



## 2025 Summary of Benefits

### Your Guide to Choosing a Medicare Advantage Plan

#### **HMSA Akamai Advantage** **Complete (PPO) &** **Complete Plus (PPO)**



This is a summary of health services and drug benefits for HMSA Akamai Advantage® Complete (PPO) and Complete Plus (PPO) plans 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.

Choose HMSA Medicare Advantage and keep seeing the doctors you know and trust.

Get quality care at low costs from our large provider network in Hawaii, online, and abroad.

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 and to sign up for a Medicare workshop in person or online.

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



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# Eligibility

To enroll in HMSA Medicare Advantage, you must:

- Have Medicare Part A (hospital insurance) and Part B (medical insurance).
- Continue to pay your Part B premium in addition to your HMSA Medicare Advantage premium.
- Live in the City and County of Honolulu. This applies to HMSA Akamai Advantage Complete (PPO) and Complete Plus (PPO).

**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:**



**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 – Oahu**

**Choose a plan based on the care you need at a price you can afford.**

## Your share of the cost:

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

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

| Benefits                                                                                                                                                                                    | Complete                                                                                                                                                                                                                         | Complete Plus                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>YOU PAY</b>                                                                                                                                                                              |                                                                                                                                                                                                                                  |                                                                                                                                                                                    |
| <b>Monthly premium</b><br>You must continue to pay your Part B premium in addition to your HMSA Medicare Advantage premium.                                                                 | \$0                                                                                                                                                                                                                              | \$113                                                                                                                                                                              |
| <b>Part B premium reduction</b><br>The amount the plan will pay toward your Part B monthly premium.                                                                                         | Plan pays \$6/month                                                                                                                                                                                                              | Plan pays \$6/month                                                                                                                                                                |
| <b>Annual medical deductible</b><br>What you'll have to pay each year out of pocket for medical services before the plan will pay for covered medical services.                             | \$0<br>(in-network and out-of-network)                                                                                                                                                                                           | \$0<br>(in-network and out-of-network)                                                                                                                                             |
| <b>Maximum out-of-pocket</b><br>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. | \$6,700 per year<br>(in-network)<br>\$10,000 per year<br>(in-network and out-of-network)                                                                                                                                         | \$3,850 per year<br>(in-network)<br>\$5,750 per year<br>(in-network and out-of-network)                                                                                            |
| <b>Inpatient hospital care*</b>                                                                                                                                                             | In-network:<br>Days 1-5: \$320/day<br>Days 6-60: \$50/day<br>Days 61-90: \$0/day<br>Lifetime Reserve Days (60): \$0/day<br>Out-of-network:<br>Days 1-14: \$400/day<br>Days 15-90: \$0/day<br>Lifetime Reserve Days (60): \$0/day | In-network:<br>Days 1-4: \$300/day<br>Days 5-90: \$0/day<br>Additional days: \$0/day<br>Out-of-network:<br>Days 1-11: \$375/day<br>Days 12-90: \$0/day<br>Additional days: \$0/day |
| <b>Outpatient hospital services*</b>                                                                                                                                                        | 20% of the cost<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                           | 20% of the cost<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                             |
| <b>Ambulatory surgery center services*</b>                                                                                                                                                  | 20% of the cost<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                           | 20% of the cost<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                             |

