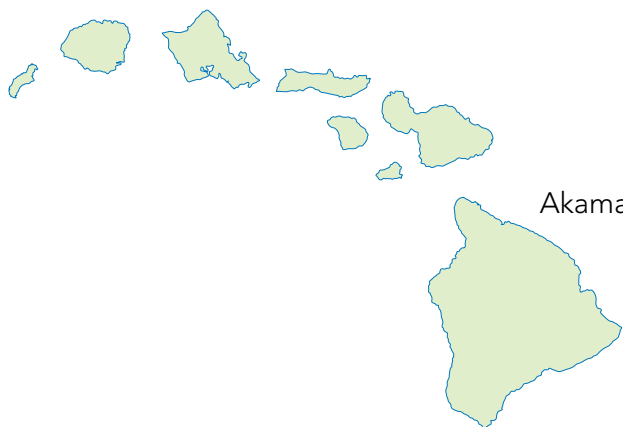




# 2025 Summary of Benefits

## Your Guide to a Medicare Advantage Plan



### **HMSA** Akamai Advantage **Dual Care (PPO D-SNP)**

This is a summary of health services and drug benefits for HMSA Akamai Advantage® Dual Care (PPO D-SNP) plan effective Jan. 1, 2025.



## *Aloha Friends,*

With more freedom now to live life your way, HMSA is here for your good health and well-being.

With HMSA Akamai Advantage® Dual Care (PPO D-SNP), you'll have one health plan to coordinate your Medicare and Medicaid benefits at no cost.

Keep seeing the doctors you know and trust. Get quality care from our large provider network in Hawaii in person or online.

And stay connected with our local customer service in person at an HMSA Center or on the phone.

Learn more in this *Summary of Benefits*. If you have any questions or want to enroll, we're happy to help. Our contact information is on the back cover.

You can also visit [hmsa.com/advantage](https://hmsa.com/advantage) for resources to help you plan your health care in retirement.

Keeping you healthy no matter where you go in life, HMSA is here with you. We look forward to serving your health care needs for years to come.

Mahalo,

Kimberly Takata Endo  
Assistant Vice President  
Medicare Programs

HMSA Akamai Advantage® Dual Care is a PPO D-SNP plan with a Medicare contract and is a state of Hawaii Medicaid Managed Care Program. Enrollment in HMSA Akamai Advantage Dual Care depends on contract renewal.



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# Eligibility

To enroll in HMSA Akamai Advantage Dual Care, you must meet all of these requirements:

- Live in Hawaii.
- Have Medicare Part A (hospital insurance) and Part B (medical insurance).
- Enrolled in HMSA QUEST (Medicaid).
- Pay your Medicare Part B premium if Medicaid or another source doesn't already pay for it.

**Still not sure if you're eligible?** Let us know so we can help you. See our contact information on the back of this brochure.

## Important dates to remember

### Medicare Annual Enrollment Period



### Your plan will start:



If you miss the Medicare annual enrollment period, don't worry. You may be able to enroll during the year. Contact us for more information.

### IMPORTANT:

If you have a federal, state, county, or employer-sponsored retiree plan, talk to your health plan administrator at work before enrolling in HMSA Medicare Advantage. You may not need to enroll in HMSA Medicare Advantage. Also, if you enroll in a Medicare Advantage plan, you may lose your state or county retiree plan and may not be able to reenroll.

# Summary of Benefits **HMSA Akamai Advantage Dual Care**

Here's a short description of the 2025 benefits of HMSA Akamai Advantage Dual Care and HMSA QUEST (Medicaid) plans and the amount you'll pay. There may be some exceptions, so check the *Evidence of Coverage* for details.

## Your share of the cost:

\$ = Copayment. A set dollar amount that you pay.

% = Coinsurance. The percentage of the cost that you pay.

Benefits	HMSA Akamai Advantage Dual Care (PPO D-SNP)	HMSA QUEST (Medicaid)
<b>YOU PAY</b>		
<b>Monthly premium</b> You must continue to pay your Part B premium in addition to your HMSA premium.	\$0	\$0
<b>Part B premium reduction</b> The amount the plan will pay toward your Part B monthly premium.	Plan pays \$3/month	Medicaid may pay your Part B premium
<b>Annual medical deductible</b> What you'll have to pay each year out of pocket for medical services before the plan will pay for covered medical services.	\$0 (in-network) \$1,632 (out-of-network) for Medicare Part A covered services \$240 (out-of-network) for Medicare Part B covered services These amounts may change in 2025.	\$0
<b>Maximum out-of-pocket</b> This financial safety net protects you from a catastrophic illness. It's the most you'll pay out of pocket for Medicare-covered medical services each year.	\$9,350 per year (in-network) \$14,000 per year (in-network and out-of-network)	\$0
<b>Inpatient hospital care*</b>	In-network: Days 1-90: \$0 per day Lifetime Reserve Days (60): \$0 per day Out-of-network: \$1,632 deductible and Days 1-60: \$0 per day Days 61-90: \$408 per day Lifetime Reserve Days (60): \$816 per day These amounts may change in 2025.	\$0

\*For some services, your doctor or other network provider must request prior authorization. Contact us for more information.

