

HMSA's Catastrophic Care Plan

Qualified High Deductible Health Plan for Health Savings Account

January 2011



HMSA



Blue Cross
Blue Shield
of Hawaii

An Independent Licensee of the Blue Cross
and Blue Shield Association

Catastrophic Care Plan

"I hardly see the doctor, but I want health insurance 'just in case.'" Are you debating between the cost of having a health plan and the risk of not having one?

The Catastrophic Care Plan may be right for you if you want a health care plan that can help you maintain your good health and provide benefits and financial protection "just in case" you have a serious illness or injury. This plan is an alternative to more expensive comprehensive coverage. You have the reassurance of coverage for the more expensive services should you need them without the cost of high monthly dues.

How the Plan Works

There is an annual deductible of \$2,500 per person, up to an annual deductible maximum of \$5,000 for a family of two or more members. This means that every calendar year, all the eligible expenses you pay will be applied toward meeting the deductible. At first glance, the deductible may seem high, but when you consider the following examples, the costs associated with a serious illness can easily add up to meet the deductible and make you eligible for plan benefits:

- A visit to the emergency room can cost more than \$638.
- An MRI (magnetic resonance image) brain scan can cost \$2,000.
- A stay in the hospital can cost \$3,400 per day (based on a semi-private room).

Once the annual deductible is met, the plan pays 80 percent of HMSA's eligible charges for most services when using a participating provider. For services such as physician visits, ground ambulance services, and emergency room visits, you will pay a predictable, fixed dollar copayment.

Preventive services, which include immunizations, well-child care, well-woman exams, TB tests, chlamydia screenings, mammography (screenings), routine Pap smears, prostate specific antigen (PSA) tests (screenings), and diabetes (glucose) tests, are not subject to the annual deductible. Plan benefits apply immediately for these services, which are covered at 100 percent when using HMSA participating providers.

Annual Copayment Maximum: Another level of protection. This plan's annual copayment maximum is \$3,500 for single coverage and \$7,000 for family coverage of two or more members. Once you meet the annual copayment maximum amount for eligible expenses, including the deductible, the plan pays 100 percent of HMSA's eligible charges for covered services.

For example, under single coverage when using participating providers, you pay:

| | |
|---|---------|
| Annual deductible: | \$2,500 |
| Eligible charge amounts:..... | \$1,000 |
| (This is an accumulation of the 20 percent of eligible charge amounts and fixed copayment amounts after the deductible is met.) | |
| <hr/> | |
| Your out-of-pocket total:..... | \$3,500 |
| (Annual copayment maximum met) | |

Plan benefits are then covered at 100 percent of HMSA's eligible charge for eligible expenses for the rest of that calendar year.

Things to Consider

The Catastrophic Care Plan is an alternative to a high premium plan. It provides:

- Affordable monthly dues.
- Coverage for some preventive services.
- Increased benefits when out-of-pocket costs reach a specific dollar amount.
- The reassurance of financial protection should you need it.

This plan allows you to save money on monthly dues and preventive care, while providing you with key benefits in case of a serious illness, injury or hospitalization. With the money saved, you can use it to pay for incidental health care expenses as you meet your annual deductible. Depending on your health care needs and expenses, this plan may be a good choice for you and your family.

Other Good Reasons to Join

• Health Savings Account

Catastrophic Care Plan is an HSA-qualified High Deductible Health Plan (HDHP). This means that, once accepted onto this plan, a member may apply for an HSA account through a financial institution (like a bank) to begin saving and paying for current and future eligible medical expenses on a tax-free basis.

Qualified medical expenses include:

- Prescription and over-the-counter drugs.
- Health plan dues, copayments, and coinsurance when:
 - Under COBRA continuation of coverage.
 - Receiving federal or state unemployment coverage.
 - Age 65 or older (except Medigap insurance).
- Dental service.
- Vision care.
- Psychiatric and certain psychological treatments.
- Long-term care services.
- Medically related transportation and lodging.