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

# Summary of Benefits (continued)

| Benefits                                                                                                                                                                                                                                                                                                                 | Complete                                                                                         | Complete Plus                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| YOU PAY                                                                                                                                                                                                                                                                                                                  |                                                                                                  |                                                                                                   |
| <b>Doctor's office visits</b> <ul style="list-style-type: none"> <li> <b>Primary care provider</b><br/> A physician or other health care professional who treats common illnesses and manages your preventive care. </li> </ul>                                                                                          | \$0<br>(in-network)<br>\$40<br>(out-of-network)                                                  | \$0<br>(in-network)<br>\$30<br>(out-of-network)                                                   |
| <ul style="list-style-type: none"> <li> <b>Advanced practice registered nurse, nurse practitioner, or physician's assistant</b> </li> </ul>                                                                                                                                                                              | \$0<br>(in-network)<br>\$40<br>(out-of-network)                                                  | \$0<br>(in-network)<br>\$30<br>(out-of-network)                                                   |
| <ul style="list-style-type: none"> <li> <b>Specialist</b><br/> A physician who treats specific conditions such as allergies, heart disease, or foot disorders. </li> </ul>                                                                                                                                               | \$50<br>(in-network)<br>\$60<br>(out-of-network)                                                 | \$30<br>(in-network)<br>\$40<br>(out-of-network)                                                  |
| <b>Preventive care</b><br>Includes annual wellness visits, bone mass measurements, diabetes screenings, mammograms, and some vaccines such as flu shots, hepatitis B shots, and pneumococcal shots. For a complete list of preventive care services that our plan pays for, please see the <i>Evidence of Coverage</i> . | \$0<br>(in-network and out-of-network)                                                           | \$0<br>(in-network and out-of-network)                                                            |
| <b>Emergency care</b><br>You won't pay a copayment for emergency care if you're admitted to the hospital within 24 hours.                                                                                                                                                                                                | \$100<br>(in-network and out-of-network)                                                         | \$100<br>(in-network and out-of-network)                                                          |
| <b>Urgent care</b><br>You won't pay a copayment for urgent care if you're admitted to the hospital within 24 hours.                                                                                                                                                                                                      | \$50<br>(in-network and out-of-network)                                                          | \$30<br>(in-network and out-of-network)                                                           |
| <b>Diagnostic services, labs, and imaging*</b> <ul style="list-style-type: none"> <li> Diagnostic tests and procedures, lab services, and outpatient X-rays </li> </ul>                                                                                                                                                  | \$0 or 20% of the cost depending on the service (in-network)<br>40% of the cost (out-of-network) | \$0 or 20% of the cost depending on the service (in-network)<br>40% of the cost (out-of-network)  |
| <ul style="list-style-type: none"> <li> Diagnostic radiology services, including advanced imaging services such as MRI, CT, and PET scans </li> </ul>                                                                                                                                                                    | 20% of the cost (in-network)<br>40% of the cost (out-of-network)                                 | \$50 or 20% of the cost depending on the service (in-network)<br>40% of the cost (out-of-network) |

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

# Summary of Benefits (continued)

| Benefits                                                                                                                                                                                                                                                                                                                                                                                                       | Complete                                                                                                                           | Complete Plus                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| <b>YOU PAY</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                    |                                                                                                                                    |
| <ul style="list-style-type: none"> <li>Therapeutic radiology services such as radiation treatment for cancer</li> </ul>                                                                                                                                                                                                                                                                                        | 20% of the cost<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                         | \$50<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                                    |
| <b>Hearing services</b><br><b>Medicare-covered hearing services</b><br>Exam to diagnose and treat hearing and balance-related conditions.                                                                                                                                                                                                                                                                      | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                                     | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                                     |
| <b>Supplemental hearing services</b> <ul style="list-style-type: none"> <li>One routine hearing exam every calendar year</li> </ul>                                                                                                                                                                                                                                                                            | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                                     | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                                     |
| <ul style="list-style-type: none"> <li>First year of follow-up provider visits following hearing aid purchase</li> </ul>                                                                                                                                                                                                                                                                                       | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                                     | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                                     |
| <ul style="list-style-type: none"> <li>One hearing aid per ear every calendar year</li> </ul>                                                                                                                                                                                                                                                                                                                  | \$195, \$595, \$995, or \$1,395<br>depending on the<br>hearing aid type<br>(in-network)<br><br>40% of the cost<br>(out-of-network) | \$195, \$595, \$995, or \$1,395<br>depending on the<br>hearing aid type<br>(in-network)<br><br>40% of the cost<br>(out-of-network) |
| <b>Dental services</b><br><b>Medicare-covered dental services</b><br>Limited dental services. Doesn't include services related to care, treatment, or filling, removing, or replacing teeth.                                                                                                                                                                                                                   | \$50<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                                    | \$30<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                                    |
| <b>Supplemental dental services</b><br>Diagnostic and preventive dental services: <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> | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                                     | \$0<br>(in-network)<br><br>40% of the cost<br>(out-of-network)                                                                     |

