



# 2027 Summary of Benefits

Your Guide to a Medicare Advantage Plan

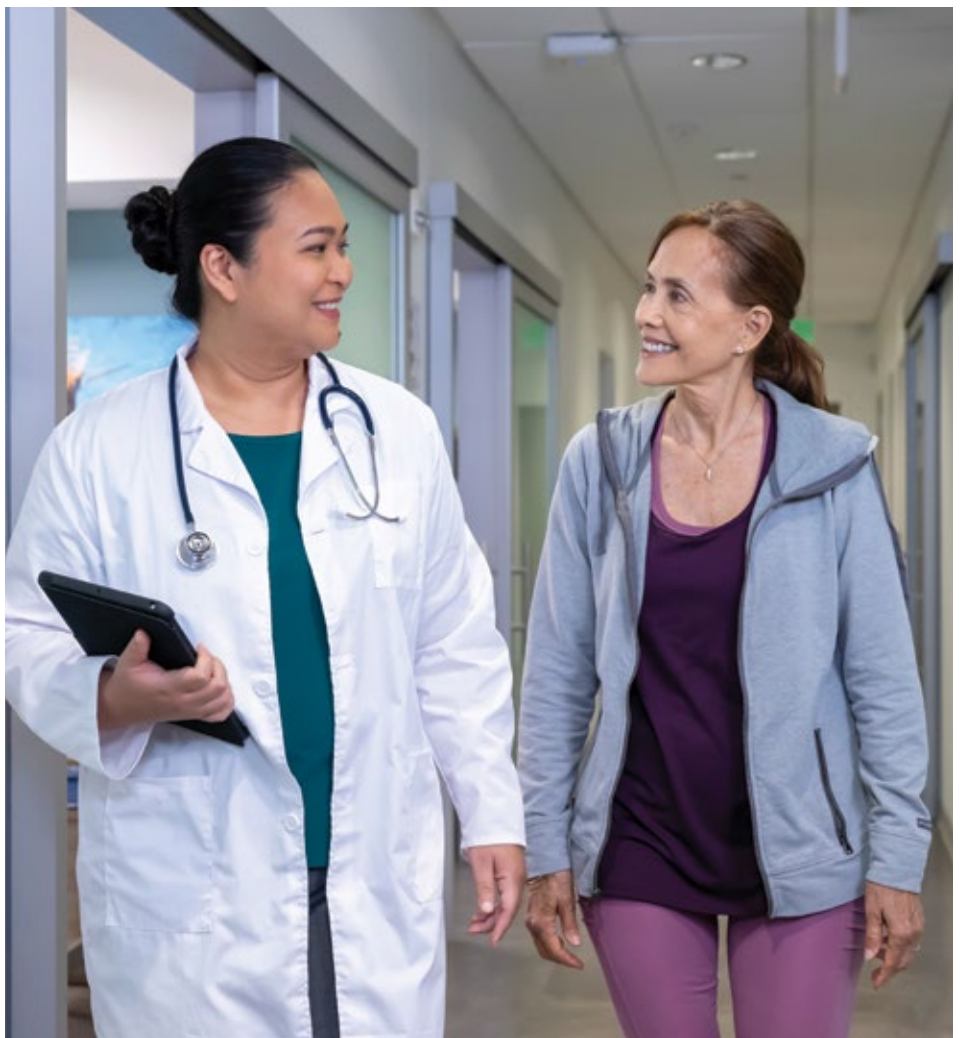
## HMSA Akamai Advantage **Dual Care (PPO D-SNP)**

This is a summary of health services and drug benefits for HMSA Akamai Advantage® Dual Care (PPO D-SNP) plan effective Jan. 1, 2027.

H8481\_8700\_SB1WQ2939\_27\_M



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## *Aloha Friends,*

For nearly 90 years, HMSA has been part of Hawaii's community, caring for members like you through life's changes and important moments.

No matter where you are in your health journey, having a dependable health plan can help you keep moving forward and enjoying time with family, friends, and neighbors.

HMSA Akamai Advantage® Dual Care simplifies your health care by coordinating your Medicare and HMSA QUEST (Medicaid) benefits at no cost. You'll have access to quality care from doctors, hospitals, and clinics you know and trust.

As your needs change, HMSA is changing too, with plans and benefits designed to support you today and in the future. Learn more in this *Summary of Benefits*. If you have questions or want to enroll, we're happy to help by phone or in person. Our contact information is on the back cover.

You can also visit [hmsa.com/dualcare](https://hmsa.com/dualcare) for resources to help you plan your health care and sign up for a Medicare workshop in person or online.

Through all of life's moments, big or small, HMSA is here with you.

Mahalo,

Kimberly Takata Endo  
Vice President  
Medicare and Duals

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



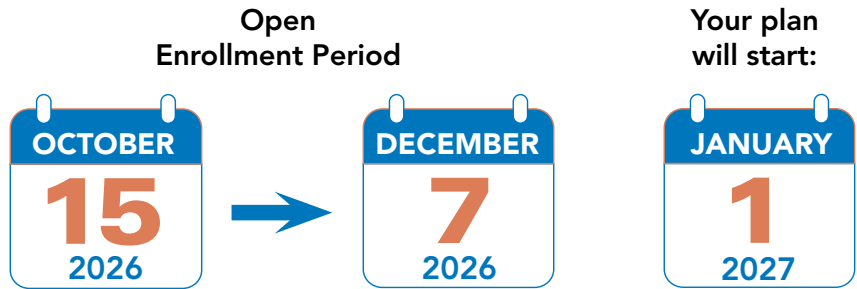
# Eligibility

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

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

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

## Important dates to remember



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

## IMPORTANT:

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

# Summary of Benefits

## Introduction

This document is a brief summary of the benefits and services covered by HMSA Akamai Advantage Dual Care. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of HMSA Akamai Advantage Dual Care. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

