



An Independent Licensee of the Blue Cross and Blue Shield Association

HMSA Medicare Advantage

OMB No. 0938-1378
Expires: 6/30/2026

MedicareRx
Prescription Drug Coverage X

Enrollment Form Instructions

WHO CAN USE THIS FORM?

People with Medicare who want to join an HMSA Medicare Advantage Plan.

TO JOIN A PLAN, YOU MUST:

- Be a U.S. citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join an HMSA Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

WHEN DO I USE THIS FORM?

You can join a plan:

- Between Oct. 15–Dec. 7 each year (for coverage starting Jan. 1)
- Within three months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit medicare.gov to learn more about when you can sign up for a plan.

WHAT DO I NEED TO COMPLETE THIS FORM?

- Your Medicare number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items on pages 1–4 unless noted as optional. The items on page 5 are optional — you can't be denied coverage because you don't fill them out.

REMINDERS:

- If you want to join a plan during fall open enrollment (Oct. 15–Dec. 7), we must get your completed form by Dec. 7.

- HMSA will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security or Railroad Retirement Board (RRB) benefit.

WHAT HAPPENS NEXT?

Send your completed and signed form to:

HMSA Medicare Advantage Sales
P.O. Box 3500
Honolulu, HI 96811-9983

Once we process your request to join, we'll contact you.

HOW DO I GET HELP WITH THIS FORM?

Call HMSA Medicare Advantage Sales at (808) 948-6235 or 1 (800) 693-4672. TTY users can call 711.

Or call Medicare at 1 (800) MEDICARE [1 (800) 633-4227]. TTY users can call 1 (877) 486-2048.

En español: Llame a HMSA Medicare Advantage Sales al (808) 948-6235 or 1 (800) 693-4672/TTY 711 o a Medicare gratis al 1 (800) 633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

INDIVIDUALS EXPERIENCING HOMELESSNESS

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

IMPORTANT NOTES: If you currently have an Affordable Care Act (ACA) or Medigap plan, be sure to contact your insurance carrier to cancel that plan since it will not be automatically canceled.

If you currently have another health plan (employer or union group, or ACA), joining HMSA Medicare Advantage could affect your employer or union health benefits; please contact your health insurance carrier. You could lose your employer or union health benefits if you join HMSA Medicare Advantage. Read the information your employer or union sends to you. If you have questions, visit their website or contact them. If there isn't any contact information, your benefits administrator or the office that answers questions about your benefits can help.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT: Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.



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OMB No. 0938-1378
Expires: 6/30/2026

MedicareRx
Prescription Drug Coverage X

HMSA Akamai Advantage® (PPO) Enrollment Form for CY 2025

SECTION 1: PROVIDE INFORMATION ABOUT YOU

First Name

MI

Last Name

Permanent Residence Street Address

(P.O. Box isn't allowed, except for individuals experiencing homelessness.)

Residence City State ZIP Code County (optional)

Birth Date (MM/DD/YYYY) / / Sex M or F

Daytime Telephone Number () -

Mailing Address (only if different from your Permanent Residence Address):

Mailing Street Address (Include apartment number. P.O. Box allowed.)

Mailing City State ZIP Code

Mailing City State ZIP Code

Mailing City State ZIP Code

Current HMSA Member Number (if applicable) optional

Email Address (optional)

I give HMSA permission to email me important health plan information.

Primary care provider (PCP), clinic, or health center (optional). No titles required. (Example: John Smith)

First Name Last Name

First Name Last Name

HMSA Use Only

App Rec Date: / / MBI: - - SBM Item #: _____

Sub ID#: A - Group Sponsored Individual

HMSA Group#: - Effective Date: / /

Election Period: ICEP IEP-D AEP (Oct. 15-Dec. 7) SEP (type): _____

Not Eligible: _____ OEP (Jan. 1-Mar 31) Authorization Form

Sales Agent ID & Name: _____ Agent Assisted: No Yes _____

SOA Doc: _____ (Agent Assist ID & Name)

I'd like HMSA Akamai Advantage to begin on the first day of the month of
I understand that this is my HMSA Akamai Advantage proposed start date.

