
- Use phrases such as, "You should enroll in this plan," or "I use this plan and I think it would be good for you, too." This is strictly prohibited.
- Offer scope of appointment forms.
- Accept Medicare applications or make applications available.

For the official CMS guidelines, see Section 70.5 through 70.5.1 Provider-Based Activities of the 2018 Medicare Marketing Guidelines available at [cms.gov/Medicare/Health-Plans/Managed Care-Marketing/FinalPartCMarketingGuidelines.html](https://www.cms.gov/Medicare/Health-Plans/Managed-Care-Marketing/FinalPartCMarketingGuidelines.html).

Types of providers include physicians, staff, hospitals, nursing homes, pharmacies, and vendors that contract with HMSA to provide services to HMSA Akamai Advantage members.

For provider use only.





# HAWAI'I MEDICAL SERVICE ASSOCIATION

[hmsa.com/advantage](https://hmsa.com/advantage)

## HMSA CENTERS

Visit one of our HMSA Centers  
with convenient evening and Saturday hours.

### Honolulu, Oahu

818 Keeaumoku St.

Monday through Friday, 8 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

### Pearl City, Oahu

Pearl City Gateway | 1132 Kuala St., Suite 400

Monday through Friday, 9 a.m.–7 p.m. | Saturday, 9 a.m.–2 p.m.

### Hilo, Hawaii Island

Waiakea Center | 303A E. Makaala St.

Monday through Friday, 9 a.m.–7 p.m. | Saturday, 9 a.m.–2 p.m.

## OFFICES

Visit your nearest HMSA office Monday through Friday, 8 a.m.–4 p.m.

**Kailua-Kona, Hawaii Island** | 75-1029 Henry St., Suite 301

**Kahului, Maui** | 33 Lono Ave., Suite 350

**Lihue, Kauai** | 4366 Kukui Grove St., Suite 103

## PHONE

**Oahu:** (Provider) 948-6330  
(Member) 948-6235

**Neighbor Islands:** (Provider) 1 (800) 693-4672 toll-free  
(Member) 1 (877) 439-8201 toll-free

TTY users, call **711**

### October 1 – February 14

Call seven days a week, 8 a.m. to 8 p.m.

### February 15 – September 30

Call Monday–Friday, 8 a.m. to 8 p.m.

HMSA's mission is to  
provide the people of  
Hawaii access to a  
sustainable, quality health  
care system that improves  
the overall health and  
well-being of our state.



An Independent Licensee of the Blue Cross and Blue Shield Association