## Table of Contents

|                                                                                               |    |
|-----------------------------------------------------------------------------------------------|----|
| A. Disclaimers .....                                                                          | 4  |
| B. Frequently asked questions (FAQ) .....                                                     | 9  |
| C. List of covered services .....                                                             | 13 |
| D. Benefits covered outside of<br>HMSA Akamai Advantage Dual Care.....                        | 25 |
| E. Services that HMSA Akamai Advantage Dual Care,<br>Medicare, and Medicaid don't cover ..... | 26 |
| F. Your rights as a member of the plan.....                                                   | 27 |
| G. How to file a complaint or appeal a denied service .....                                   | 29 |
| H. What to do if you suspect fraud.....                                                       | 30 |
| Medicare and QUEST (Medicaid) made simple.....                                                | 31 |
| Looking for a doctor?.....                                                                    | 33 |
| Prescription drug list 2027 .....                                                             | 34 |
| Prescription drugs .....                                                                      | 35 |
| Silver&Fit .....                                                                              | 36 |
| Enrollment options .....                                                                      | 38 |
| Health coordination .....                                                                     | 39 |
| Health assessment .....                                                                       | 40 |
| Questions? .....                                                                              | 40 |
| Pre-enrollment checklist .....                                                                | 42 |
| HMSA Medicare Advantage enrollment form.....                                                  | 43 |
| Save time with automatic payments.....                                                        | 49 |



**If you have questions,** please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6, toll-free. TTY: 711.

Call 7:45 a.m. to 8 p.m.  
Oct. 1-March 31: Seven days a week.  
April 1-Sept. 30: Monday-Friday.

The call is free. **For more information,** visit [hmsa.com/advantage](https://hmsa.com/advantage).



## A. Disclaimers



This is a summary of health services covered by HMSA Akamai Advantage Dual Care for 2027. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. Contact Customer Relations to request a copy of the *Evidence of Coverage* at 1 (800) 660-4672, option 6, toll-free. For TTY, call 711. Or visit our website at [hmsa.com/advantage](https://hmsa.com/advantage).

- HMSA Akamai Advantage Dual Care® is a PPO D-SNP plan with a Medicare contract and is a state of Hawaii Medicaid Managed Care Program. Enrollment in HMSA Akamai Advantage Dual Care depends on contract renewal. To be enrolled in HMSA Akamai Advantage Dual Care, you must be eligible for your state's Medicaid program and enrolled in HMSA QUEST.
- To be enrolled in a Dual Care Special Needs Plan, you must be eligible for your state's Medicaid program. If you have questions about your Medicaid eligibility and the benefits you're entitled to, call MedQUEST at (808) 587-3540 or 1 (800) 316-8005 toll-free.
- This plan helps you pay for Part D drugs and Part B drugs, such as chemotherapy and some drugs administered by your provider. See the complete list of Part D prescription drugs and any restrictions at [hmsa.com/advantage](https://hmsa.com/advantage). Cost-sharing may differ for long-term care pharmacies.
- Out-of-network/noncontracted providers are under no obligation to treat HMSA Akamai Advantage members except in emergency situations. Call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](https://www.medicare.gov)) or by calling 1 (800) MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. For TTY, call 1 (877) 486-2048.
- For more information about HMSA Akamai Advantage Dual Care, you can check the Med-QUEST Division's website <https://medquest.hawaii.gov/en/members-applicants/Dual-Eligible-Special-Needs-Plan.html> or call us at the phone number listed at the bottom of this page.

**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

- You can get this document for free in other formats, such as large print, braille, or audio. We have free interpreter services to answer any questions you may have about our health or drug plan. See the Notice of Availability Insert in this booklet to get an interpreter. Call 1 (800) 660-4672, option 6, or 711 for TTY. Call 7:45 a.m.-8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free.
- This document is available for free in Ilocano, Korean, Chinese, and Vietnamese.
- If you prefer to receive this document in Ilocano, Korean, Chinese, or Vietnamese, you can let us know. After you let us know, we will add this information and send CMS required materials to you in your preferred language, so you do not need to make separate requests for future mailings. If you want to change a preferred language or alternate format, call Customer Relations at 1 (800) 660-4672, option 6, or 711 for TTY. Call 7:45 a.m.-8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday.
- The Food and Home Utilities allowance is a special supplemental benefit available only to chronically ill members with eligible chronic conditions like: diabetes, high blood pressure (hypertension), high cholesterol (hyperlipidemia), cardiovascular disorders (i.e. heart problems), and stroke. Other conditions may be eligible. For the full list of eligible chronic conditions, see [hmsa.com/ExtraBenefits-DualCare](https://hmsa.com/ExtraBenefits-DualCare). All applicable eligibility requirements must be met before the benefit is provided. Not all members qualify. This benefit is only available on HMSA Akamai Advantage Dual Care (PPO D-SNP).
- 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.



**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

# Discrimination is against the law

HMSA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HMSA does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

## Services HMSA provides

HMSA offers the following services to support people with disabilities and those whose primary language is not English. There is no cost to you.

- Qualified sign language interpreters are available for people who are deaf or hard of hearing.
- Large print, audio, braille, or other electronic formats of written information is available for people who are blind or have low vision.
- Language assistance services are available for those who have trouble with speaking or reading in English. This includes:
  - Qualified interpreters.
  - Information written in other languages.

If you need modifications, appropriate auxiliary aids and services, or language assistance services, please call 1 (800) 440-0640 toll-free or TTY 1 (877) 447-5990 toll-free.

## How to file a grievance or complaint

If you believe HMSA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Phone: 1 (800) 462-2085 toll-free
- TTY: 1 (877) 447-5990 toll-free
- Email: [GA\\_Help@hmsa.com](mailto:GA_Help@hmsa.com)
- Fax: (808) 952-7546
- Mail: HMSA QUEST  
Attn: Grievance Coordinator  
P.O. Box 860  
Honolulu, HI 96808-0860

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1 (800) 368-1019, 1 (800) 537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at HMSA's website: <https://hmsa.com/non-discrimination-notice/>.

