



Plan Certificate



Complementary Care Rider



An Independent Licensee of the Blue Cross and Blue Shield Association

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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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 Hawaii'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

ເລິ່ນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພີ່ມໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ເຂົາເຈົ້າໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ສຍຄ່າໄດ້ທີ ເບີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ປຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. ສະມາຊິກແຜນປະກັນ Medicare Advantage ແລະ ຊັ້ນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

Kajin Majōl

KÖJELLA: 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 kōjrbal 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 inisiaua 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 โปรดโทรไปที่หมายเลขโทรศัพท์ที่หมายเลข 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.

HAWAII MEDICAL SERVICE ASSOCIATION
Complementary Care Rider

I. ELIGIBILITY

This Rider describes the benefits included in the Guide to Benefits. Your coverage under this Rider starts and ends on the same dates as your medical plan coverage.

For eligibility, benefit, or claim questions, call ASH Group's Customer Service at **1-888-981-2746** Monday through Friday between the hours of 3 a.m. and 6 p.m., and Saturday, between 10 a.m. to 6 p.m. Hawaii Standard Time. Hours adjusted during Daylight Savings Time: Monday through Friday 2 a.m. to 5 p.m. and Saturday 9 a.m. to 5 p.m. Hawaii Standard Time.

II. PROVISIONS OF THE MEDICAL PLAN APPLICABLE

All definitions, provisions, limitations, exclusions, and conditions of HMSA's Guide to Benefits shall apply to this Rider, except as specifically modified in this Rider.

III. DEFINITIONS

When used in this Rider:

(1) **"ASH Group"** means American Specialty Health Group, Inc. which has been contracted by HMSA to administer the benefits under this Rider.

(2) **"Acupuncture Services"** are services provided or made available to a Member by a Provider for the treatment or diagnosis of Musculoskeletal and Related Disorders, Nausea and Pain. Acupuncture is the stimulation of a certain point on or near the surface of the body by the insertion and removal of single-use, sterilized, disposable needles and/or electrical stimulation (electro-Acupuncture) to normalize physiological functions, to prevent or modify the perception of Pain, or to treat Musculoskeletal and Related Disorders, Nausea, or conditions that include Pain as a primary symptom. In addition, it may include such services as adjunctive physiotherapy modalities and procedures provided during the same Course of Treatment and in support of Acupuncture Services.

(3) **"Chiropractic Services"** are services provided or made available to a Member by a Chiropractor for treatment or diagnosis of Musculoskeletal and Related Disorders and Pain Syndromes. Chiropractic Services are limited to the management of Musculoskeletal and Related Disorders and Pain Syndromes primarily through chiropractic manipulation of the spine, joints, and/or musculoskeletal soft tissue. This includes: (1) differential diagnostic examinations and related diagnostic x-rays and radiological consultations when used to determine the appropriateness of Chiropractic Services; and (2) the follow-up office visits that must include during the Course of Treatment the provision of chiropractic manipulation of the spine, joints, and/or musculoskeletal soft tissue. In addition, it may include such services as adjunctive physiotherapy modalities and procedures provided during the Course of Treatment and in support of chiropractic manipulation of the spine, joints, and/or musculoskeletal soft tissue.

(4) **"Chiropractor"** means a chiropractor who is duly licensed to practice chiropractic services in the state or jurisdictions in which Chiropractic Services are provided.

(5) **"Continuity of Care"** means that if you are in the course of treatment with a Participating Provider, should that provider end his or her participation in this plan, you may continue seeing that provider and receive participating benefits for a period of time until your documented treatment plan is concluded or you may be safely transferred to another Participating Provider. At such time, if you choose to continue receiving covered services from the provider, participating coverage is available only when the provider agrees to abide by the ASH Group requirements and fee schedule.

(6) **"Course of Treatment"** means a sequence or series of office visits directly related to a diagnosed disease state, illness, or injury and provided in conjunction with a defined clinical outcome.

(7) **"Established Patient"** means someone who has received professional services from the provider, or another

provider of the same specialty who belongs to the same group practice, within the past three years.

(8) **"Massage Therapy Services"** are services provided by a Provider for treatment of Myofascial/Musculoskeletal Disorders, Musculoskeletal Functional Disorders, Pain Syndromes, and/or lymphedema through physical actions, primarily by hand, performed on the body. This may include techniques such as compression, stroking, joint movement, friction, vibration, and percussion.

(9) **"Member Payments"** means charges (such as copayments) that are the direct financial responsibility of the Member and are payable directly to the provider for the provision of certain Covered Services as set forth in Section IV. Schedule of Benefits of this Rider. Member Payments may be collected by a provider (Participating or Nonparticipating) at the time services are provided or subsequently billed to the Member.

(10) **"Musculoskeletal and Related Disorders"** means conditions with signs and symptoms related to the nervous, muscular, and/or skeletal systems. Musculoskeletal and Related Disorders are conditions typically categorized as: structural, degenerative, or inflammatory disorders; or biomechanical dysfunction of the joints of the body and/or related components of the muscle or skeletal systems (muscles, tendons, fascia, nerves, ligaments/capsules, discs, and synovial structures) and related manifestations or conditions. Musculoskeletal and Related Disorders include Myofascial/Musculoskeletal Disorders, Musculoskeletal Functional Disorders, and subluxation.