To open an HSA account, you need to meet all of the following criteria:

1. Be at least 18 years old.
2. Have a qualified HDHP.
3. Not be covered by Medicare or another health insurance plan that is not an HDHP.
4. Not be claimed as a dependent on another person's tax return.

HSA information packet is available from HMSA upon request. Please call us at 948-5555 or 1 (800) 620-4672 toll-free on the Neighbor Islands. More specific information may be obtained from your HSA provider.

• Choice of Providers

The Catastrophic Care Plan gives you the freedom to choose any provider, participating or nonparticipating, without referrals. There are more than 2,000 participating providers in the state of Hawaii to choose from. You may select any provider; however, you will always receive the best value from this plan by using HMSA participating providers.

Participating providers have agreements with HMSA to charge members no more than HMSA's eligible charge. Nonparticipating providers do not have agreements with HMSA. You will be responsible to pay the nonparticipating provider the copayment plus any difference between the actual charge and HMSA's eligible charge, if applicable.

• BlueCard Program

When you're traveling away from home, the last thing you want to worry about is your health. This plan provides nationwide coverage through BlueCard, a Blue Cross and Blue Shield national network that will provide you with access to covered services across the nation. One phone call is all it takes to access a representative who can provide you with the name, telephone number and address of several BlueCard PPO or BlueCard participating providers in your area.

Benefit payments for covered services received out of state are based on contracts negotiated between the out-of-state Blue Cross and/or Blue Shield Plans and BlueCard participating and BlueCard PPO providers.

• No Paperwork When You Use Participating Providers

When you use participating providers, there are no claim forms to file. Your participating provider and HMSA take care of it for you. All you are responsible for are applicable copayments.

• Predictable Dollar Physician Visit Copayments

Once you've met your annual deductible, your copayment is a fixed dollar amount for physician services received from participating providers.

- ***HealthPass***

This health risk assessment program offers preventive services designed to help you identify potential health problems, develop ways to reduce your health risks, and encourage you to develop and continue healthy habits. HealthPass is available annually to all Catastrophic Care Plan members at no additional cost.

- ***Preventive Services to Help You Maintain Optimal Health***

The Catastrophic Care Plan covers the following screenings in full when using participating providers. These screenings are important for early detection of serious, life-threatening illness and disease.

- Well-woman exams.
- Routine Pap smears.
- Mammography (screening).
- Chlamydia screening.
- Well-child care.
- Tuberculin test.
- Prostate-specific antigen tests.

- ***Value-Added Services***

Being an HMSA member means more than just having health care coverage. We offer a wide variety of programs and classes to help you maintain your good health and preserve your quality of life, and best of all, they're available to HMSA members at no cost. Classes include Body Power, Stress Master, Positively Pregnant workshops, and much more. For more information, please visit our website at hmsa.com.

Payment Determination Criteria

All care you receive must meet all of the following Payment Determination Criteria:

- For the purpose of treating a medical condition.
- The most appropriate delivery or level of service, considering potential benefits and risks to the patient.

- Known to be effective in improving health outcomes; provided that:

- Effectiveness is determined first by scientific evidence;
- If no scientific evidence exists, then by professional standards of care; and
- If no professional standards of care exists or if they exist but are outdated or contradictory, then by expert opinion; and

- Cost effective for the medical condition being treated compared to alternative health interventions, including no intervention. For purposes of this paragraph, cost effective shall not necessarily mean the lowest price.

Services that are not known to be effective in improving health outcomes include services that are experimental or investigational.

Definitions of terms and additional information regarding application of this Payment Determination Criteria are contained in the Patient's Bill of Rights and Responsibilities, Hawaii Revised Statutes § 432E-1.4. The current language of this statutory provision will be provided upon request. Requests should be submitted to HMSA's Customer Service department.

The fact that a physician may prescribe, order, recommend, or approve a service or supply does not in itself mean that the service or supply meets Payment Determination Criteria, even if it is listed as a covered service.