Benefits	HMSA Akamai Advantage Dual Care (PPO D-SNP)	HMSA QUEST (Medicaid)
YOU PAY		
<b>Outpatient hospital services*</b>	\$0 (in-network) 30% of the cost (out-of-network)	\$0
<b>Ambulatory surgery center services*</b>	\$0 (in-network) 30% of the cost (out-of-network)	\$0
<b>Doctor's office visits</b> <ul style="list-style-type: none"> <li> <b>Primary care provider</b>  A physician or other health care professional who treats common illnesses and manages your preventive care. </li> </ul>	\$0 (in-network) 30% of the cost (out-of-network)	\$0
<ul style="list-style-type: none"> <li> <b>Advanced practice registered nurse, nurse practitioner, or physician's assistant</b> </li> </ul>	\$0 (in-network) 30% of the cost (out-of-network)	\$0
<ul style="list-style-type: none"> <li> <b>Specialist</b>  A physician who treats specific conditions such as allergies, heart disease, or foot disorders. </li> </ul>	\$0 (in-network) 30% of the cost (out-of-network)	\$0
<b>Preventive care</b>	\$0 (in-network and out-of-network) <ul style="list-style-type: none"> <li>Annual wellness visits.</li> <li>Annual physical exam.</li> <li>Bone mass measurements.</li> <li>Diabetes screenings.</li> <li>Mammograms.</li> <li>Some vaccines such as flu shots, hepatitis B shots, and pneumococcal shots.</li> </ul> For a complete list of preventive care services, please see the <i>Evidence of Coverage</i> .	\$0 For preventive adult care: <ul style="list-style-type: none"> <li>Blood pressure check.</li> <li>Cholesterol level blood test.</li> <li>Colorectal cancer check with sigmoidoscopy or fecal occult blood test.</li> <li>Mammogram with or without a breast exam.</li> <li>Pap test and pelvic exam.</li> </ul> \$0 For preventive care for children younger than age 21: <ul style="list-style-type: none"> <li>Early and Periodic Screening, Diagnostic, and Treatment services include regular checkups and shots. Referrals to specialists for conditions found during an EPSDT exam.</li> </ul>

\*For some services, your doctor or other network provider must request prior authorization. Contact us for more information.

# Summary of Benefits (continued)

Benefits	HMSA Akamai Advantage Dual Care (PPO D-SNP)	HMSA QUEST (Medicaid)
YOU PAY		
<b>Emergency care</b> You won't pay a copayment for emergency care if you're admitted to the hospital within 24 hours.	\$0 (in-network and out-of-network)	\$0
<b>Urgent care</b> You won't pay a copayment for urgent care if you're admitted to the hospital within 24 hours.	\$0 (in-network and out-of-network)	\$0
<b>Diagnostic services, labs, and imaging*</b>	\$0 (in-network) 30% of the cost (out-of-network) <ul style="list-style-type: none"> <li>• Diagnostic tests and procedures, lab services, and outpatient X-rays.</li> <li>• Diagnostic radiology services including advanced imaging services such as MRI, CT, and PET scans.</li> <li>• Therapeutic radiology services such as radiation treatment for cancer.</li> </ul>	\$0 <ul style="list-style-type: none"> <li>• Medically necessary diagnostic or therapeutic radiology or lab services.</li> <li>• Sleep lab tests to diagnose sleep-related disorders.</li> </ul>
<b>Hearing services</b> <b>Medicare-covered hearing services</b>	\$0 (in-network) 30% of the cost (out-of-network) <b>Medicare-covered hearing services</b> Exam to diagnose and treat hearing and balance related conditions. Doesn't include routine hearing exams or hearing aids.	\$0 <ul style="list-style-type: none"> <li>• Hearing exam.</li> <li>• Ear molds.</li> <li>• Hearing aid batteries.</li> <li>• Unilateral and binaural hearing aids with standard features.</li> </ul>

\*For some services, your doctor or other network provider must request prior authorization. Contact us for more information.



Benefits	HMSA Akamai Advantage Dual Care (PPO D-SNP)	HMSA QUEST (Medicaid)
YOU PAY		
<b>Dental services</b>	<p>\$0 (in-network) 30% of the cost (out-of-network)</p> <p><b>Medicare-covered dental services</b></p> <ul style="list-style-type: none"> <li>Limited dental services. Doesn't include services related to care, treatment, or filling, removing or replacing teeth.</li> </ul> <p>\$0 (in-network) 30% of the cost (out-of-network)</p> <p><b>Supplemental dental services</b></p> <p>Diagnostic and preventive dental services:</p> <ul style="list-style-type: none"> <li>Two oral exams every calendar year</li> <li>Two cleanings every calendar year</li> <li>One set of bitewing X-rays every calendar year</li> <li>One set of full mouth X-rays or panoramic X-ray every 5 calendar years</li> <li>Two fluoride treatments every calendar year</li> </ul> <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> <li>Four extractions every calendar year</li> <li>Two fillings every calendar year</li> </ul>	<p>\$0</p> <ul style="list-style-type: none"> <li>Diagnostic and Preventive dental services: <ul style="list-style-type: none"> <li>Oral exams</li> <li>Cleanings</li> <li>X-rays</li> <li>Full mouth X-ray</li> <li>Fluoride treatments</li> </ul> </li> <li>Some comprehensive dental services are also covered including fillings, root canals, periodontic treatment and maintenance, prosthodontics and extractions.</li> <li>Dental or medical services in a hospital or surgery center as a result of a dental or medical condition.</li> <li>Emergency services from a dentist or oral surgeon and physicians such as plastic surgeons, otolaryngologists (ear, nose, and throat doctors), and general surgeons due to a traumatic injury such as a car accident.</li> </ul> <p>For a complete list of dental services, check your <i>QUEST Integration Member Handbook</i>.</p>
<b>Vision services</b>	<p>\$0 (in-network) 30% of the cost (out-of-network)</p> <p><b>Medicare-covered vision services</b></p> <ul style="list-style-type: none"> <li>Eye exam to diagnose and treat eye diseases and conditions.</li> <li>Eyeglasses or contact lenses after Medicare-covered cataract surgery.</li> </ul>	<p>\$0</p> <ul style="list-style-type: none"> <li>Eye exams to test for refraction.</li> <li>Eyeglasses to correct vision.</li> </ul>