(11) **"Musculoskeletal Functional Disorders"** means disorders that are abnormal functions and/or activities-of-daily-living limitations of the body resulting from muscle stiffness, muscle restriction, and/or range of motion limitations.

(12) **"Myofascial Disorders"** means conditions with associated signs and symptoms related to the muscular and surrounding connective tissues. Myofascial Disorders are conditions typically categorized as structural, spasms, or inflammatory disorders or dysfunction of the muscles of the body.

(13) **"Myofascial/Musculoskeletal Disorders"** means conditions with signs and symptoms that relate to the muscular and related systems. Myofascial/Musculoskeletal Disorders are conditions that are typically categorized as structural, spasms, or inflammatory disorders or dysfunction of the muscles of the body, and/or related components of the motor unit (muscles, tendons, fascia, ligaments/capsules, discs, and synovial structures), and related manifestations or conditions.

(14) **"Nausea"** means an unpleasant sensation in the abdominal region associated with the desire to vomit that may be appropriately treated by a Provider of Acupuncture Services in accordance with professionally recognized, valid, evidence-based standards of practice and includes adult post-operative nausea and vomiting, chemotherapy nausea and vomiting, and nausea of pregnancy.

(15) **"New Patient"** means that a patient has not received any professional services from the provider, or another provider of the same specialty who belongs to the same group practice, within the past three years.

(16) **"Nonparticipating Provider"** means a provider who has not entered into an agreement with **ASH Group** to provide Covered Services to Members.

(17) **"Pain"** means the sensation of hurting or strong discomfort in some part of the body caused by an injury, illness, disease, functional disorder, or condition that may be appropriately treated in accordance with professionally recognized, valid, evidence-based standards of practice.

(18) **"Pain Syndrome"** means acute or chronic Musculoskeletal and Related Disorders including Myofascial/Musculoskeletal Disorder, or Musculoskeletal Functional Disorder, in which the primary symptom consists of sensations of hurting or strong discomfort in some part of the body caused by an injury, illness, disease, functional disorder, or condition that may be appropriately treated by a Chiropractor.

(19) **“Participating Provider”** means a provider who has entered into an agreement with ASH Group to provide Covered Services to Members. Providers who are employees, independent contractors or owners of Professional Corporations or Group Practices who have not been accepted and credentialed to participate in ASH Group are not considered to be Participating Providers. A directory of participating providers is available at hmsa.com.

(20) **“Supports and Appliances”** means support-type devices prescribed by a Chiropractor. In order for Supports and Appliances to be covered, the Member must be receiving Chiropractic Services from a Chiropractor for Musculoskeletal and Related Disorders or Pain Syndrome and have the Supports and Appliances prescribed for that condition. See Section VI of this Rider for details.

IV. SCHEDULE OF BENEFITS

(1) Copayments

(a) Participating Providers

1. \$12 per visit.
2. Copayments do not apply for x-rays and radiological consultations.

(b) Nonparticipating Providers

1. Services provided by a nonparticipating provider are not covered. You owe the entire charge.

(2) Benefit Maximum

(a) Participating Providers

1. No more than 20 visits per calendar year.

(3) **Chiropractic Services.** When authorized by ASH Group, benefits are available for adjunctive therapy at each office visit. If adjunctive therapy is provided without an adjustment, the adjunctive therapy will count as an office visit toward the Benefit Maximum. If an exam or re-exam is supplied without an adjustment, it will count as an office visit toward the Benefit Maximum. All Chiropractic Services except for the initial evaluation must be approved by ASH Group as medically necessary for treatment of either Musculoskeletal and Related Disorders or Pain Syndromes or both.

V. COVERED SERVICES

(1) CHIROPRACTIC COVERED SERVICES

(a) **A New Patient exam or an Established Patient exam** for the initial evaluation of a patient with a new condition or new episode to determine the appropriateness of Chiropractic Services.

(b) **Established patient exams as needed to assess the need to initiate, continue, extend, or change a Course of Treatment.** The Established patient exam is only covered when used to determine the appropriateness of Chiropractic Services.

(c) **Follow-up office visits** include manipulation of the spine, joints, and/or musculoskeletal soft tissue, a reevaluation, and/or other services, in various combinations.

(d) **Adjunctive modalities and procedures** such as rehabilitative exercise, traction, ultrasound, electrical muscle stimulation, and other therapies covered only when provided during the same Course of Treatment and in support of chiropractic manipulation of the spine, joints, and/or musculoskeletal soft tissue.

(e) X-rays and radiological consultations

1. When provided by or referred by a participating provider to another participating provider, services are payable in full.

2. Services provided by a nonparticipating provider are not covered. You owe the entire charge.

VI. LIMITATIONS AND EXCLUSIONS

(1) GENERAL EXCLUSIONS

(a) Services or supplies provided by a nonparticipating provider.