Participating providers may not bill or collect charges for services or supplies that do not meet HMSA's Payment Determination Criteria unless a written acknowledgement of financial responsibility, specific to the service, is obtained from you or your legal representative prior to the time services are rendered.

Participating providers may, however, bill you for services or supplies that are excluded from coverage without obtaining a written acknowledgement of financial responsibility from you or your representative.

BENEFIT SUMMARY

This brochure is for general information only. It is intended to give you a summary of HMSA's Catastrophic Care Plan benefits and is not to be used as the *Guide to Benefits* for the plan. Upon joining, members will receive a Catastrophic Care Plan *Guide to Benefits*, which gives further information on benefits, limitations, and exclusions. In the case of a discrepancy between this summary and

the language contained in the *Guide to Benefits*, the *Guide to Benefits* will take precedence. All percentages listed in the benefit description on pages 4-7 are based on eligible charges as defined on page 8. You may request a copy of the plan's *Guide to Benefits* prior to enrolling by calling your local HMSA office.

HMSA'S Catastrophic Care Plan BENEFIT DESCRIPTION

AMOUNT OF ELIGIBLE CHARGE OR COPAYMENT YOU PAY

| | | |
|--|---|---|
| Annual Deductible ¹ | \$2,500 per member / \$5,000 per family | |
| Annual Copayment Maximum ¹ | \$3,500 per member / \$7,000 per family | |
| Lifetime Maximum | None | |
| Medically Underwritten | Yes | |
| Waiting Periods | Yes, refer to page 8. | |
| | Participating Provider (Your copayment) | Nonparticipating Provider You owe the amount indicated below plus any difference between eligible charge and actual charge. |
| ANNUAL DEDUCTIBLE APPLIES UNLESS OTHERWISE NOTED | | |
| PHYSICIAN SERVICES | | |
| Physician visit (office, home, or facility) | \$20 per visit | 30% |
| Well-child care physician office visit | No copayment ² | 30% ² |
| Anesthesia | 20% | 30% |
| Consultation services | \$20 per visit | 30% |
| Online Care visit | \$10 for up to 10 minutes \$5 for an additional 5-minute extension | Not a benefit |
| Surgical Services | | |
| Cutting/Non-cutting surgery | 20% | 30% |
| Assistant surgeon services | 20% | 30% |
| Surgical supplies | 20% | 30% |
| Immunizations | | |
| Well-child care | No copayment ² | No copayment ² |
| Standard | No copayment ² | 30% ² |

¹ If the member is enrolled in a two-party or family contract, they must meet the family annual deductible and maximum annual copayment amount, and not the per person amount.

² Not subject to the annual deductible.

BENEFIT DESCRIPTION

**AMOUNT OF ELIGIBLE CHARGE
OR COPAYMENT YOU PAY**

| | Participating Provider (Your copayment) | Nonparticipating Provider You owe the amount indicated below plus any difference between eligible charge and actual charge. |
|---|---|--|
| ANNUAL DEDUCTIBLE APPLIES UNLESS OTHERWISE NOTED | | |
| HOSPITAL AND FACILITY SERVICES | | |
| Room and Board Based on semi-private room rate | 20% | 30% |
| Intensive Care Unit/Coronary Care Unit, or Intermediate Care Unit | 20% | 30% |
| Inpatient Laboratory and Pathology Services | 20% | 30% |
| AMBULATORY SURGICAL CENTER | | |
| | 20% | 30% |
| MATERNITY CARE | | |
| Physician Services Based on an all-inclusive rate for routine prenatal, delivery and postnatal care | 20% | 30% |
| Hostpital Room and Board Based on semi-private room rate | 20% | 30% |
| EMERGENCY SERVICES | | |
| Emergency Room Facility Services | \$100 | \$100 |
| Emergency Room Physician Visits | \$20 | \$20 |
| Ground Ambulance | \$100 | 30% |
| Air Ambulance | 20% | 30% |
| SKILLED NURSING FACILITY SERVICES | | |
| Room and Board and Other Inpatient Services | 20% | 30% |
| OUTPATIENT TESTING, LABORATORY, AND RADIOLOGY SERVICES | | |
| Laboratory and Pathology Services | 20% | 30% |
| Diagnostic Testing | 20% | 30% |
| Radiology | 20% | 30% |
| Mammography (screening) | No copayment ² | 30% ² |
| Pap Smears (routine) | No copayment ² | 30% ² |

² Not subject to the annual deductible.