(continued on next page)



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QUEST

**ATTENTION:** If you don't speak English, language assistance services are available to you at no cost. Auxiliary aids and services are also available to give you information in accessible formats at no cost. QUEST members, call 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, or speak to your provider. Medicare Advantage and commercial plan members, call 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

### **‘Ōlelo Hawai‘i**

**NĀ MEA:** Inā 'a'ole 'oe 'ōlelo Pelekania, loa'a nā lawelawe kōkua 'ōlelo iā 'oe me ka uku 'ole. Loa'a nā kōkua kōkua a me nā lawelawe no ka hā'awi 'ana iā 'oe i ka 'ike ma nā 'ano like 'ole me ka uku 'ole. Nā lālā QUEST, e kelepona iā 1 (800) 440-0640 me ka uku 'ole, TTY 1 (877) 447-5990, a i 'ole e kama'ilio me kāu mea ho'olako. 'O nā lālā Medicare Advantage a me nā lālā ho'olālā kalepa, e kelepona iā 1 (800) 776-4672 a i 'ole TDD/TTY 1 (877) 447-5990.

### **Bisaya**

**PAHIBALO:** Kung dili English ang imong pinulongan, magamit nimo ang mga serbisyo sa tabang sa pinulongan nga walay bayad. Ang mga auxiliary nga tabang ug serbisyo anaa sab aron mohatag og impormasyon kanimong sa daling ma-access nga mga format nga walay bayad. Mga membro sa QUEST, tawag sa 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, o pakig-istorya sa imong provider. Mga membro sa Medicare Advantage ug commercial plan, tawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

### **繁體中文**

**請注意：**如果你不諳英文，我們將為您提供免費的語言協助服務。輔助支援和服務也能免費以無障礙的方式為您提供資訊。QUEST 會員請致電免費熱線 1 (800) 440-0640、聽障熱線 (TTY) 1 (877) 447-5990 或與您的服務提供者聯絡。Medicare Advantage 及商業計劃會員請致電 1 (800) 776-4672 或聽障／語障熱線 (TDD/TTY) 1 (877) 447-5990。

### **简体中文**

**注意：**如果您不会说英语，我们可以免费为您提供语言协助服务。同时，我们还配备辅助工具和相关服务，免费为您提供无障碍格式的信息。QUEST 会员请拨打免费电话 1 (800) 440-0640，TTY 1 (877) 447-5990，或咨询您的医疗服务提供者。Medicare Advantage 和商业计划会员请致电 1 (800) 776-4672 或 TDD/TTY 1 (877) 447-5990。

### **Ilokano**

**BASAEN:** No saanka nga agsasao iti Ingles, mabalinmo a magun-odan ti libre a serbisio a tulong iti lengguahe. Adda met dagiti kanayonan a tulong ken serbisio a makaited kenka iti libre nga impormasion iti nalaka a maawatan a pormat. Dagiti miembro ti QUEST, tawaganyo ti 1 (800) 440-0640 a libre iti toll, TTY 1 (877) 447-5990, wenno makisaritaka iti provider-yo. Dagiti miembro ti Medicare Advantage ken plano a pang-komersio, tawaganyo ti 1 (800) 776-4672 wenno TDD/TTY 1 (877) 447-5990.

### **日本語**

**注意：**英語を話されない方には、無料で言語支援サービスをご利用いただけます。また、情報をアクセシブルな形式で提供するための補助ツールやサービスも無料でご利用いただけます。QUESTプログラムの加入者の方は、フリーダイヤル1 (800) 440-0640までお電話ください。TTYをご利用の場合は1 (877) 447-5990までお電話いただくか、担当医療機関にご相談ください。Medicare Advantageプランおよび民間保険プランの加入者の方は、1 (800) 776-4672までお電話いただくか、TDD/TTYをご利用の場合は1 (877) 447-5990までお電話ください。

### **한국어**

**주의：** 영어를 사용하지 않는 경우, 무료로 언어 지원 서비스를 이용할 수 있습니다. 무료로 접근 가능한 형식으로 정보를 받기 위해 보조 지원 및 서비스 역시 이용할 수 있습니다. QUEST 가입자는 수신자 부담 전화 1 (800) 440-0640, TTY 1 (877) 447-5990 번으로 전화하거나 서비스 제공자와 상의하십시오. Medicare Advantage 및 민간 플랜 가입자는 1 (800) 776-4672 또는 TDD/TTY 1 (877) 447-5990 번으로 전화하십시오.

### **ພາສາລາວ**

**ເຊີນຊາບ:** ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍ່ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພີ່ມໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ເຂົາເຈົ້າໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ເສຍຄ່າໄດ້ທີ່ເບີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ບໍລິການກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. ສະມາຊິກແຜນປະກັນ Medicare Advantage ແລະ ຊົນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

## Kajin Majōl

KŌJELLA: Ñe kwōjab jelā kenono kajin Belle, ewōr jibañ in ukok ñan kwe im ejellok wonnen. Ewōr kein roñjak im jibañ ko jet ñan wāween ko kwōmaron ebōk melele im ejellok wonnen. Armej ro rej kōjrbal QUEST, kall e 1 (800) 440-0640 ejellok wonnen, TTY 1 (877) 447-5990, ñe ejab kenono ibben taktō eo am. Medicare Advantage im ro rej kōjrbal injuran ko rej make wia, kall e 1 (800) 776-4672 ñe ejab TDD/TTY 1 (877) 447-5990.