| Benefits                                                                                                                                                                                                        | Complete                                                                                                                                                                                                           | Complete Plus                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>YOU PAY</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                    |                                                                                                                                                                                                                    |
| Comprehensive dental services:<br>• Four extractions every calendar year<br>• Two fillings every calendar year                                                                                                  | \$0 (in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                            | \$0 (in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                            |
| Comprehensive dental services:<br>• One root canal every calendar year<br>• One crown following a root canal on the same tooth every calendar year                                                              | Not covered                                                                                                                                                                                                        | \$0 (in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                            |
| <b>Vision services</b><br><b>Medicare-covered vision services</b><br>• Eye exam to diagnose and treat eye diseases and conditions<br><br>• Eyeglasses or contact lenses after Medicare-covered cataract surgery | \$10<br>(in-network)<br>40% of the cost<br>(out-of-network)<br><br>\$0<br>(in-network and out-of-network)                                                                                                          | \$0<br>(in-network)<br>40% of the cost<br>(out-of-network)<br><br>\$0<br>(in-network and out-of-network)                                                                                                           |
| <b>Supplemental vision services</b><br>• Routine eye exam (once a calendar year)                                                                                                                                | \$10<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                        | \$0<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                         |
| • Contact lenses and eyeglasses (frames and lenses)                                                                                                                                                             | \$0<br>Plan pays \$300/calendar year<br>(in-network and out-of-network)                                                                                                                                            | \$0<br>Plan pays \$300/calendar year<br>(in-network and out-of-network)                                                                                                                                            |
| <b>Mental health care</b><br>• Inpatient visit*<br>Mental health care services that require a hospital stay.                                                                                                    | In-network:<br>Days 1-5: \$320/day<br>Days 6-90: \$0/day<br>Lifetime Reserve Days (60):<br>\$0/day<br><br>Out-of-network:<br>Days 1-14: \$400/day<br>Days 15-90: \$0/day<br>Lifetime Reserve Days (60):<br>\$0/day | In-network:<br>Days 1-4: \$320/day<br>Days 5-90: \$0/day<br>Lifetime Reserve Days (60):<br>\$0/day<br><br>Out-of-network:<br>Days 1-11: \$375/day<br>Days 12-90: \$0/day<br>Lifetime Reserve Days (60):<br>\$0/day |
| • Outpatient therapy visits<br>Individual and group visits                                                                                                                                                      | \$40<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                        | \$30<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                        |

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

# Summary of Benefits (continued)

| Benefits                                                                                                                                                                                                                                                             | Complete                                                                                                                                                                                                                     | Complete Plus                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>YOU PAY</b>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              |                                                                                                                                                                                                                              |
| <b>Skilled nursing facility*</b><br>Our plan covers up to 100 days in a skilled nursing facility. No prior Medicare-covered acute level of care hospital stay is required.                                                                                           | In-network:<br>Days 1-20: \$0/day<br>Days 21-60: \$200/day<br>Days 61-100: \$0/day<br>Out-of-network:<br>Days 1-50: \$200/day<br>Days 51-100: \$0/day                                                                        | In-network:<br>Days 1-20: \$20/day<br>Days 21-40: \$190/day<br>Days 41-100: \$0/day<br>Out-of-network:<br>Days 1-30: \$200/day<br>Days 31-100: \$0/day                                                                       |
| <b>Outpatient rehabilitation*</b><br>Occupational therapy, physical therapy, and speech and language therapy visits                                                                                                                                                  | \$35<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                                  | \$30<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                                  |
| <b>Ambulance</b><br>Ground and air ambulance                                                                                                                                                                                                                         | \$250<br>(in-network and out-of-network)                                                                                                                                                                                     | \$225<br>(in-network and out-of-network)                                                                                                                                                                                     |
| <b>Transportation</b>                                                                                                                                                                                                                                                | Not covered                                                                                                                                                                                                                  | Not covered                                                                                                                                                                                                                  |
| <b>Medicare Part B drugs*</b><br>• Chemotherapy and other Part B drugs.                                                                                                                                                                                              | Up to 20% of the cost<br>depending on the drug<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                        | Up to 20% of the cost<br>depending on the drug<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                        |
| • Insulin drugs                                                                                                                                                                                                                                                      | \$35 (in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                                     | \$35 (in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                                     |
| <b>Medical equipment and supplies*</b><br>Includes oxygen tanks, walkers, and wheelchairs.                                                                                                                                                                           | 20% of the cost<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                       | 20% of the cost<br>(in-network)<br>40% of the cost<br>(out-of-network)                                                                                                                                                       |
| <b>Fitness – Silver&amp;Fit® Healthy Aging and Exercise Program</b><br>A membership to a participating fitness center, a Home Fitness Kit, and Well-Being Coaching. To find participating fitness centers near you, call 1 (888) 354-4934 or visit silverandfit.com. | Fitness Center Membership<br>\$0/month for<br>standard fitness center<br>\$30-\$250/month<br>for premium fitness center<br>Home Fitness Kit<br>\$0 for 1 Home Fitness Kit<br>per calendar year<br>Well-Being Coaching<br>\$0 | Fitness Center Membership<br>\$0/month for<br>standard fitness center<br>\$30-\$250/month<br>for premium fitness center<br>Home Fitness Kit<br>\$0 for 1 Home Fitness Kit<br>per calendar year<br>Well-Being Coaching<br>\$0 |