BENEFIT DESCRIPTION

**AMOUNT OF ELIGIBLE CHARGE
OR COPAYMENT YOU PAY**

| | Participating Provider (Your copayment) | Nonparticipating Provider You owe the amount indicated below plus any difference between eligible charge and actual charge. |
|---|---|--|
| ANNUAL DEDUCTIBLE APPLIES UNLESS OTHERWISE NOTED. | | |
| OUTPATIENT LABORATORY AND X-RAY SERVICES (Continued) | | |
| Prostate Specific Antigen (PSA) Test (Screening) | No copayment ² | 30% ² |
| Allergy Testing and Treatment Materials | 20% | 30% |
| CHEMOTHERAPY AND RADIATION THERAPY (OUTPATIENT) | | |
| Chemotherapy - Infusion/injections | 20% | 30% |
| Radiation Therapy | 20% | 30% |
| REHABILITATION THERAPY | | |
| Physical and Occupational Therapy | 20% | 30% |
| Speech Therapy Services | 20% | 30% |
| OTHER MEDICAL SERVICES AND SUPPLIES | | |
| Medical Equipment, Appliances, and Supplies | 20% | 30% |
| Dialysis and Supplies | 20% | 30% |
| Home IV Therapy | 20% | 30% |
| HOSPICE CARE SERVICES | No copayment | Not a benefit |
| HOME HEALTH CARE SERVICES | 20% | 30% |
| MENTAL HEALTH AND SUBSTANCE ABUSE | | |
| Physician Services | | |
| Outpatient sessions (24 sessions per calendar year) except for serious mental illness as defined by Hawaii law. | \$20 | 30% |
| Inpatient sessions (30 sessions per calendar year) except for serious mental illness as defined by Hawaii law. | \$20 | 30% |
| Facility Services | 20% | 30% |
| Psychological Testing | | |
| Outpatient | 20% | 30% |
| Inpatient | 20% | 30% |

² Not subject to the annual deductible.

BENEFIT DESCRIPTION

**AMOUNT OF ELIGIBLE CHARGE
OR COPAYMENT YOU PAY**

| | Participating Provider (Your copayment) | Nonparticipating Provider You owe the amount indicated below plus any difference between eligible charge and actual charge. |
|--|---|--|
| ANNUAL DEDUCTIBLE APPLIES UNLESS OTHERWISE NOTED. | | |
| PRESCRIPTION DRUGS | | |
| Chemotherapy - Oral Drugs | No copayment | No copayment |
| Mail-order Chemotherapy - Oral Drugs | No copayment | Not a benefit |
| U.S. Preventive Services Task Force (USPSTF) Recommended Drugs | No copayment ² | 20% ² |
| Mail-order USPSTF Recommended Drugs | No copayment ² | Not a benefit |
| DISEASE MANAGEMENT AND PREVENTIVE SERVICES | | |
| HMSA currently provides disease management programs for members with asthma, diabetes, cardiovascular disease, and behavioral health conditions (mental health and substance abuse). | No copayment ² | Not a benefit |

² Not subject to the annual deductible.

More than one procedure, service, or supply may be appropriate for the diagnosis and treatment of your condition. In that case, we reserve the right to approve only the least costly treatment, service, or supply.

You may ask your physician to contact us to determine whether the services you need meet our Payment Determination Criteria or are excluded from coverage before you receive the care.

Medical Underwriting

This plan is medically underwritten and not guaranteed issue to anyone 19 years and older. Once you submit your application, health history form, and authorization for medical records form, the medical underwriters will review your health statement and may contact you for additional medical information. This is a necessary step to determine whether you are an acceptable risk when measured against our acceptance guidelines for this plan. All information will be kept confidential during the medical underwriting process. Because acceptance is based on your health status, completion of these forms does not guarantee acceptance into this plan except for individuals under age 19.