# Summary of Benefits (continued)

Benefits	HMSA Akamai Advantage Dual Care (PPO D-SNP)	HMSA QUEST (Medicaid)
<b>YOU PAY</b>		
<b>Vision services</b> (continued)	<p>\$0 (in-network) 30% of the cost (out-of-network)</p> <p><b>Supplemental vision services</b></p> <ul style="list-style-type: none"> <li>Routine eye exam (once a calendar year).</li> </ul> <p>\$0 Plan pays \$300/calendar year (in-network and out-of-network)</p> <p><b>Supplemental vision services</b></p> <ul style="list-style-type: none"> <li>Contact lenses and eyeglasses</li> </ul>	
<p><b>Mental health care</b></p> <ul style="list-style-type: none"> <li>Inpatient visit*</li> </ul>	<p>In-network: Days 1-90: \$0 per day Lifetime Reserve Days (60): \$0 per day</p> <p>Out-of-network: \$1,632 deductible and Days 1-60: \$0 per day Days 61-90: \$408 per day Lifetime Reserve Days (60): \$816 per day</p> <p>These amounts may change in 2025.</p>	<p>\$0</p> <p>Services for inpatient psychiatric hospitalizations include:</p> <ul style="list-style-type: none"> <li>Psychiatric services.</li> <li>Substance abuse treatment.</li> </ul>
<ul style="list-style-type: none"> <li>Outpatient therapy visits</li> </ul>	<p>\$0 (in-network) 30% of the cost (out-of-network) Individual and group visits.</p>	<p>\$0</p> <p>Outpatient mental health services include:</p> <ul style="list-style-type: none"> <li>Ambulatory mental health services.</li> <li>Crisis management.</li> <li>Day treatment.</li> <li>Medications and medication management.</li> <li>Methadone management.</li> <li>Psychiatric or psychological evaluation and treatment.</li> <li>Treatment for medically necessary alcohol and chemical dependency.</li> </ul>

\*For some services, your doctor or other network provider must request prior authorization. Contact us for more information.

Benefits	HMSA Akamai Advantage Dual Care (PPO D-SNP)	HMSA QUEST (Medicaid)
YOU PAY		
<b>Skilled nursing facility*</b>	<p>In-network: Days 1-180: \$0 per day</p> <p>Out-of-network: Days 1-20: \$0 per day Days 21-100: \$204 per day Days 101-180: \$0 per day</p> <p>Our plan covers up to 180 days in a skilled nursing facility. No prior Medicare-covered acute level of care hospital stay is required.</p> <p>These amounts may change in 2025.</p>	\$0
<b>Outpatient rehabilitation*</b>	<p>\$0 (in-network)</p> <p>30% of the cost (out-of-network)</p> <ul style="list-style-type: none"> <li>• Occupational therapy visit.</li> <li>• Physical therapy.</li> <li>• Speech and language therapy visit.</li> </ul>	<p>\$0</p> <p>Services include assessment and treatment for problems with:</p> <ul style="list-style-type: none"> <li>• Communicating.</li> <li>• Doing everyday tasks.</li> <li>• Memory.</li> <li>• Paying attention.</li> <li>• Thinking.</li> </ul> <p>Rehabilitation services include:</p> <ul style="list-style-type: none"> <li>• Occupational therapy.</li> <li>• Physical therapy.</li> <li>• Respiratory services.</li> <li>• Speech therapy.</li> </ul>
		<p>Habilitation services that develop, improve, or maintain skills for daily living include:</p> <ul style="list-style-type: none"> <li>• Occupational therapy.</li> <li>• Physical therapy.</li> <li>• Speech therapy.</li> </ul>
<b>Ambulance</b> Ground and air ambulance	<p>\$0 (in-network)</p> <p>30% of the cost (out-of-network)</p>	\$0

\*For some services, your doctor or other network provider must request prior authorization. Contact us for more information.

# Summary of Benefits (continued)

Benefits	HMSA Akamai Advantage Dual Care (PPO D-SNP)	HMSA QUEST (Medicaid)
<b>YOU PAY</b>		
<b>Transportation</b>	Not covered	\$0 Nonemergency transportation services when your medical condition requires treatment that isn't available in your area. <ul style="list-style-type: none"> <li>• Air transport.</li> <li>• Ground transportation.</li> <li>• Taxi service.</li> </ul>
<b>Medicare Part B drugs*</b>	\$0 (in-network) 30% of the cost (out-of-network) <ul style="list-style-type: none"> <li>• Chemotherapy and other Part B drugs.</li> <li>• Medicare Part B insulin drugs.</li> </ul>	\$0 Drugs on the QUEST (Medicaid) formulary.
<b>Medical equipment and supplies*</b>	\$0 (in-network) 30% of the cost (out-of-network) Includes oxygen tanks, walkers, and wheelchairs.	\$0 Durable medical equipment that helps alleviate a medical disability or restore or improve bodily function.
<b>Fitness – Silver&amp;Fit® Healthy Aging and Exercise Program</b>	Fitness Center Membership \$0/month for standard fitness center \$30-\$250/month for premium fitness center Home Fitness Kit \$0 for 1 Home Fitness Kit per calendar year Well-Being Coaching \$0	Not covered
<b>Telehealth services</b> HMSA's Online Care® and other telehealth services	\$0	\$0

\*For some services, your doctor or other network provider must request prior authorization. Contact us for more information.

Benefits	HMSA Akamai Advantage Dual Care (PPO D-SNP)	HMSA QUEST (Medicaid)
YOU PAY		
<b>Over-the-counter (OTC) Health Products, Food, and Home Utilities Allowance</b> You'll receive an HMSA Extra Benefits debit card with an allowance for over-the-counter health products, healthy foods, and home utilities. You can purchase covered products at select retail stores or through mail-order delivery at HMSAExtraBenefits.com or call 1 (800) 790-6019 toll-free.	\$0 Plan pays \$133 per month	Not covered
<b>PRESCRIPTION DRUGS</b>		
<b>Prescription drugs</b>	\$0 Drugs on the HMSA Akamai Advantage Dual Care formulary.	\$0 Drugs on the QUEST (Medicaid) formulary. For drugs in the HMSA Akamai Advantage Dual Care and QUEST (Medicaid) formularies: The drug will be processed under the HMSA Akamai Advantage Dual Care plan.

To be enrolled in a Dual Care Special Needs Plan, you must be eligible for your state's Medicaid program. If you have questions about your Medicaid eligibility and the benefits you're entitled to, call MedQUEST at (808) 587-3540 or 1 (800) 316-8005 toll-free.