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

| Benefits                                                                                                                                                                                                                                                                                                        | Complete                                                                    | Complete Plus                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------|
| <b>YOU PAY</b>                                                                                                                                                                                                                                                                                                  |                                                                             |                                        |
| <b>Over-the-counter (OTC) health products allowance</b><br>You'll receive an HMSA Extra Benefits debit card with an allowance for over-the-counter health products. You can purchase covered products at select retail stores or through mail-order delivery at HMSAExtraBenefits.com or call 1 (800) 790-6019. | \$0<br>Plan pays \$200/quarter                                              | \$0<br>Plan pays \$200/quarter         |
| <b>Telehealth services</b><br>HMSA's Online Care® and other telehealth services                                                                                                                                                                                                                                 | \$0<br>(in-network and out-of-network)                                      | \$0<br>(in-network and out-of-network) |
| <b>PRESCRIPTION DRUGS</b>                                                                                                                                                                                                                                                                                       |                                                                             |                                        |
| <b>Annual drug deductible</b><br>What you'll have to pay each year out of pocket for Part D drugs before the plan will pay.                                                                                                                                                                                     | \$380<br>(Doesn't apply to tier 1 drugs, insulin, and most Part D vaccines) | \$0                                    |
| <b>Initial coverage stage</b><br>Until you've paid \$2,000 out of pocket for Part D drugs.                                                                                                                                                                                                                      |                                                                             |                                        |
| <b>30-day supply from retail pharmacies</b><br>- Tier 1 – Preferred generic                                                                                                                                                                                                                                     | \$4.50                                                                      | \$4                                    |
| - Tier 2 – Generic                                                                                                                                                                                                                                                                                              | \$12                                                                        | \$11                                   |
| - Tier 3 – Preferred brand                                                                                                                                                                                                                                                                                      | \$47                                                                        | \$45                                   |
| - Tier 3 – Preferred brand insulin                                                                                                                                                                                                                                                                              | \$35                                                                        | \$35                                   |
| - Tier 4 – Nonpreferred drug                                                                                                                                                                                                                                                                                    | \$100                                                                       | \$95                                   |
| - Tier 5 – Specialty                                                                                                                                                                                                                                                                                            | 27% of the cost                                                             | 33% of the cost                        |
| - Tier 5 – Specialty insulin                                                                                                                                                                                                                                                                                    | \$35                                                                        | \$35                                   |
| <b>100-day supply from mail-order pharmacy</b><br>- Tier 1 – Preferred generic                                                                                                                                                                                                                                  | \$4.50                                                                      | \$4                                    |
| - Tier 2 – Generic                                                                                                                                                                                                                                                                                              | \$12                                                                        | \$11                                   |
| - Tier 3 – Preferred brand                                                                                                                                                                                                                                                                                      | \$94                                                                        | \$90                                   |
| - Tier 3 – Preferred brand insulin                                                                                                                                                                                                                                                                              | \$70                                                                        | \$70                                   |
| - Tier 4 – Nonpreferred drug                                                                                                                                                                                                                                                                                    | \$200                                                                       | \$190                                  |
| - Tier 5 – Specialty                                                                                                                                                                                                                                                                                            | 27% of the cost                                                             | 33% of the cost                        |
| - Tier 5 – Specialty insulin                                                                                                                                                                                                                                                                                    | \$105                                                                       | \$105                                  |

# Summary of Benefits (continued)

| Benefits                                                                                        | Complete | Complete Plus |
|-------------------------------------------------------------------------------------------------|----------|---------------|
| YOU PAY                                                                                         |          |               |
| <b>PRESCRIPTION DRUGS</b> <small>(continued)</small>                                            |          |               |
| <b>Catastrophic coverage stage</b><br>After you've paid \$2,000 out of pocket for Part D drugs. | \$0      | \$0           |
| <b>Most Part D vaccines</b>                                                                     | \$0      | \$0           |

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

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], 24 hours a day, seven days a week. For TTY, call 1 (877) 486-2048.

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. Please 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.

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.

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

# Which plan should I choose?

Choosing a Medicare Advantage plan is a personal decision. Each plan comes with different levels of health care benefits and costs. Ask yourself how much:

- Health care services and medications do I need?
- Financial protection do I want?
- Can I afford?