## Lokaiahn Pohnpei

Kohdo: Ma ke mwahu en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. Me mwengei en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. QUEST mwengei, kohdo mwengei 1 (800) 440-0640, TTY 1 (877) 447-5990, me mwengei en kaiahn Pohnpei. Medicare Advantage me mwengei en kaiahn Pohnpei, kohdo mwengei 1 (800) 776-4672 me TDD/TTY 1 (877) 447-5990.

## Gagana Sāmoa

FAASILASILAGA: Afai e te lē tautala le faa-Igilisi, o loo avanoa mo oe e aunoa ma se totogi auaunaga fesoasoani i le gagana. O loo maua fo'i fesoasoani faaopo'opo ma auaunaga e tuuina atu ai iā te oe faamatalaga i auala eseese lea e maua e aunoa ma se totogi. Sui auai o le QUEST, valaau aunoa ma se totogi i le 1 (800) 440-0640, TTY 1 (877) 447-5990, pe talanoa i lē e saunia lau tausiga. Sui auai o le Medicare Advantage ma sui auai o peleni inisiua tumaoti, valaau i le 1 (800) 776-4672 po o le TDD/TTY 1 (877) 447-5990.

## Español

ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia con el idioma. También están disponibles ayuda y servicios auxiliares para brindarle información en formatos accesibles sin costo alguno. Los miembros de QUEST deben llamar al número gratuito 1 (800) 440-0640, TTY 1 (877) 447-5990 o hablar con su proveedor. Los miembros de Medicare Advantage y de planes comerciales deben llamar al 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

## Tagalog

PAUNAWA: Kung hindi ka nakapagsasalita ng Ingles, mayroon kang makukuhang mga serbisyo sa tulong sa wika nang libre. Mayroon ding mga auxiliary na tulong at serbisyo para bigyan ka ng impormasyon sa mga naa-access na format nang libre. Sa mga miyembro ng QUEST, tumawag sa 1 (800) 440-0640 nang toll-free, TTY 1 (877) 447-5990, o makipag-usap sa iyong provider. Sa mga miyembro ng Medicare Advantage at commercial plan, tumawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

## ไทย

โปรดให้ความสนใจ: หากท่านไม่พูดภาษาอังกฤษ เรามีบริการให้ความช่วยเหลือทางภาษาแก่ท่านโดยไม่มีค่าใช้จ่าย และยังมีความช่วยเหลือและบริการเสริมเพื่อให้ข้อมูลแก่ท่านในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่าย สำหรับสมาชิก QUEST โปรดโทรไปที่หมายเลขโทรฟรีที่หมายเลข 1 (800) 440-0640, TTY 1 (877) 447-5990 หรือพูดคุยกับผู้ให้บริการของคุณ สำหรับสมาชิก Medicare Advantage และแผนเชิงพาณิชย์ โปรดโทรไปที่หมายเลข 1 (800) 776-4672 หรือ TDD/TTY 1 (877) 447-5990

## Tonga

FAKATOKANGA: Kapau óku íkai keke lea Faka-Pilitania, óku í ai e tokotaha fakatonulea óku í ai ke tokonií koe íkai ha totongi. Óku í ai mo e kulupu tokoni ken au óatu e ngaahi fakamatala mo e tokoni íkai ha totongi. Kau memipa QUEST, ta ki he 1 (800) 440-0640 taé totongi, TTY 1 (877) 447-5990, pe talanoa ki hoó kautaha. Ko kinautolu óku Medicare Advantage mo e palani fakakomesiale, ta ki he 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

## Foosun Chuuk

ESINESIN: Ika kese sine Fosun Merika, mei wor aninisin fosun fonu ese kamo mi kawor ngonuk. Mei pwan wor pisekin aninis mi kawor an epwe esinei ngonuk porous non och wewe ika nikinik epwe mecheres me weweoch ngonuk ese kamo. Chon apach non QUEST, kekeri 1 (800) 440-0640 namba ese kamo, TTY 1 (877) 447-5990, ika fos ngeni noumw ewe chon awora aninis. Medicare Advantage ika chon apach non ekoch otot, kekeri 1 (800) 776-4672 ika TDD/TTY 1 (877) 447-5990.

## Tiếng Việt

CHÚ Ý: Nếu quý vị không nói được tiếng Anh, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các phương tiện và dịch vụ hỗ trợ cũng có sẵn để cung cấp cho quý vị thông tin ở các định dạng dễ tiếp cận mà không mất phí. Hội viên QUEST, xin gọi số miễn cước 1 (800) 440-0640, TTY 1 (877) 447-5990, hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị. Hội viên Medicare Advantage và chương trình thương mại, xin gọi số 1 (800) 776-4672 hoặc TDD/TTY 1 (877) 447-5990.

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently asked questions                                                                                   | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What's a FIDE SNP?</b>                                                                                    | <p>A FIDE SNP is a Fully Integrated Dual Eligible Special Needs Plan. This is a type of health plan that contracts with both Medicare and Med-QUEST Division to provide Medicare and Medicaid services to enrollees. A FIDE SNP combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated care system. It also has health coordinators to help you manage all your providers and services. They all work together to provide the care you need.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Will I get the same Medicare and Medicaid benefits in HMSA Akamai Advantage Dual Care that I get now?</b> | <p>You'll get most of your covered Medicare and Medicaid benefits directly from HMSA Akamai Advantage Dual Care. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from Community Care Services (CCS) or through Hawaii's Department of Health's Developmental Disabilities Division (DDD), Adult Mental Health Division (AMHD) and Child and Adolescent Mental Health Division (CAMHD), if applicable.</p> <p>When you enroll in HMSA Akamai Advantage Dual Care, you and your care team will work together to develop an Individualized Care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you're taking any Medicare Part D drugs that HMSA Akamai Advantage Dual Care doesn't normally cover, you can get a temporary supply, and we'll help you to transition to another drug or get an exception for HMSA Akamai Advantage Dual Care to cover your drug if medically necessary. For more information, call Customer Relations at the numbers listed at the bottom of this page.</p> |