To learn more about the health plan benefits and costs of Original Medicare, see the *Medicare & You 2025* handbook at [medicare.gov](https://www.medicare.gov). To request a copy, call 1 (800) MEDICARE [1 (800) 633-4227] toll-free, 24 hours a day, seven days a week. For TTY, call 1 (877) 486-2048 toll-free.

This plan helps you pay for Part D drugs and Part B drugs, such as chemotherapy and some drugs administered by your provider. See the complete list of Part D prescription drugs and any restrictions at [hmsa.com/advantage](https://hmsa.com/advantage). Cost sharing may differ for long-term care pharmacies.

Out-of-network/noncontracted providers are under no obligation to treat HMSA Akamai Advantage members except in emergency situations. Call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

# Get more benefits with HMSA Akamai Advantage Dual Care



**One health plan to coordinate your Medicare and HMSA QUEST (Medicaid) benefits at no additional cost.**



## **Dental**

Healthy teeth and gums impact your overall health. Get dental cleanings, exams, X-rays, fillings, and more for \$0 with no calendar year maximum or waiting period.



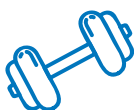
## **Over-the-counter (OTC) Health Products, Food, and Home Utilities Allowance**

You'll get \$133 every month to help pay for your home utility bills, such as electricity, gas, and water. You can also use the allowance to buy healthy foods and over-the-counter health products at select retail stores or through the mail by ordering online or by phone.



## **Vision**

You'll see clearly when you get \$300 annually for eyeglasses and contact lenses.



## **Fitness first**

Taking care of your health is easy with the Silver&Fit® Healthy Aging and Exercise Program. Get a fitness center membership at little or no cost. You can also get a Home Fitness Kit, access to online workout videos, Well-Being Coaching, and more at no cost.



## **Prescription drugs**

If you're taking medications, it's important to choose a health plan that covers your prescription drugs. Your benefits offer \$0 copayment for covered prescription drugs.



## **Choose your doctors**

See doctors you know and trust. You have access to a large provider network. With primary care providers, nurse practitioners, specialists, and other providers, you're sure to find the care you need. To find a provider, go to [hmsa.com](https://hmsa.com) and click Find a Doctor. See page 14 to learn more.



### **Safe and convenient access to care**

Get care from the comfort and privacy of your home with telehealth services, including HMSA's Online Care, at no cost. For hours of operation, check with the telehealth provider. You can also see a nurse or other health care provider at your nearest walk-in MinuteClinic® at selected Longs Drugs stores on Oahu.



### **Preventive care**

One of the best ways to stay healthy is to detect and treat illnesses early to help prevent serious problems. An annual wellness visit and many preventive care services are available at no cost.



### **Health education workshops**

Attend a variety of health education workshops at no cost to learn how to sleep better, make healthier food choices, stay active, and more. Check [hmsa.com/HealthEducation](https://hmsa.com/HealthEducation) for a schedule and locations.



### **Health coaching**

Get guidance, support, and resources to help you manage chronic health conditions, stop smoking, relieve stress, and more. To learn more, visit [hmsa.com/well-being/health-coaching/](https://hmsa.com/well-being/health-coaching/).



### **Customer service**

Local, friendly health plan experts are ready to help you on the phone or in person.



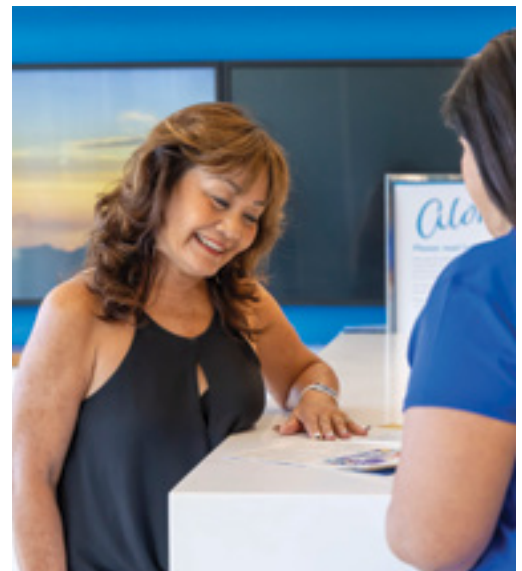
### **Care team on your side**

You'll work with a health coordinator or registered nurse to create a personalized care plan to help you achieve your health goals. See page 22 to learn more.



### **Convenient health care experience**

Coordinate your benefits for Medicaid and Medicare under one health plan. You'll also have one membership card for all of your benefits.



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., a subsidiary of American Specialty Health (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. ASH is an independent specialty health organization, offering musculoskeletal health provider networks and programs, fitness center networks and programs, and well-being solutions on behalf of HMSA.





## HMSA Akamai Advantage PPO and PPO D-SNP

# Looking for a Doctor?

The 2025 Provider Directory will be available Oct. 1, 2024.

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

1. Click Find a Doctor.
2. Under Medicare, select your plan.
3. Click Remember my plans then the Search button. You can search by location, specialty, or ailment.

**Get our Provider Directory. You have three options:**

- **View online.** Go to [hmsa.com/advantage](https://hmsa.com/advantage). Under Plan Documents, click your plan then Provider Directory.
- **Go online to request a printed copy.** Go to [hmsa.com/advantage](https://hmsa.com/advantage). Under Plan Documents, click your plan. Click Request hard copy. Follow the instructions and click Submit.
- **Call us to request a printed copy.**  
For HMSA Akamai Advantage (PPO) members, call (808) 948-6000 or 1 (800) 660-4672 toll-free daily, 8 a.m.-8 p.m. For TTY: 711.  
For HMSA Akamai Advantage Dual Care (PPO D-SNP) members, call (808) 948-6000, option 6, or 1 (800) 660-4672 toll-free daily, 7:45 a.m.-8 p.m. For TTY: 711.