You can also consult with your doctor, friends, family members, or contact us so we can help you make a smart choice. See the back of this brochure for our contact information.

| What you pay                                                                                                              | Complete                                   | Complete Plus                             |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|
| <b>Monthly premium</b>                                                                                                    | <b>\$0</b>                                 | <b>\$113</b>                              |
| <b>Out-of-pocket costs</b><br>Deductibles, copayments, and coinsurance for health care services                           | <b>Higher</b>                              | <b>Lower</b>                              |
| <b>Maximum out-of-pocket cost</b><br>Annual limit on how much you pay out of pocket for Medicare-covered medical services | <b>Higher</b><br><b>\$6,700 in-network</b> | <b>Lower</b><br><b>\$3,850 in-network</b> |

## Which plan should I choose?

| <b>Complete</b><br>This plan may be for you if you:                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Want no monthly premium.</li> </ul>                                                                   |
| <ul style="list-style-type: none"> <li>• Don't mind paying higher copayments and coinsurance for some health care services.</li> </ul>         |
| <ul style="list-style-type: none"> <li>• Feel like you are in good health and don't anticipate using a lot of health care services.</li> </ul> |
| <ul style="list-style-type: none"> <li>• Don't take lots of medications.</li> </ul>                                                            |
| <ul style="list-style-type: none"> <li>• Need health insurance mostly in case of emergencies or unexpected illness.</li> </ul>                 |

| <b>Complete Plus</b><br>This plan may be for you if you:                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Want greater peace of mind with more financial protection and no annual deductibles.</li> </ul>                                           |
| <ul style="list-style-type: none"> <li>• Don't mind paying a higher monthly premium in exchange for lower copayments and coinsurance when you use health care services.</li> </ul> |
| <ul style="list-style-type: none"> <li>• Have chronic health conditions or see doctors often.</li> </ul>                                                                           |
| <ul style="list-style-type: none"> <li>• Take medications.</li> </ul>                                                                                                              |
| <ul style="list-style-type: none"> <li>• Anticipate needing surgery.</li> </ul>                                                                                                    |

# HMSA Medicare Advantage



**Get quality care at low costs with plans starting at \$0 premium.**



## **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 health products allowance**

Save money on health products. You'll get \$200 every quarter to buy 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.



## **Hearing**

\$0 routine hearing exam and hearing aids starting at \$195 per aid.



## **Choose your doctors**

Get care from doctors you know and trust. You have access to a large network of primary care providers, nurse practitioners, specialists, and more for the care you need.



## **Primary care provider (PCP) visits**

\$0 copayment for PCP visits.



## **Lab services**

\$0 copayment for most lab services.



## **Access to care**

Get care from the comfort and safety of home any time, any day with HMSA's Online Care at no cost. You can also see a nurse or other health care provider at your nearest walk-in MinuteClinic® at selected Longs Drugs stores.

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



### **Customer service**

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



### **Travel**

Have peace of mind knowing you have health plan benefits on the Mainland and worldwide.



### **Fitness first**

Taking care of your health is easy with the Silver&Fit® Healthy Aging and Exercise program. Get fitness center memberships 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.



### **Financial protection**

It makes dollars and cents to choose HMSA. You have a limit on how much you pay for out-of-pocket health care expenses each calendar year. If you reach your annual out-of-pocket maximum, we'll pay for all Medicare-covered medical expenses for the rest of the year.



### **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 for \$0.



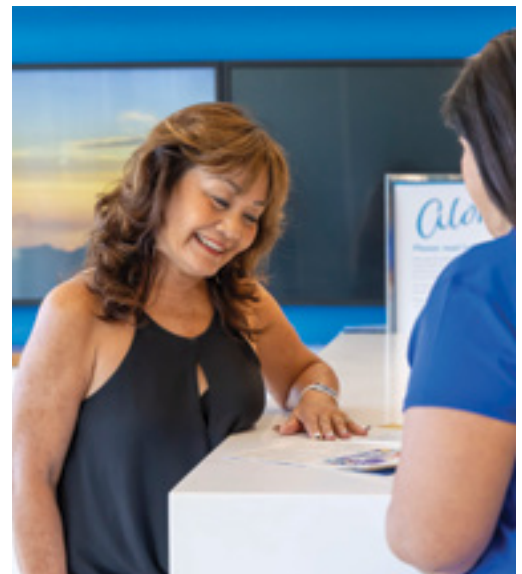
### **Health education**

Attend a variety of workshops in person or online at no cost. Learn how to sleep better, make healthier food choices, stay active, and more. Check [hmsa.com/HealthEducation](https://hmsa.com/HealthEducation) for a schedule.



### **Health coaching**

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



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. Kits are subject to change. Fitness center participation may vary by location and is subject to change. 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.

# Travel Benefits



## Your health plan travels with you.

If you need care while traveling, the **HMSA Akamai Advantage Visitor Travel Program** has you covered. You'll have access to the nationwide Blue Medicare Advantage PPO network. See a network doctor in one of the 48 states and the District of Columbia or Puerto Rico highlighted in blue on the map to the right. You'll pay the same in-network costs for covered services as if you were seeing a network doctor in Hawaii.