Eligible Charge

We calculate our payment and your copayment based on the eligible charge. The eligible charge is the lower of either the provider's actual charge or the amount we establish as the maximum allowable fee. Eligible charge does not include excise or other tax. You are responsible for all taxes associated with the medical care you receive.

Participating providers agree to accept the eligible charge as payment in full for covered services. Nonparticipating providers generally do not. Therefore, if you receive services from a nonparticipating provider, you are responsible for any difference between the actual charge and the eligible charge.

Waiting Periods

Waiting periods are another way we keep your monthly dues affordable. A waiting period is a specified amount of time, beginning on your effective date, that you and each dependent age

19 and older will have to wait before benefits for certain conditions are available under this coverage. During these waiting periods, this plan will not cover conditions or services listed in this waiting periods section.

Prior continuous coverage cannot be applied toward the waiting periods under this plan. If you or your dependents were covered by another HMSA plan immediately prior to joining this plan, your waiting period *will not* be reduced by the amount of time spent in that plan.

Waiting Periods for Maternity Care, Pregnancy, Childbirth, and Related Conditions

You are subject to a 12-month waiting period for all services related to maternity care, pregnancy, childbirth and related conditions, including ambulance, X-rays, and hospital room and care. This waiting period does not apply to services related to the following conditions if the waiting period would have been met had the pregnancy gone the full term:

- Miscarriage.
- Abortion.
- Premature birth.

Services Not Covered Under the Plan

The following is an overview of some of the services not covered by this plan. Upon joining, you will receive a *Guide to Benefits*, which provides detailed information on benefits, limitations, and exclusions that are not described in this summary. You may also request a *Guide to Benefits* for this plan by calling your local HMSA office before enrolling in this plan.

Counseling Services

- Bereavement counseling.
- Genetic counseling (except as described in the plan's *Guide to Benefits*).
- Marriage or family counseling.
- Nutritional counseling (except as described in the plan's *Guide to Benefits*).
- Sexual identification counseling.

Coverage Under Other Programs or Laws

- **Military:** You are not covered for treatment of illness or injury related to military service when you receive treatment in a hospital operated by an agency of the United States government. You are not covered for services or supplies that are required to treat an illness or injury received while you are on active status in the military service.
- **Payment responsibility:** You are not covered when someone else has the legal obligation to pay for your care, and when, in the absence of this coverage, you would not be charged.
- **Third-party reimbursement:** You are not covered for services or supplies for an illness or injury caused or alleged to be caused by a third party and/or you have or may have a right to receive payment or recover damages in connection with the illness or injury; or an illness or injury for which you may recover damages or receive payment without regard to fault.

Dental, Drug and Vision

- Dental care (including orthodontics).
- Drugs (except for those described in the plan's *Guide to Benefits*).
- Eyeglasses, contacts, and appliances.
- Vision services.

Fertility and Infertility

- Contraceptives or contraceptive services including implanted, oral, or injected contraceptives and contraceptive devices.
- Supplies or services related to the diagnosis of infertility.
- Infertility treatment.
- Fertilization by artificial means (except for one in-vitro fertilization program per qualified married couple).
- Sterilization reversal.

Preventive and Routine

- Health appraisal program.
- Immunizations (except for those described in the plan's *Guide to Benefits*).
- Physical examinations (routine annual check-up).
- Routine circumcision.
- Routine foot care.

Provider Type

- Chiropractor services.
- Complementary and alternative medicine provider.
- Hospice (nonparticipating).
- Private duty nursing.
- Services provided by immediate family members.
- Services provided by physician assistants (unless P.A. is employed by a medical group, M.D., or D.O.).
- Social worker services (except for mental health or substance abuse services).