**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

| Frequently asked questions                          | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Can I use the same doctors I use now?</b></p> | <p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with HMSA Akamai Advantage Dual Care and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in HMSA Akamai Advantage Dual Care’s network. If you use providers of pharmacies outside the network (out-of-network providers), the Dual Care plan may not pay for all costs of services/ drugs provided and you may be due to pay a cost share amount for the service provided.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of HMSA Akamai Advantage Dual Care’s plan.</li> <li>• If you are using an out-of-network provider for emergency care, urgently needed services, or out-of-area dialysis, you may not have to pay a higher cost-sharing amount. See Chapter 3 of the <i>Evidence of Coverage</i> for more information about these situations.</li> <li>• If you’re currently under treatment with a provider that’s out of HMSA Akamai Advantage Dual Care’s network or have an established relationship with a provider that’s out of HMSA Akamai Advantage Dual Care’s network, call Customer Relations to check about staying connected.</li> </ul> <p>To find out if your providers are in the plan’s network, call Customer Relations at the numbers listed at the bottom of this page or read HMSA Akamai Advantage Dual Care’s <i>Provider and Pharmacy Directory</i> on the plan’s website at <a href="https://hmsa.com/advantage">hmsa.com/advantage</a>.</p> <p>If HMSA Akamai Advantage Dual Care is new for you, we’ll work with you to develop an Individualized Care Plan (ICP) to address your needs.</p> |

**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

| Frequently asked questions                                                                                      | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What's an HMSA Akamai Advantage Dual Care health coordinator?</b>                                            | <p>A HMSA Akamai Advantage Dual Care health coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need, including the following:</p> <ul style="list-style-type: none"> <li>• Answer questions you may have about your plan services.</li> <li>• Evaluate your health and help you identify and overcome health issues.</li> <li>• Complete the health assessment.</li> <li>• Personalize your care plan.</li> <li>• Coordinate follow up care.</li> <li>• If you have questions, you can call your health coordinator at (808) 948-6997 or 1 (844) 223-9856 toll-free Monday through Friday, 7:45 a.m. to 4:30 p.m. For TTY, call 711.</li> </ul> |
| <b>What are Long-term Services and Supports (LTSS)?</b>                                                         | <p>Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>What happens if I need a service but no one in HMSA Akamai Advantage Dual Care's network can provide it?</b> | <p>Most services will be provided by our network providers. If you need a service that can't be provided within our network, HMSA Akamai Advantage Dual Care will pay for the cost of an out-of-network provider.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Where's HMSA Akamai Advantage Dual Care available?</b>                                                       | <p>The service area for this plan includes the state of Hawaii. You must live in the state of Hawaii to join the plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| Frequently asked questions                                                                                                        | Answers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What's prior authorization?</b>                                                                                                | <p>Prior authorization means approval from HMSA Akamai Advantage Dual Care to seek services outside of our network or to get services not routinely covered by our network before you get the services. HMSA Akamai Advantage Dual Care may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. HMSA Akamai Advantage Dual Care can provide you or your provider with a list of services or procedures that require you to get prior authorization from HMSA Akamai Advantage Dual Care before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Customer Relations at the numbers listed at the bottom of this page for help.</p> |
| <b>Do I pay a monthly amount (also called a premium) under HMSA Akamai Advantage Dual Care?</b>                                   | No. Because you have Medicaid, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Do I pay a deductible as a member of HMSA Akamai Advantage Dual Care?</b>                                                      | No. You don't pay deductibles in HMSA Akamai Advantage Dual Care for medical services or Part D drugs because you have Medicaid and Extra Help.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>What's the maximum out-of-pocket amount that I'll pay for medical services as a member of HMSA Akamai Advantage Dual Care?</b> | There's no cost-sharing for Medicare-covered medical services in HMSA Akamai Advantage Dual Care, so your annual out-of-pocket costs will be \$0. HMSA Akamai Advantage Dual Care has a medical maximum out-of-pocket (MOOP) of \$9,850 in-network and \$14,800 for combined in-network and out-of-network Medicare-covered medical services. You may not reach the maximum out-of-pocket because you have Medicaid and pay no cost-sharing for Medicare-covered medical services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>What's the maximum out-of-pocket amount that I'll pay for Part D drugs as a member of HMSA Akamai Advantage Dual Care?</b>     | There's no cost-sharing for Medicare Part D drugs covered on HMSA Akamai Advantage Dual Care's <i>List of Covered Drugs</i> (Drug List), so your annual out-of-pocket costs will be \$0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

| Health need or concern        | Services you may need                               | Your costs for in-network providers         | Limitations, exceptions, & benefit information (rules about your benefits)                                                                                                                                                                                                        |
|-------------------------------|-----------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need hospital care</b> | Inpatient hospital stay                             | \$0                                         | For inpatient hospital stays out-of-network, the following costs may apply:<br>\$1,736 deductible and<br>Days 1-60: \$0/day<br>Days 61-90: \$434/day<br>Lifetime Reserve Days (60): \$868/day<br>These out-of-network costs may change in 2027.<br>Prior authorization may apply. |
|                               | Outpatient hospital services, including observation | \$0                                         | 30% of the cost out-of-network<br>Prior authorization may apply.                                                                                                                                                                                                                  |
|                               | Ambulatory surgical center (ASC) services           | \$0                                         | 30% of the cost out-of-network<br>Prior authorization may apply.                                                                                                                                                                                                                  |
|                               | Doctor or surgeon care                              | Included in cost of inpatient hospital stay | Prior authorization may apply.                                                                                                                                                                                                                                                    |