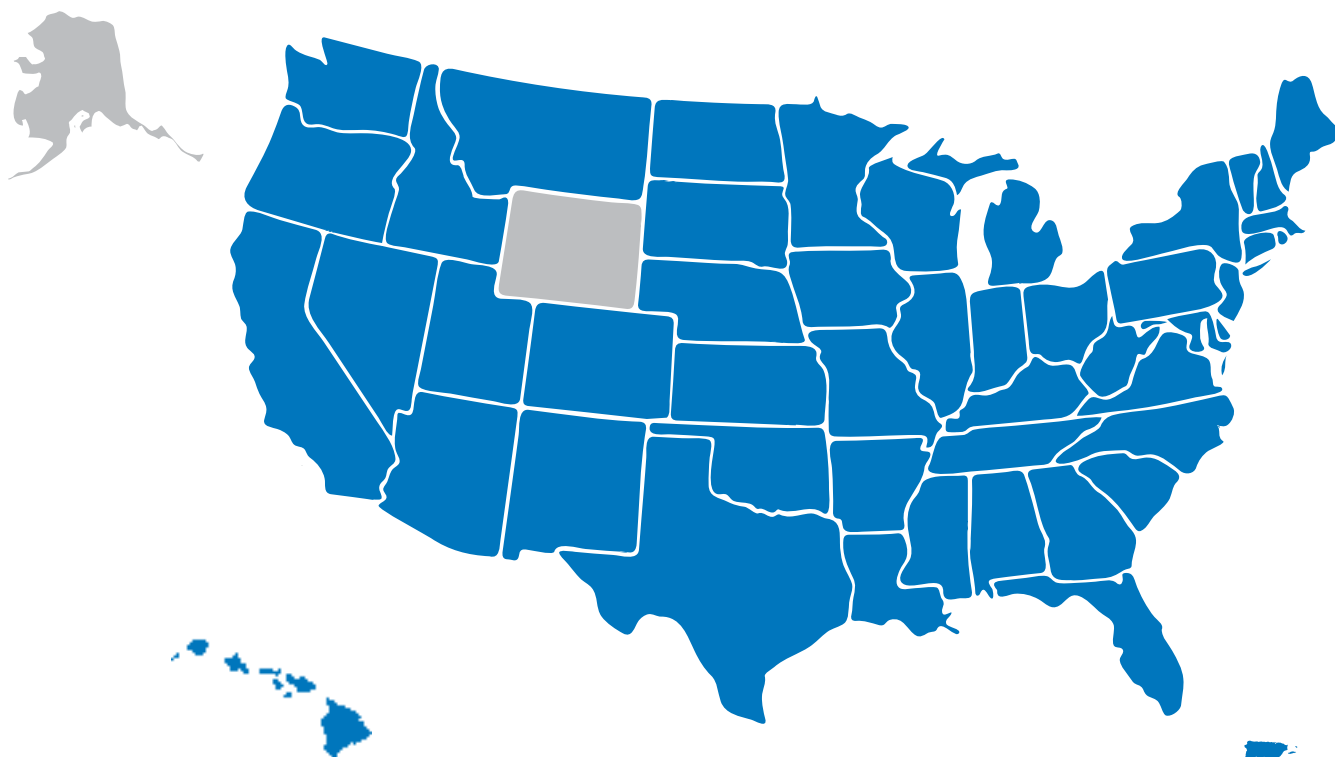
Visit **bcbs.com** to find a doctor or hospital in the state you're visiting.

### Worldwide emergency and urgent care

You'll also receive health care benefits for doctor visits and hospital stays if you have a medical emergency in another country. To find a doctor or hospital visit **bcbsglobalcore.com**. You can also call Blue Cross Blue Shield Global Core at 1 (800) 810-BLUE (2583). That number is also on your HMSA membership card.



## HMSA Akamai Advantage Visitor Travel Program



|                             |               |               |                |               |
|-----------------------------|---------------|---------------|----------------|---------------|
| Alabama                     | Hawaii        | Michigan      | North Carolina | Texas         |
| Arizona                     | Idaho         | Minnesota     | North Dakota   | Utah          |
| Arkansas                    | Illinois      | Mississippi   | Ohio           | Vermont       |
| California                  | Indiana       | Missouri      | Oklahoma       | Virginia      |
| Colorado                    | Iowa          | Montana       | Oregon         | Washington    |
| Connecticut                 | Kansas        | Nebraska      | Pennsylvania   | West Virginia |
| Delaware                    | Kentucky      | Nevada        | Puerto Rico    | Wisconsin     |
| District of Columbia (D.C.) | Louisiana     | New Hampshire | Rhode Island   |               |
| Florida                     | Maine         | New Jersey    | South Carolina |               |
| Georgia                     | Maryland      | New Mexico    | South Dakota   |               |
|                             | Massachusetts | New York      | Tennessee      |               |

This list is current as of August 2024 and may change. For some states, Medicare Advantage PPO networks are available only in portions of the state. For an updated list of states and to learn more, visit [hmsa.com/health-plans/medicare/travel-program/](https://hmsa.com/health-plans/medicare/travel-program/).