Transplants

- Living organ donor services if you are the organ donor.
- Living donor transport.
- Mechanical or non-human organs.
- Organ purchase.
- Transplant services or supplies (except as described in the plan's *Guide to Benefits*).
- Transportation related to organ and tissue transplants.

Services Not Covered (continued)

Miscellaneous Exclusions

- Act of war – Injury or illness that results from an act of war or armed aggression, whether or not a state of war legally exists.
- Acupuncture.
- Airline oxygen.
- Biofeedback.
- Bionic devices.
- Blood and blood products (except as described in the plan's *Guide to Benefits*).
- Carcinoembryonic antigen (CEA).
- Cardiac rehabilitation.
- Cosmetic services, surgery, or supplies.
- Chemotherapy, high dose (except as described in the plan's *Guide to Benefits*).
- Complications of a non-covered procedure.
- Convenience treatment, services, or supplies.
- Custodial care.
- Developmental delay.
- Ductal lavage.
- Electron beam computed tomography (EBCT or Ultrafast CT).
- Environmental control equipment and supplies.
- Enzyme-potentiated desensitization.
- Erectile dysfunction, except if due to organic cause.
- Extracorporeal shock wave therapy.
- Foot orthotics, except for specific diabetic conditions.
- Genetic testing and screening (except as described in the plan's *Guide to Benefits*).
- Growth hormone therapy (except as described in the plan's *Guide to Benefits*).
- Hair loss.
- Hypnotherapy.
- Intradiscal Electro Thermal Therapy (IDET).
- Motor vehicles.
- Personal convenience items and supplies.
- Provider's stand-by time.
- Radiation, nonionizing/high dose (except as described in the plan's *Guide to Benefits*).

- Self-help or self-cure programs or equipment.
- Services or supplies gained by reason of a false statement or other misrepresentation.
- Services prior to plan effective date: You are not covered for services or supplies that you receive before the effective date of this coverage.
- Sexual transformation.
- Supplies billed separately by your provider or take-home supplies.
- Thoracic electric bioimpedance (outpatient/office).
- Topical hyperbaric oxygen therapy.
- Travel or lodging costs.
- Vertebral axial decompression (VAX-D).
- Vitamins, minerals, medical foods, and food supplements.
- Weight reduction programs.
- Wigs.

If You are Hospitalized When Coverage Begins

If you are confined in a hospital or other inpatient facility at the time this coverage begins, your hospitalization may not be covered under this plan. If you had prior insurance or coverage, we will work with your prior insurer or coverage to determine who covers the hospitalization. If you had no other insurance or coverage immediately prior, then coverage for services related to the hospitalization begins on the effective date of this coverage. Refer to the *Guide to Benefits* for details regarding this situation. You may also call us if this limitation applies to you so that we can assist you in determining your rights to coverage.

Who Can Apply

To be eligible to apply, you must:

- Reside in the state of Hawaii at least six consecutive months prior to applying to this plan.
- Be a legal resident and reside within the plan's service area.
- Apply within 31 days of a qualifying event or be subject to open enrollment in November for a Jan. 1 effective date.

HMSA would like to meet the special needs of each of Hawaii's citizens. However, completion of the application forms does not guarantee acceptance into the Catastrophic Care Plan. Your forms will be reviewed by medical underwriters and acceptance is based on your health status, except for individuals under age 19. The medical underwriting process can take up to 60 days or more. Please give careful consideration before ending any existing health coverage until you are notified of your acceptance into the Catastrophic Care Plan.

If accepted into this plan:

- You must pay your dues in advance every month to be eligible for coverage.
- If you move out of state you will be disenrolled from this plan.
- You cannot have any other medical insurance coverage. This plan does not coordinate benefits with any other medical insurance plan, including Medicare. In the event we discover that you have any other medical insurance, we will immediately cancel your membership on this plan.

We reserve the right to request documentation at any time, which demonstrates, in our sole discretion and to our satisfaction, that you meet the above criteria.

How to Join

Please complete and return the following items:

- Completed application form.
- Health History Form for subscriber and all dependent(s).
- Individual Plan Authorization for Medical Records form for each applicant over 18 years of age.