/
(M M / Y Y Y Y)

Select the HMSA Akamai Advantage plan you want to join: (Choose one)

Monthly Premium

- Complete (PPO) (Available to Oahu residents only.).....\$0
- Complete Plus (PPO) (Available to Oahu residents only.)\$113
- Standard (PPO) (Available to residents of Hawaii, Maui, Kauai, and Kalawao counties.)\$0
- Standard Plus (PPO) (Available to residents of Hawaii, Maui, Kauai, and Kalawao counties.).....\$125

SECTION 2: PROVIDE YOUR MEDICARE INSURANCE INFORMATION

- -

Medicare Number

Yes **No** (Optional) Are you enrolled in QUEST (Medicaid)? If yes, please provide your Medicaid number:

SECTION 3: PAYING YOUR PLAN PREMIUMS (OPTIONAL)

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or Electronic Funds Transfer (EFT) each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.** Other payment options are available; ask us for more information.

Choose a premium payment option. If you don't, you'll receive a bill each month.

- HMSA will mail you a bill each month.
- EFT from your checking or savings account each month.
 - New (Please complete the enclosed HMSA Dues Payment Authorization Form.)
 - Existing HMSA Akamai Advantage member with EFT – authorize HMSA to retain same EFT.
- Automatic deduction from your monthly Social Security or RRB benefit. I get monthly benefits from:
 - Social Security
 - RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit will include all premiums due from the point withholding begins, which could correspond to your enrollment start date. If Social Security or RRB doesn't approve your request or approves it for a later date, we'll send you a paper bill for your monthly premiums.)

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). Don't pay HMSA Akamai Advantage the Part D-IRMAA.

If you qualify for Extra Help with your Medicare prescription drug costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we'll bill you for the amount that Medicare doesn't cover.

Do you need an interpreter? Yes No

Select if you want us to send you information in the accessible format. Large print

Please contact HMSA Medicare Advantage at (808) 948-6235 or 1 (800) 693-4672 if you need information in email or in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 p.m., seven days a week. TTY users can call 711.

Do you work? Yes No Does your spouse work? Yes No

I want to get the following materials by email. Select one or more.

Provider Directory Evidence of Coverage Formulary

Are you a resident in a long-term care facility, such as a nursing home? Yes No
If yes, please provide the following information.

Name of Institution

() -

Institution Phone Number

Institution Mailing Address

/

Admission Date

Institution City

State ZIP Code

For individuals helping an enrollee with completing this form only.

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name

Relationship to enrollee

Signature

National Producer Number
(Agents/Brokers only)



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Form Approved
OMB# 0938-1421

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1 (800) 660-4672 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1 (800) 660-4672 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1 (800) 660-4672 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1 (800) 660-4672 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1 (800) 660-4672 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1 (800) 660-4672 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1 (800) 660-4672 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1 (800) 660-4672 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1 (800) 660-4672 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Form CMS-10802
(Expires 12/31/25)

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1 (800) 660-4672 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: وأهـ صلاب قلعـت ؤلـئـسـأـيـأ نـع ؤبـاـجـإـلـل ؤيـنـاـجـمـلـا يـرـوـفـلـا مـجـرـتـمـلـا تـاـمـدـخـمـدـقـنـا نـا
ىلع انب لاصتال اىوس كئيلع سيل، يروف مجرتم لىلع لوصح لل. اني دل ؤي وءال لودج
ةمدخ هذـه. كـتـدـعـاـسـمـب ؤيـبـرـعـلـا ثـدـحـتـيـا مـصـخـش مـوقـيـسـيـا. 1 (800) 660-4672 (TTY: 711).
ةيـنـاـجـمـ

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1 (800) 660-4672 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1 (800) 660-4672 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1 (800) 660-4672 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1 (800) 660-4672 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1 (800) 660-4672 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1 (800) 660-4672 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。