## HMSA Akamai Advantage (PPO)

# 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.** Call (808) 948-6000 or 1 (800) 660-4672 daily, 8 a.m. to 8 p.m. For TTY, call 711.

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

- HMSA Akamai Advantage® (PPO)
- HMSA Akamai Advantage (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)

# 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. Call us daily, 8 a.m. to 8 p.m.

- (808) 948-6000 or 1 (800) 660-4672
- TTY: 711

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

# Prescription Drugs



## Get affordable prescription drugs at convenient locations.



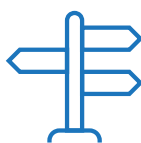
### Save money and time with mail order

You'll get more for less when you order a 100-day supply of your maintenance prescription drugs through the mail. Depending on your prescription, you can receive up to two extra months worth of your prescription at no additional cost. You can also automatically order refills of drugs you take for chronic conditions.



### Affordable generic prescription drugs

Our prescription drug list includes generics to help you get the medicines you need at an affordable price. Generics are just as safe and effective as brand-name drugs, but they cost less because they don't have the same marketing and research costs. You'll get the same prescription drugs for a lower price.



### Local pharmacies

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 HMSA's pharmacy benefit manager at 1 (855) 479-3659, 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 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, please call 1 (855) 479-3659, 24 hours a day, seven days a week; TTY users, call 711. Call these numbers if you want 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
- 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.

Attend and enroll during a free Medicare workshop. Register online at [hmsa.com/workshops](https://hmsa.com/workshops).



### Mail

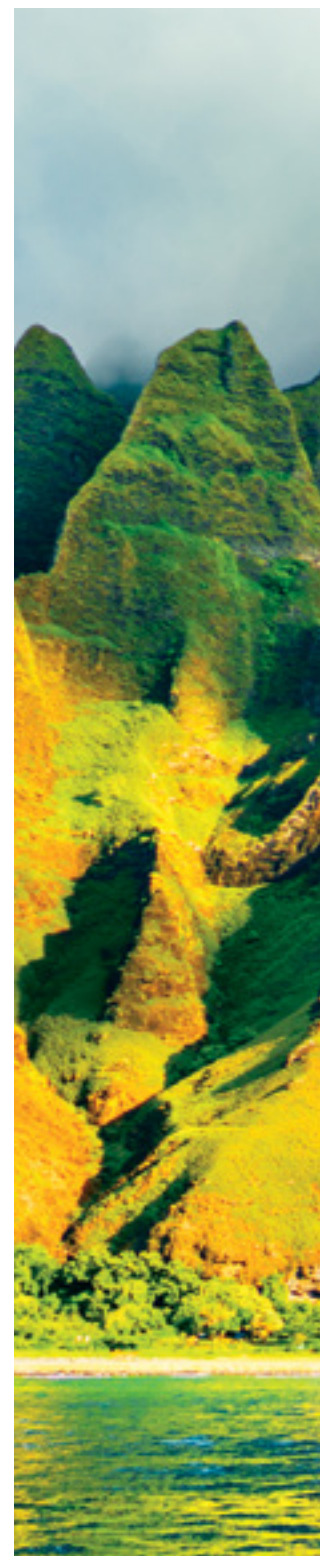
Fill out the HMSA Akamai Advantage application toward the back of this *Summary of Benefits* and mail it to:

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



### Through the Medicare Plan Finder

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



# Need help paying for your prescriptions?



## See if you qualify for Extra Help.

Extra Help, also known as Low-Income Subsidy, is a federal program that can help you pay for your monthly plan premium, annual deductibles, and copayments of Medicare-covered prescription drugs. It could lower your Medicare Part D premium as well as your prescription drug copayments and coinsurances. Many people qualify and don't even know it. Hawaii's income and resource limits for eligibility is higher compared with other states. Visit [hmsa.com/advantage](https://hmsa.com/advantage) to learn more.