Please do not send any money at this time. Upon approval of your application, HMSA will send you a bill.

Mail to: HMSA
6-AMS
P.O. Box 860
Honolulu, HI 96808-0860

Rates

The following rates are effective Jan. 1, 2011.

| 2011 Monthly Member Dues | |
|--------------------------|-----------|
| Single Membership | \$ 92.25 |
| Two-Party Membership | \$ 185.00 |
| Family Membership | \$ 277.25 |

Convenient Dues Payment

Dues payment service is available to HMSA individual plan members at no additional cost after they join the plan. With your authorization, HMSA will work directly with your local financial institution to transfer your fixed monthly dues payment to HMSA.

HMSA's automatic dues payment service is a simple, convenient way to save the time and expense of mailing monthly payments. Simply complete the enclosed application or call your local HMSA office to arrange to apply for this convenient, time-saving service.

Questions

If you have any questions, please call your HMSA sales representative at 948-5555 on Oahu. Neighbor Island residents may call toll-free 1 (800) 620-4672.

Thank you again for your interest in HMSA's Catastrophic Care Plan.

Privacy Policies & Practices for Member Financial Information

HMSA and our affiliated organizations throughout the state of Hawaii have always respected your privacy and are committed to safeguarding your personal health and financial information. HMSA values your business and the trust you have placed in selecting us as your provider of health care coverage. We strive to recognize and respect your expectations regarding the treatment of your personal information and have established the following policies and practices to:

- Maintain physical, electronic, and procedural safeguards to protect the privacy, confidentiality, and integrity of personal information.
- Ensure that those in our workforce who have access to or use your personal information need that information to perform their jobs and have been trained to properly handle personal information. Our employees are fully accountable to management for following our policies and practices.
- Require that third parties who access your personal information on our behalf comply with applicable laws and agree to HMSA's strict standards of confidentiality and security.

Notice of Our Privacy Policies and Practices for Personal Financial Information Required by Law¹

HMSA is required by state law to provide an annual notice of our privacy policies and practices for personal financial information to members who are enrolled in our individual health plans. This notice contains information regarding how we collect and disclose personal financial information about our members to our affiliates and to nonaffiliated third parties. Provisions of this notice apply to former as well as current HMSA members.

¹ Privacy of Consumer Financial Information, H.R.S. Chapter 431, Article 3A

Collection of Personal Financial Information

HMSA collects personal financial information about you that is necessary to administer your health plan. We may collect personal financial information about you from sources such as enrollment applications and other forms that you complete, and your transactions with us, our affiliates or others.

Sharing of Personal Financial Information

HMSA may share with our affiliates and with nonaffiliated third parties any of the personal financial information that is necessary to administer your health plan, as permitted by law. Nonaffiliated third parties are those entities that are not part of the family of organizations controlled by HMSA. We do not otherwise share your personal financial information with anyone without your permission.

HMSA



HAWAII MEDICAL SERVICE ASSOCIATION
hmsa.com

HONOLULU • 818 Keeaumoku St. • 96814 • Phone: 948-6372

HILO, HAWAII • 670 Ponahawai St., Suite 121 • 96720 • Phone: 935-5441

KAILUA-KONA, HAWAII • 75-1029 Henry St., Suite 301 • 96740 • Phone: 329-5291

KAHULUI, MAUI • 33 Lono Ave., Suite 350 • 96732 • Phone: 871-6295

LIHUE, KAUAI • 4366 Kukui Grove St., Suite 103 • 96766 • Phone: 245-3393

If you are calling from the U.S. Mainland, please call 1 (800) 776-4672. If you need to call a local Hawaii telephone number from the Mainland, the area code is 808.

HMSA is a Hawaii-based health care services organization dedicated, for over 70 years, to improving the health and wellness of individuals and our community. We will provide our customers real value and security by creating a broad range of products that gives them choices of health care plans, provider networks, prices, and other health care services, with a commitment to superior customer service.