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| Health need or concern         | Services you may need                                                                    | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about your benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------|------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You want a doctor</b>       | Visits to treat an injury or illness                                                     | \$0                                 | 30% of the cost out-of-network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | \$0                                 | <p>\$0 out-of-network</p> <ul style="list-style-type: none"> <li>• Bone mass measurements.</li> <li>• Diabetes screenings.</li> <li>• Mammograms.</li> <li>• Some vaccines such as pneumonia, flu/influenza, Hepatitis B, and COVID-19 shots, and pneumococcal shots.</li> </ul> <p>For a complete list of preventive care services, please see the HMSA Akamai Advantage Dual Care <i>Evidence of Coverage</i> and <i>HMSA QUEST Member Handbook</i>. For more information, call Customer Relations at the numbers listed at the bottom of this page or visit our website at <a href="https://hmsa.com/advantage">hmsa.com/advantage</a>.</p> |
|                                | Wellness visits, such as a physical                                                      | \$0                                 | <p>\$0 out-of-network</p> <ul style="list-style-type: none"> <li>• One wellness visit every calendar year.</li> <li>• One physical exam every calendar year.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                | "Welcome to Medicare" (preventive visit one time only)                                   | \$0                                 | <p>\$0 out-of-network</p> <ul style="list-style-type: none"> <li>• One "Welcome to Medicare" visit within the first 12 months you have Medicare Part B.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                | Specialist care                                                                          | \$0                                 | 30% of the cost out-of-network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>You need emergency care</b> | Emergency room services                                                                  | \$0                                 | <p>\$0 out-of-network</p> <p>You won't pay a copayment for emergency care if you're admitted to the hospital within 24 hours.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                | Urgent care                                                                              | \$0                                 | <p>\$0 out-of-network</p> <p>You won't pay a copayment for urgent care if you're admitted to the hospital within 24 hours.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| Health need or concern                                       | Services you may need                                                                                    | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about your benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need medical tests</b>                                | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | \$0                                 | 30% of the cost out-of-network<br>Prior authorization may apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                              | Lab tests and diagnostic procedures, such as blood work                                                  | \$0                                 | 30% of the cost out-of-network<br>Prior authorization may apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>You need hearing/auditory services</b>                    | Hearing screenings                                                                                       | \$0                                 | 30% of the cost out-of-network <ul style="list-style-type: none"> <li>Medicare-covered hearing exam to diagnose and treat hearing and balance related conditions.</li> </ul> Not covered out-of-network <ul style="list-style-type: none"> <li>One hearing-aid evaluation every 12 months.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                              | Hearing aids                                                                                             | \$0                                 | Not covered out-of-network <ul style="list-style-type: none"> <li>Unilateral and binaural hearing aids with standard features every 24 months.</li> </ul> Prior authorization may apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>You need dental care<br/>(continued on the next page)</b> | Dental check-ups and preventive care                                                                     | \$0                                 | 30% of the cost out-of-network <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> <li>Oral Health for Total Health.</li> </ul> For more information about covered dental services, check your HMSA Akamai Advantage Dual Care <i>Evidence of Coverage</i> and <i>HMSA QUEST Member Handbook</i> at our website <a href="https://hmsa.com/advantage">hmsa.com/advantage</a> or call the numbers listed at the bottom of the page. |

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| Health need or concern                                 | Services you may need                 | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about your benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------|---------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You need dental care<br>(continued from previous page) | Restorative and emergency dental care | \$0                                 | 30% of the cost out-of-network <ul style="list-style-type: none"> <li>• Two fillings every calendar year.</li> <li>• Four extractions every calendar year.</li> <li>• One impacted tooth removal per tooth per lifetime.</li> <li>• One root canal every calendar year.</li> <li>• One crown every calendar year.</li> <li>• One deep cleaning per quadrant every 24 months.</li> <li>• Two therapeutic cleanings every calendar year.</li> <li>• One full mouth debridement every 3 calendar years.</li> <li>• One complete denture or partial denture per arch (upper/lower) every 5 calendar years.</li> <li>• One immediate denture per arch (upper/lower) per lifetime.</li> <li>• Two denture adjustments and/or repairs per arch (upper/lower) every calendar year.</li> <li>• One denture rebase or reline per arch (upper/lower) every calendar year.</li> </ul> <p>For more information about covered dental services, check your HMSA Akamai Advantage Dual Care <i>Evidence of Coverage</i> and <i>HMSA QUEST Member Handbook</i> at our website <a href="https://hmsa.com/advantage">hmsa.com/advantage</a> or call the numbers listed at the bottom of the page.</p> |
|                                                        |                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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|                                                        |                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| You need eye care                                      | Eye exams                             | \$0                                 | 30% of the cost out-of-network <ul style="list-style-type: none"> <li>• One routine eye exam every calendar year.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                        | Glasses or contact lenses             | \$0<br>Plan pays \$200/year         | \$0<br>Plan pays \$200/year out-of-network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                        | Other vision care                     | \$0                                 | 30% of the cost out-of-network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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| Health need or concern                          | Services you may need                                                                                     | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about your benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need behavioral health services</b>      | Behavioral health services                                                                                | \$0                                 | <p>30% of the cost out-of-network</p> <p>For specialized behavioral health services, see Community Care Services (CCS) in Section D. CCS provides specialized behavioral health services to eligible adult Medicaid members with severe mental illness (SMI) and/or severe and persistent mental illness (SPMI).</p>                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                 | Inpatient and outpatient care and community-based services for people who need behavioral health services | \$0                                 | <p>For inpatient behavioral health stays out-of-network, the following costs may apply:</p> <p>\$1,736 deductible and</p> <p>Days 1-60: \$0/day</p> <p>Days 61-90: \$434/day</p> <p>Lifetime Reserve Days (60): \$868/day</p> <p>These out-of-network costs may change in 2027.</p> <p>For outpatient behavioral health care out-of-network, the following costs may apply:</p> <p>30% of the cost out-of-network</p> <p>For specialized behavioral health services, see Community Care Services (CCS) in Section D. CCS provides specialized behavioral health services to eligible adult Medicaid members with severe mental illness (SMI) and/or severe and persistent mental illness (SPMI).</p> <p>Prior authorization may apply.</p> |
| <b>You need substance use disorder services</b> | Substance use disorder services                                                                           | \$0                                 | 30% of the cost out-of-network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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| Health need or concern                                            | Services you may need                               | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about your benefits)                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need a place to live with people available to help you</b> | Skilled nursing care                                | \$0                                 | <p>For skilled nursing care out-of-network, the following costs may apply:</p> <p>Days 1-20: \$0/day</p> <p>Days 21-100: \$217/day</p> <p>Days 101-180: \$0/day</p> <p>These out-of-network costs may change in 2027.</p> <p>Our plan covers up to 180 days. No prior Medicare-covered acute level of care hospital stay is required.</p> <p>Prior authorization may apply.</p> |
|                                                                   | Nursing home care                                   | \$0                                 | <p>Not covered out-of-network</p> <p>Prior authorization may apply.</p>                                                                                                                                                                                                                                                                                                         |
|                                                                   | Adult foster care and group adult foster care       | \$0                                 | <p>Not covered out-of-network</p> <p>Prior authorization may apply.</p>                                                                                                                                                                                                                                                                                                         |
| <b>You need therapy after a stroke or accident</b>                | Occupational, physical, or speech therapy           | \$0                                 | <p>30% of the cost out-of-network</p> <p>Prior authorization may apply.</p>                                                                                                                                                                                                                                                                                                     |
| <b>You need help getting to health services</b>                   | Ambulance services                                  | \$0                                 | <p>30% of the cost out-of-network</p> <p>Prior authorization may apply.</p>                                                                                                                                                                                                                                                                                                     |
|                                                                   | Transportation to medical appointments and services | \$0                                 | <p>Not covered out-of-network</p> <p>Prior authorization may apply.</p>                                                                                                                                                                                                                                                                                                         |