- (b) Acupuncture Services.
- (c) Massage Therapy Services and Supplies.
- (d) BlueCard program.
- (e) Services provided in excess of any Benefit Maximum.

(f) Any service or supply that is not permitted by state law with respect to the practitioner’s scope of practice.

(g) Any services provided for elective or maintenance care (e.g., services provided to a Member whose treatment records indicate he or she has reached maximum therapeutic benefit).

(h) Hospitalization, surgical procedures, anesthesia, manipulation under anesthesia, proctology, colonic irrigation, injections and injection services, or other related services.

(i) Hypnotherapy, behavior training, sleep therapy, and weight problems.

(j) Thermography, magnets used for diagnostic or therapeutic use, ion cord devices, manipulation or adjustments of the joints, physical therapy services, iridology, hormone replacements products, acupuncture point or trigger-point injections (including injectable substances), laser/laser biostimulation, colorpuncture, NAET diagnosis and/or treatment, and direct moxibustion.

(k) Education programs, non-medical lifestyle or self-help, or self-help physical training or any related diagnostic testing.

(l) Services or treatments for pre-employment physicals or vocational rehabilitation.

(m) Any services or treatments for conditions caused by or arising out of the course of employment or covered under Worker’s Compensation or similar laws.

(n) Air conditioners /purifiers, therapeutic mattresses, supplies, or any other similar devices or appliances.

(o) Auxiliary aids and services, including but not limited to, interpreters, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders, and telephones compatible with hearing aids.

(p) Any services provided by a person who is a Family Member. Family Member means a person who is related to the covered person in any of the following ways: spouse, domestic partner, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (including stepparent), brother or sister (including stepbrother or stepsister), or child (including legally adopted, step, or foster child). A Family Member also includes individuals who normally live in the covered person’s household

(q) Dietary and nutritional supplements, including vitamins, minerals, herbs, herbals and herbal products, injectable supplements and injection services, or other similar products.

(r) Transportation costs, including local ambulance charges.

(2) CHIROPRACTIC EXCLUSIONS

(a) Chiropractic supports and appliances.

(b) Magnetic resonance imaging, CAT scans, bone scans, nuclear radiology, therapeutic radiology and any diagnostic radiology other than covered plain film studies.

(c) Adjunctive physiotherapy modalities and procedures unless provided during the same Course of Treatment and in support of chiropractic manipulation of the spine, joints, and/or musculoskeletal soft tissue.

VII. FILING CLAIMS

(1) **For services you receive from a provider who does not file claims for you, follow the below steps to receive reimbursement for Covered Services. There is no submission timeframe for commercial non-participating providers. For Medicare non-participating providers, the claim must be filed 365 days from the date-of-service.**

(a) Complete a separate claim form for each provider of service.

(b) Provide all of the following information on the claim form (your treating provider can help you get this information):

1. Itemized date(s) of service.
2. Diagnosis code.
3. Procedure code.
4. Billed charge per service.
5. Provider’s name and credentials.
6. Provider’s full address.
7. Provider’s tax ID, employer identification number or Social Security number.
8. National Provider Identifier (NPI) number.

(c) Attach the itemized bill from the provider of service with a claim form.

- (d) Send the claim form and bill to:
American Specialty Health Group, Inc.
P.O. Box 509077
San Diego, CA 92150

VIII. UTILIZATION REVIEW

(1) **For Covered Services you receive from a Participating Provider**, utilization review requirements are the responsibility of your provider, not you.

(2) **ASH Group will respond within one week of receipt of the completed form.** Notification of the clinical decision will be mailed or faxed directly to the provider and will include the name and phone contact information of the peer-clinician who rendered the decision. Services provided during the review period will be reimbursed if they are determined to be medically necessary and approved by ASH Group.

IX. EXPLANATION OF BENEFITS (EOB)

ASH Group notifies you of any financial responsibilities you have (other than Copayments) in a document called the Explanation of Benefits (EOB). The EOB is not a bill, but rather, communicates important information about services you receive including the total amount charged, the allowed amount, the amount covered by ASH Group, and the amount that you pay.

Serving you

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

HMSA Center in Honolulu

818 Keeaumoku St.
Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Pearl City

Pearl City Gateway | 1132 Kuala St., Suite 400
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Hilo

Waiakea Center | 303A E. Makaala St.
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Kahului

Puunene Shopping Center | 70 Hookele St.
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

HMSA Center in Lihue

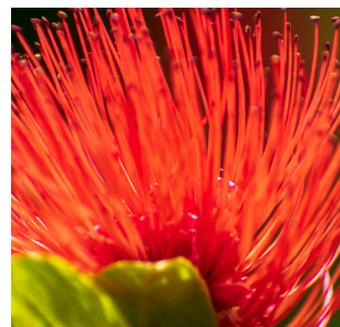
Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202
Monday–Friday, 8 a.m.–4 p.m.

Contact HMSA. We're here with you.

Call (808) 948-6111 or 1 (800) 776-4672.

hmsa.com

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Together, we improve the lives of our members and the health of Hawaii.
Caring for our families, friends, and neighbors is our privilege.