**We can mail you a provider directory for:**

- HMSA Akamai Advantage® (PPO)
- HMSA Akamai Advantage Dual Care (PPO D-SNP)
- HMSA Akamai Advantage PPO Dental
- HMSA Akamai Advantage Routine Vision

You also can request a copy of **HMSA's Silver&Fit® Healthy Aging and Exercise program** directory. Call us and ask for the Silver&Fit directory. We'll be happy to mail you one.

The providers listed in our directories participate with HMSA. However, call the provider to make sure they're in your plan's network to get the most savings.

**Questions?** If you need help finding a provider, call us and we'll be happy to help you.

HMSA Akamai Advantage® is a PPO plan with a Medicare contract. Enrollment in HMSA Akamai Advantage depends on contract renewal.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). ASH is an independent specialty health organization, offering musculoskeletal health provider networks and programs, fitness center networks and programs, and well-being solutions on behalf of HMSA.





## HMSA Akamai Advantage PPO and PPO D-SNP

# Prescription Drug List 2025 (Formulary)

Find out what medications your plan helps pay for

### Go online — it's quick and easy!

View medication costs, availability, and any requirements. **The updated drug list will be available starting Oct. 1, 2024.**

### Go to My Account

- On [hmsa.com](https://hmsa.com), click My Account Login and log in. Scroll down to Your plan benefits and click view more.
- On the Benefits page, scroll down to the Guides section and click 2025 Formulary (drug list).

You can also ask us to mail you a copy of the drug list. Go to [hmsa.com/advantage](https://hmsa.com/advantage). Under Plan Documents, click your plan. Click Request hard copy, fill out the form, and click Submit.

### Not registered for My Account?

Go to [hmsa.com](https://hmsa.com) and click My Account Login. Click Create an account to sign up. All you need is your HMSA membership card and an email address. It only takes a few minutes to create an account and link to your plan.

### Don't have a computer?

We can mail the drug list to you.

Contact us:

For HMSA Akamai Advantage (PPO) members, call (808) 948-6000 or 1 (800) 660-4672 toll-free daily, 8 a.m.-8 p.m. For TTY: 711.

For HMSA Akamai Advantage Dual Care (PPO D-SNP) members, call (808) 948-6000, option 6, or 1 (800) 660-4672 toll-free daily, 7:45 a.m.-8 p.m. For TTY: 711.

**Questions?** Call us and we'll be happy to help you.

# Prescription Drugs



## Get affordable prescription drugs at convenient locations.



### Save time with mail order

Get a 100-day supply of your maintenance prescription drugs through the mail. And you can automatically order refills of drugs you take for chronic conditions.



### Local pharmacies

You'll get the same prescription drugs for a lower price. Most major retail pharmacy chains and many independent pharmacies in Hawaii participate with HMSA, so you're sure to find one near you. Find pharmacies at [hmsa.com/advantage](https://hmsa.com/advantage), or call us at a number on the back of this brochure so we can help you.



### Pharmacy consultations

If you have questions about your prescription drugs, talk to pharmacists on the phone or in person. They'll discuss your prescriptions with you, make sure you understand how to take them, and see if they work well with over-the-counter drugs and supplements you may be taking. To learn more, call 1 (855) 479-3659 toll-free, 24 hours a day, seven days a week. For TTY, call 711.



### While traveling

If you need a prescription while you're on the Mainland, just show your HMSA membership card at one of more than 9,000 CVS Pharmacy locations nationwide. You can easily find pharmacies on [hmsa.com](https://hmsa.com).

Prescription drugs can be mailed to your home from the HMSA Medicare Advantage mail-order pharmacy. Mail-order prescriptions are usually delivered within 14 days after the pharmacy receives the order.

If your drugs don't arrive within 14 days, call 1 (855) 479-3659 toll-free, 24 hours a day, seven days a week; TTY users, call 711. Call these numbers to sign up for our optional automatic delivery program.

# Living Boldly<sup>™</sup> Together



The Silver&Fit<sup>®</sup> Healthy Aging and Exercise program supports every unique member.



## National Network of Fitness Centers

Access participating fitness centers or select YMCAs. You also have access to Premium locations, including fitness centers, studios, and unique fitness experiences for a buy-up price.\*



## Workout Plans

Answer a few online questions about your fitness level and goals to get a custom exercise plan.



## Well-Being Club

Learn new skills and focus on well-being with live virtual classes and events, opportunities to connect in-person, and exclusive articles and videos.



## Home Fitness Kits

Pick one kit per benefit year from 11 options.\*\*



## Well-Being Coaching

Get support with your goals during scheduled phone, video, or chat sessions with a trained coach.



## On-Demand Workout Videos

Visit the Silver&Fit website to find workout videos for all fitness levels.

Go to [SilverandFit.com](https://SilverandFit.com) to get started today! Questions? Call us at 1 (888) 354-4934 (TTY: 711), Monday through Friday, 8 a.m. to 5 p.m. Hawaii time.

\*Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website.

\*\*Home Fitness Kit promo codes can't be used in combination with any other promotions on third-party vendor websites. Promo codes will expire at the end of the benefit year. Once selected, **kits can't be exchanged**. Shipping times vary and kits may take up to 30 days to arrive.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Please talk with your doctor before starting or changing your exercise routine. All programs and services are not available in all areas. Persons shown are not Silver&Fit members. Silver&Fit, Living Boldly, and the Silver&Fit logo are trademarks of ASH. Other names and logos may be trademarks of their respective owners. Limitations, member fees, and restrictions may apply. Kits are subject to change. Fitness center participation may vary by location and is subject to change.

HMSA Akamai Advantage® is a PPO plan with a Medicare contract. Enrollment in HMSA Akamai Advantage depends on contract renewal.

American Specialty Health is an independent company providing chiropractic, acupuncture, fitness programs, and/or massage therapy services on behalf of HMSA.

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Follow us at:    

# Enrollment options **Sign up today!**

## **Choose one of five easy ways to enroll.**



### **Online**

Enroll 24/7 at [hmsa.com/advantage](https://hmsa.com/advantage). Once you submit your application, you'll receive an application receipt number.