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| Health need or concern                                           | Services you may need           | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about your benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------|---------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need drugs to treat your illness or condition</b>         | Medicare Part B drugs           | \$0                                 | 20% of the cost out-of-network<br><br>Prior authorization may apply. Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Evidence of Coverage</i> for more information on these drugs.                                                                                                                                                                                                                                                                                                                                               |
|                                                                  | Medicare Part D drugs           | \$0                                 | There may be limitations on the types of drugs covered. Please refer to HMSA Akamai Advantage Dual Care's <i>List of Covered Drugs</i> (Drug List) for more information.<br><br>Save time when you get an extended 100-day supply of maintenance prescription drugs for chronic conditions mailed to your home, or available at select retail pharmacy locations. To sign up, call CVS Caremark's Customer Care at 1 (855) 479-3659.<br><br>For more information, visit <a href="https://hmsa.com/help-center/order-your-prescription-drugs-through-the-mail/">hmsa.com/help-center/order-your-prescription-drugs-through-the-mail/</a> . |
| <b>You need help getting better or have special health needs</b> | Rehabilitation services         | \$0                                 | 30% of the cost out-of-network<br><br>Prior authorization may apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                  | Medical equipment for home care | \$0                                 | 20% of the cost out-of-network<br><br>Prior authorization may apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                  | Dialysis services               | \$0                                 | Outpatient dialysis: 20% of the cost out-of-network<br><br>Inpatient dialysis: See inpatient hospital stay out-of-network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>You need foot care</b>                                        | Podiatry services               | \$0                                 | 30% of the cost out-of-network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                  | Orthotic services               | \$0                                 | 20% of the cost out-of-network<br><br>Prior authorization may apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

| Health need or concern                                                                                                                                                                                             | Services you may need                        | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about your benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need durable medical equipment (DME)</b><br><br>Note: This isn't a complete list of covered DME. For a complete list, contact Customer Relations or refer to Chapter 4 of the <i>Evidence of Coverage</i> . | Wheelchairs, crutches, and walkers           | \$0                                 | 20% of the cost out-of-network<br>Prior authorization may apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                    | Nebulizers                                   | \$0                                 | 20% of the cost out-of-network<br>Prior authorization may apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                    | Oxygen equipment and supplies                | \$0                                 | 20% of the cost out-of-network<br>Prior authorization may apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>You need help living at home</b><br><br><b>(continued on the next page)</b>                                                                                                                                     | Home health services                         | \$0                                 | \$0 out-of-network<br>Prior authorization may apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                    | Home maintenance such as grab bars and ramps | \$0                                 | Not covered out-of-network<br><br>These adaptations are necessary changes made to your home to ensure your health, welfare, and safety, or to enable you to function with greater independence at home.<br><br>Examples include: <ul style="list-style-type: none"> <li>• Installation of ramps and grab bars.</li> <li>• Widening of doorways.</li> <li>• Modification of bathroom facilities.</li> <li>• Installation of specialized electric and plumbing systems, which are necessary to accommodate the medical equipment and supplies that are necessary for the welfare of the individual.</li> <li>• Window air conditioners may be installed when necessary for your health and safety.</li> </ul> |

**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

| Health need or concern                                                           | Services you may need                                       | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about your benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You need help living at home</b><br><br><b>(continued from previous page)</b> | Home maintenance such as grab bars and ramps                | \$0                                 | Prior authorization may apply. This is a Long Term Support Services (LTSS) service provided to a member via QUEST and requires a patient assessment on <a href="https://www.hsag.com/en/myhawaiiagro/loc-forms/DHS%20Form%201147">https://www.hsag.com/en/myhawaiiagro/loc-forms/ DHS Form 1147</a> . For further information and/or to apply for these services, please reach out to your PCP or your HMSA health care coordinator who will arrange to meet with you to learn more about your health history and work with you to develop a service plan and submit the form to DHS, to ensure you receive the services needed.                                       |
|                                                                                  | Adult day health, adult day care, or other support services | \$0                                 | Not covered out-of-network<br><br>Prior authorization may apply. This is a Long Term Support Services (LTSS) service provided to a member via QUEST and requires a patient assessment on the <a href="https://www.hsag.com/en/myhawaiiagro/loc-forms/DHS%20Form%201147">https://www.hsag.com/en/myhawaiiagro/loc-forms/ DHS Form 1147</a> . For further information and/or to apply for these services, please reach out to your PCP or your HMSA health care coordinator who will arrange to meet with you to learn more about your health history and work with you to develop a service plan and submit the form to DHS, to ensure you receive the services needed. |