## Apply for Extra Help with the Social Security Administration

You have four options:



[socialsecurity.gov/medicare/prescriptionhelp](https://socialsecurity.gov/medicare/prescriptionhelp)



1 (800) 772-1213 Monday through Friday, 8 a.m. to 7 p.m. For TTY, call 1 (800) 325-0778.



Call the Social Security Administration at the number above and request that they mail you a paper application.



Schedule an appointment to apply at your local Social Security Administration office.

## If you qualify for QUEST (Medicaid)

You may automatically qualify for Extra Help to pay for Medicare prescription drug coverage. To apply for Medicaid, contact the state Medicaid office (Med-QUEST Division) at 1 (800) 316-8005. For TTY, call 711.

# HMSA Akamai Advantage (PPO)

## 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 Complete* | Monthly premium for Complete Plus* | Monthly premium for Standard* | Monthly premium for Standard Plus* |
|--------------------------|-------------------------------|------------------------------------|-------------------------------|------------------------------------|
| 100%                     | \$0.00                        | \$79.60                            | \$0.00                        | \$103.00                           |

\*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 any day or time. For TTY, call 1 (877) 486-2048.
- Your State Medicaid Office.
- The Social Security Administration at 1 (800) 772-1213 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 1 (800) 660-4672, seven days a week, 8 a.m. to 8 p.m. Hawaii Standard Time. For TTY, call 711.

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

# 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 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.

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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 ابـ قـ لـ عـ تـ قـ لـ عـ 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 اـ مـ جـ رـ تـ مـ لـ اـ مـ دـ خـ مـ دـ قـ نـ اـ نـ اـ نـ اـ يـ لـ عـ اـ نـ بـ لـ اـ صـ تـ اـ لـ اـ يـ وـ سـ كـ يـ لـ عـ سـ يـ لـ ،ـ يـ رـ وـ فـ مـ جـ رـ تـ مـ يـ لـ عـ لـ وـ صـ حـ لـ لـ .ـ اـ نـ يـ دـ لـ ةـ يـ وـ دـ أـ لـ لـ وـ دـ جـ ةـ مـ دـ خـ هـ ذـ هـ .ـ كـ تـ دـ عـ اـ سـ مـ بـ ةـ يـ بـ رـ عـ لـ اـ ثـ دـ حـ تـ يـ اـ مـ صـ خـ شـ مـ وـ قـ يـ سـ .ـ 1 (800) 660-4672 (TTY: 711).

**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。

# 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. 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 \$6 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.





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](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]. 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.



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

## 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

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

### 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.

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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

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Medicare Number

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

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## 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.



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Legal Representative's Mailing Address

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Legal Representative's City

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Legal Representative's Telephone Number

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Legal Representative's Relationship to Applicant

## PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) plans, improve care, and for the payment of Medicare benefits. Section 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)," System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

## 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"/> I choose not to answer.                   |

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"/> Other _____             |
| <input type="checkbox"/> Chinese                   | <input type="checkbox"/> Korean     | <input type="checkbox"/> Other Asian     | <input type="checkbox"/> Tokelauan              | <input type="checkbox"/> I choose not to answer. |

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 _____ |



# 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 Login. 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. 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.

|                              |         |                      |
|------------------------------|---------|----------------------|
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# After you enroll



**We'll make your transition to HMSA Medicare Advantage as smooth and easy as possible. Here's what you can expect from us:**

## **Enrollment verification letter**

If we helped you enroll in HMSA Medicare Advantage for the first time, we'll send you a verification letter after your enrollment.

## **Welcome packet**

You'll receive an HMSA Medicare Advantage welcome packet and enrollment confirmation letter in the mail. Please read the information about your plan benefits. It can help you get high-quality care and save money.

## **HMSA membership card**

You'll receive your new card in the mail. Show this card when you see your doctor or go to a hospital. Secure it like a credit card. To prevent identity theft, don't share your card with anyone, keep it in a safe place, and call us if you lose your card. Cut up old or out-of-date cards.

## **Welcome call**

We may call you to make sure you received your materials, help you understand your benefits, and answer any questions you may have.

## **Choose a primary care provider**

When you enroll, it's important that you choose a PCP as your partner in health. Please let us know the name of your PCP so we can put it on your HMSA membership card. See page 16 for ways to find a participating provider or to check if your provider participates with HMSA.

## **Getting care**

To get the most savings from your health plan, go to doctors, hospitals, pharmacies, and other providers in the HMSA Medicare Advantage network. They have an agreement with HMSA to charge you a lower amount than providers outside the network. You can go to providers outside the network, but you may pay more.

# HAWAII MEDICAL SERVICE ASSOCIATION

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

**We're here with you.**

**Call (808) 948-6235**  
**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.

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

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

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