### **Phone**

- (808) 948-6235 or 1 (800) 693-4672 toll-free
- TTY: 711

Call 8 a.m. to 8 p.m.

**Oct. 1-March 31:** Seven days a week.

**April 1-Sept. 30:** Monday-Friday.



### **In person**

We'll be happy to help you enroll. Visit your nearest HMSA Center. See back page for locations and hours.

If you're enrolling in HMSA Medicare Advantage for the first time, we can come to your home or the location of your choice. To make an appointment, call (808) 948-5800 Monday through Friday, 8 a.m. to 5 p.m.



### **Mail**

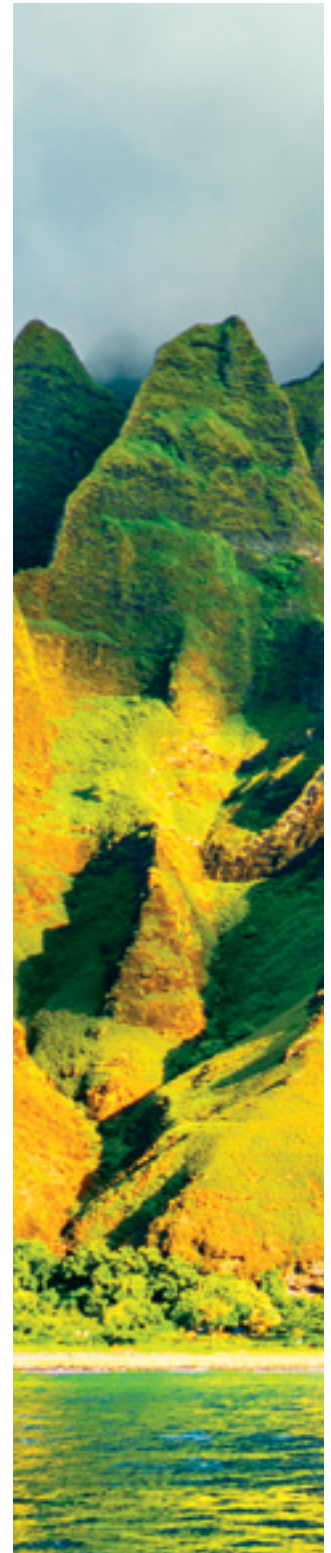
Fill out the HMSA Akamai Advantage application toward the back of this *Summary of Benefits* and mail it to:

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



### **Through the Medicare Plan Finder**

Visit [medicare.gov/plan-compare/](https://www.medicare.gov/plan-compare/).





# Multi-language Interpreter Services

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**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 답해 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.

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**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 صـ لـ لـ ابـ قـ لـ عـ تـ تـ قـ لـ ئـ سـ أـ يـ أـ نـ عـ ةـ بـ اـ جـ لـ لـ ةـ يـ نـ اـ جـ مـ لـ اـ يـ رـ وـ فـ لـ مـ جـ رـ تـ مـ لـ اـ تـ اـ مـ دـ خـ مـ دـ قـ نـ اـ نـ اـ  
ى ل ع ا ن ب ل ا ص ت ا ل ا ي و س ك ي ل ع س ي ل ، ي ر و ف م ج ر ت م ل ع ل و ص ح ل ل . ا ن ي د ل ة ي و د ا ل ل و د ج  
ة م د خ ه ذ ه . ك ت د ع ا س م ب ة ي ب ر ع ل ا ث د ح ت ي ا م ص خ ش م و ق ي س . 1 (800) 660-4672 (TTY: 711).  
ة ي ن ا ج م .

**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.

**Português:** 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。



# Health Coordination

We're with you every step of the way



## Here are some things you'll need to know when you enroll in HMSA Akamai Advantage Dual Care.

### Step 1. You'll get a health coordinator.

One of the unique features of this plan is the personalized attention you get beyond the doctor's office. We'll assign a health coordinator to you who'll evaluate your health and help you identify and overcome health issues.

### Step 2. Take a health questionnaire.

To better serve your health care needs, we need a complete picture of your health and well-being. So before we can start your health plan, we'll need to ask you some simple questions.

Choose a way to take the questionnaire that's convenient for you:

- Over the phone.
- In person with your health coordinator.
- By mail.

Whatever method you choose, the questionnaire will take about 30 minutes to complete. See page 23.

### Step 3. Meet your health coordinator.

Regardless of how you choose to complete your questionnaire (in person or over the phone), your health coordinator will meet with you to go over your results. Your health coordinator will help you develop an action plan to get you the care you need.

### Step 4. Follow-up care.

Your health coordinator will work with you throughout the year either on the phone or in person to make sure you're following your action plan and staying on track toward your goals. It's like having a friend to help you focus on your health. If you have questions, you can call your health coordinator at (808) 948-6997 or 1 (844) 223-9856 toll-free Monday through Friday, 7:45 a.m. to 4:30 p.m. For TTY, call 711.

# Complete your health risk assessment.

## **HMSA** Akamai Advantage

### Dual Care (PPO D-SNP)



Mahalo for considering HMSA Akamai Advantage Dual Care. It's our privilege to serve your health care needs. HMSA Akamai Advantage Dual Care gives you support and guidance to live well. One of the unique features of this plan is the health risk assessment (HRA), a questionnaire that you'll need to complete at the same time every year. The HRA is designed to help you:

- Be aware of your health and well-being issues.
- Identify areas you may need to improve.
- Set and work on goals.

## What are the next steps?

Once you're enrolled in HMSA Akamai Advantage Dual Care, we'll be there to help you.

### Step 1. Get started.



We'll provide you with a health coordinator to help you complete the HRA and follow up with a care plan. Your coordinator will contact you.

### Step 2. Complete the HRA.



The HRA takes about 30 to 45 minutes. You can complete it over the phone or in person with your coordinator. Or we can mail the HRA to you to complete and mail back to us.

### Step 3. Personalize your care plan.



After you complete the HRA, your coordinator will work with you to:

- Review your medications, medical history, and results of your HRA.
- Schedule a visit with your primary care provider to support your health and well-being.
- Develop goals for your care plan.
- Provide available resources as needed.

### Step 4. Follow-up care.



Your coordinator will work with you to make sure you're following your care plan and staying on track toward your goals. They may occasionally call you throughout the year for follow-up care. You can contact your coordinator if you need help or have questions about your health and well-being.

## Questions?

Here's what you need to know when you sign up for HMSA Akamai Advantage Dual Care:

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### **Q:** Do I need to complete an HRA?

**A:** Yes. The Centers for Medicare & Medicaid Services requires you to complete the HRA when you enroll and at the same time every year for you to be in HMSA Akamai Advantage Dual Care.

### **Q:** Why do I need to complete the HRA?

**A:** The HRA is an important part of managing health conditions you may have. It's also a good opportunity to help you prevent serious health problems. You'll receive help and support from a health expert along the way.

### **Q:** When do I need to complete the HRA?

**A:** You need to complete the HRA within 90 days after you enroll in HMSA Akamai Advantage Dual Care and then once every year. You may have to complete it every six months if you have certain health conditions.

### **Q:** Can I still have a health coordinator if I disenroll from HMSA Akamai Advantage Dual Care?

**A:** You can still have a coordinator if you change to another HMSA Akamai Advantage plan, but we may have to assign you to a different coordinator. However, we'll continue to work with you to make sure you get the proper care with your new coordinator.

### **Q:** Who can I call if I have more questions?

**A:** Call us at (808) 948-6997 or 1 (844) 223-9856 toll-free Monday through Friday, 7:45 a.m. to 4:30 p.m. For TTY, call 711.



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HMSA Akamai Advantage Dual Care is a PPO D-SNP plan with a Medicare contract and is a state of Hawaii Medicaid Managed Care Program. Enrollment in HMSA Akamai Advantage Dual Care depends on contract renewal. To be enrolled in HMSA Akamai Advantage Dual Care, you must be eligible for your state's Medicaid program and enrolled in HMSA QUEST.

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# Pre-enrollment Checklist

Before making an enrollment decision, it's important that you fully understand our benefits and rules.

If you have any questions, you can call and speak to a customer service representative at (808) 948-6235 or 1 (800) 693-4672 toll-free. For TTY, call 711.

## Understanding the Benefits

- ☐ The *Evidence of Coverage (EOC)* provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [hmsa.com/health-plans/medicare/resources/](https://hmsa.com/health-plans/medicare/resources/) or call us to view a copy of the EOC.
- ☐ Review the *Provider Directory* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

## Understanding Important Rules

- ☐ In addition to your monthly plan premium (if applicable), you must continue to pay your Medicare Part B premium (Plan pays \$3 monthly). This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on Jan. 1, 2026.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copayment for services received by non-contracted providers.
- ☐ If you're currently enrolled in a Medicare Advantage plan, that plan will end when your new Medicare Advantage plan starts. If you have TRICARE, your benefits may be affected when your new plan starts. Contact TRICARE for more information. If you have a Medigap plan, you may want to cancel it because you'll be paying for benefits you can't use.
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.



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# HMSA Medicare Advantage

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

MedicareRx  
Prescription Drug Coverage

## 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 United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

**Important:** To join HMSA Akamai Advantage Dual Care, you must also have all of the following:

- Medicare Part A (hospital insurance)
- Medicare Part B (medical insurance)
- HMSA QUEST (Medicaid)

### 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](https://www.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] toll-free. TTY users can call 1 (877) 486-2048 toll-free.

**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 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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# HMSA Medicare Advantage

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

MedicareRx  
Prescription Drug Coverage X

## HMSA Akamai Advantage® Dual Care (PPO D-SNP) 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)

Sex

Birth Date (MM/DD/YYYY)

M or F

Primary Phone Number



Secondary Phone 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

Current HMSA Member Number (if applicable) optional

Email Address (optional)

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

### 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)









**SECTION 6: ALL FIELDS IN THIS SECTION ARE OPTIONAL.** Return with rest of application.  
Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> No, not of Hispanic, Latino/a, or Spanish origin   | <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> Yes, Puerto Rican                                  | <input type="checkbox"/> Yes, Cuban                                |
| <input type="checkbox"/> Yes, another Hispanic, Latino/a, or Spanish origin | <input type="checkbox"/> <b>I choose not to answer.</b>            |

What's your race? Select all that apply.

- |  |                                     |  |   |   |
|--|-------------------------------------|--|---|---|
| <input type="checkbox"/> Alaska Native             | <input type="checkbox"/> Chuukese   | <input type="checkbox"/> Kosraean        | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Tongan                         |
| <input type="checkbox"/> American Indian           | <input type="checkbox"/> Fijian     | <input type="checkbox"/> Marshallese     | <input type="checkbox"/> Palauan/Belauan        | <input type="checkbox"/> Vietnamese                     |
| <input type="checkbox"/> Asian Indian              | <input type="checkbox"/> Filipino   | <input type="checkbox"/> Middle Eastern  | <input type="checkbox"/> Pohnpeian              | <input type="checkbox"/> White                          |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> I-Kiribati | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan                 | <input type="checkbox"/> Yapese                         |
| <input type="checkbox"/> Chamorro or Guamanian     | <input type="checkbox"/> Japanese   | <input type="checkbox"/> North African   | <input type="checkbox"/> Tahitian               | <input type="checkbox"/> _____                          |
| <input type="checkbox"/> Chinese                   | <input type="checkbox"/> Korean     | <input type="checkbox"/> Other Asian     | <input type="checkbox"/> Tokelauan              | <input type="checkbox"/> <b>I choose not to answer.</b> |

What language do you speak most of the time at home? Select one.

- |                                    |                                   |                                      |                                  |                                      |
|------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> English   | <input type="checkbox"/> German   | <input type="checkbox"/> Korean      | <input type="checkbox"/> Palauan | <input type="checkbox"/> Tongan      |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Laotian     | <input type="checkbox"/> Samoan  | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Chuukese  | <input type="checkbox"/> Ilocano  | <input type="checkbox"/> Mandarin    | <input type="checkbox"/> Spanish | <input type="checkbox"/> Visayan     |
| <input type="checkbox"/> French    | <input type="checkbox"/> Japanese | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Other _____ |

Do you need an interpreter? ☐ **Yes** ☐ **No**

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

Plan information is available for free in Ilocano, Vietnamese, Chinese, and Korean. Please contact HMSA Medicare Advantage at (808) 948-6235 or 1 (800) 693-4672 if you need information in one of these languages, in email or an accessible format. Our office hours are 8 a.m. to 8 p.m., seven days a week. TTY users can call 711.



# Save Time with Automatic Payments



## **An easy way to pay your premiums.**

With automatic payments, you don't have to worry about remembering to pay your monthly HMSA premium. We'll work with your bank or other financial institution to automatically transfer your payments to HMSA.

### **How do I sign up for automatic payments?**

Complete the authorization form on the back and attach a voided check or savings account statement. Include the account holder's name and account number.

Mail the completed form to:

HMSA  
Attn: Cashiers  
P.O. Box 4720  
Honolulu, HI 96812-4720

You can also sign up for automatic payments at My Account on [hmsa.com](https://hmsa.com). Click My Account Login then Profile and select Pay My Bill. Not registered for My Account? On [hmsa.com](https://hmsa.com), click My Account. Click Register and follow the quick, easy instructions to get started.

### **After I submit my completed form, when will automatic payments start?**

The automatic payment service will take about 30 days to process. We'll continue to bill you until then. Please mail your payments until we send you a confirmation that your automatic payments have been set up. Your automatic payments will start with the bill after you get our confirmation.

### **What if my premium amount changes?**

We'll mail you a letter in advance to let you know if we need to change the amount deducted from your account.

### **How do I track my automatic payments?**

Your bank statement will show the HMSA payments deducted from your account. Deductions will occur on the bill's due date or the following business day if the due date is on a weekend or holiday.

### **Do I need separate authorization forms for my spouse and dependent if they're enrolled in separate individual plans?**

Yes, you need to complete authorization forms for each HMSA subscriber.

### **How do I cancel automatic payments?**

Send us a written request to cancel this service. Please allow 30 days for the cancellation to take effect.

### **If I enroll in a rider such as HMSA's Dental Plus Plan, will I have to complete another authorization form to set up automatic payments for that plan?**

Yes. Since that plan is billed separately from the medical plan, you'll have to complete a separate authorization form.

### **Who do I call if I have questions?**

Call us at (808) 948-5555 or 1 (800) 620-4672 toll-free. We'll be happy to help you.

## Automatic Payment Application

HMSA Subscriber Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
HMSA Subscriber ID Number: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_  
Account Holder Name(s): \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: ☐ Checking (1) ☐ Savings (2)

I allow HMSA and my financial institution to transfer money from my account to pay my HMSA premiums. HMSA will notify me if the premium amount changes as a result of an annual rate change. I can continue automatic transfers from my account under this agreement or discontinue it with a written request to HMSA. The account is from a U.S. financial institution.

I understand that either HMSA or I can end automatic payments with 30 days written notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(As shown on financial institution records.)

### For HMSA Use Only

Accepted By: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
HMSA Group Number: \_\_\_\_\_ Trans. Type: \_\_\_\_\_ PTD: \_\_\_\_\_  
Input Date: \_\_\_\_\_ By: \_\_\_\_\_

**IMPORTANT: For a checking account deduction, attach a VOIDED personal check below. For a savings account deduction, attach a statement to this form. Be sure the name of your financial institution and your account number appear on the check or statement. Please complete one authorization form per HMSA subscriber.**

00-1938/8391 1938		101
DATE _____		
Pay to the Order of _____	\$	<input type="text"/>
_____		DOLLARS
_____		
:1 1938 01:8391 101		

## HMSA Akamai Advantage Dual Care (PPO D-SNP)

### Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

Effective Jan. 1, 2025

If you get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium may be lower than what it would be if you didn't get Extra Help from Medicare.

Here's what your monthly plan premium will be if you get Extra Help.

Your level of Extra Help	Monthly premium for Dual Care*
100%	\$0.00

\*This doesn't include any Medicare Part B premium you may have to pay.

The HMSA Akamai Advantage premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting Extra Help, you can see if you qualify by calling:

- 1 (800) MEDICARE toll-free any day or time. For TTY, call 1 (877) 486-2048 toll-free.
- Your State Medicaid Office.
- The Social Security Administration at 1 (800) 772-1213 toll-free Monday through Friday, 7 a.m. to 7 p.m. For TTY, call 1 (800) 325-0778.

If you have any questions, please call Customer Relations at (808) 948-6000, option 6, or 1 (800) 660-4672 toll-free daily, 7:45 a.m.-8 p.m. For TTY, call 711.

Oct. 1–March 31: Seven days a week. April 1–Sept. 30: Monday–Friday.



# HAWAI'I MEDICAL SERVICE ASSOCIATION

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

**We're here with you**

## Call us

- (808) 948-6235 or 1 (800) 693-4672 toll-free
- TTY: 711

8 a.m.–8 p.m.

**Oct. 1–March 31:** Seven days a week.

**April 1–Sept. 30:** Monday–Friday.

## Visit us

### 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 Kahului

Puunene Shopping Center

70 Hookele St., Suite 1220

Monday–Friday, 8 a.m.–5 p.m.

Saturday, 9 a.m.–1 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 Lihue

Kuhio Medical Center

3-3295 Kuhio Highway

Suite 202

Monday–Friday, 8 a.m.–4 p.m.

For current operating hours,  
go to [hmsa.com/contact](https://hmsa.com/contact).

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

     [@hmsahawaii](https://www.instagram.com/hmsahawaii)