**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

| Health need or concern                                                                  | Services you may need        | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about your benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------|------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>You need help living at home</b></p> <p><b>(continued from previous page)</b></p> | Home delivered meals         | \$0                                 | <p>Not covered out-of-network</p> <p>Nutritious meals delivered to where you live (excluding residential and institutional settings). The meals will not replace or substitute for a full day's nutrition.</p> <p>No more than two meals per day.</p> <p>Prior authorization may apply. This is a Long Term Support Services (LTSS) service provided to a member via QUEST and requires a patient assessment on the <a href="https://www.hsag.com/en/myhawaiieqro/loc-forms/DHS%20Form%201147">https://www.hsag.com/en/myhawaiieqro/loc-forms/ DHS Form 1147</a>. For further information and/or to apply for these services, please reach out to your PCP or your HMSA health care coordinator who will arrange to meet with you to learn more about your health history and work with you to develop a service plan and submit the form to DHS, to ensure you receive the services needed.</p> |
|                                                                                         | Personal assistance services | \$0                                 | <p>Not covered out-of-network.</p> <p>Prior authorization may apply. This is a Long Term Support Services (LTSS) service provided to a member via QUEST and requires a patient assessment on the <a href="https://www.hsag.com/en/myhawaiieqro/loc-forms/DHS%20Form%201147">https://www.hsag.com/en/myhawaiieqro/loc-forms/ DHS Form 1147</a>. For further information and/or to apply for these services, please reach out to your PCP or your HMSA health care coordinator who will arrange to meet with you to learn more about your health history and work with you to develop a service plan and submit the form to DHS, to ensure you receive the services needed.</p>                                                                                                                                                                                                                    |

**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

| Health need or concern                                                | Services you may need          | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about your benefits)                                                                                                                                                                                                          |
|-----------------------------------------------------------------------|--------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Additional services</b><br><br><b>(continued on the next page)</b> | Chiropractic services          | \$0                                 | 30% of the cost out-of-network<br><br>We only cover manual manipulation of the spine to correct subluxation.<br><br>Prior authorization may apply.                                                                                                                                  |
|                                                                       | Acupuncture services           | \$0                                 | 30% of the cost out-of-network<br><br>We only cover acupuncture for chronic low back pain for up to 12 visits in 90 days. An additional eight visits will be covered for those patients demonstrating improvement. No more than 20 acupuncture visits may be administered annually. |
|                                                                       | Diabetes supplies and services | \$0                                 | 20% of the cost out-of-network<br><br>Diabetic test strips have quantity limits.<br><br>We only cover preferred brands and manufacturers of blood glucose monitors, listed in chapter 4 of your <i>Evidence of Coverage</i> .                                                       |
|                                                                       | Prosthetic services            | \$0                                 | 20% of the cost out-of-network<br><br>Prior authorization may apply.                                                                                                                                                                                                                |
|                                                                       | Radiation therapy              | \$0                                 | 20% of the cost out-of-network<br><br>Prior authorization may apply.                                                                                                                                                                                                                |

**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

| Health need or concern                                | Services you may need                                                    | Your costs for in-network providers                                                                        | Limitations, exceptions, & benefit information (rules about your benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Additional services<br>(continued from previous page) | Over-The-Counter (OTC) Health Products + Food + Home Utilities Allowance | \$0<br><br>Plan pays \$115/month                                                                           | All members are eligible for the Over-the-Counter (OTC) Health Products Allowance. Only members with select chronic health conditions are eligible for the Food and Home Utilities Allowance. If you are eligible for the Food and Home Utilities Allowance, your allowance will be combined with the OTC Health Products Allowance.<br><br>You'll receive an HMSA Extra Benefits debit card with an allowance for over-the-counter health products, food, and home utilities. You can purchase covered products at retail stores or through mail-order delivery at HMSAExtraBenefits.com or call 1 (800) 790-6019 toll-free. |
|                                                       | Fitness – Silver&Fit Healthy Aging and Exercise Program                  | \$0/month for standard network fitness centers<br><br>\$30-\$764/month for premium network fitness centers | 50% of the cost out-of-network<br><br>The Silver&Fit Healthy Aging and Exercise Program includes 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                                                                                                                                                                                                                                                                                                                                 |
|                                                       | Telehealth services                                                      | \$0                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the HMSA Akamai Advantage Dual Care *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call HMSA Akamai Advantage Dual Care Customer Relations at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Customer Relations or visit [hmsa.com/advantage](https://hmsa.com/advantage).

**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

## D. Benefits covered outside of HMSA Akamai Advantage Dual Care

There are some services that you can get that aren't covered by HMSA Akamai Advantage Dual Care but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Customer Relations at the numbers listed at the bottom of this page to find out about these services.

| Other services covered by Medicare, Medicaid, or a State Agency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Your costs                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Intellectual and developmental disabilities home and community-based services Medicaid waiver program (Hawaii's Department of Health's Developmental Disabilities Division)                                                                                                                                                                                                                                                                                                                                                                                                                               | \$0                                                                                                                                                                                                                                    |
| State of Hawaii Organ and Tissue Transplant (SHOTT)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$0<br>If your provider has any questions, your provider may call the MQD provider hotline at (808) 692-8099.                                                                                                                          |
| Certain hospice care services covered outside of HMSA Akamai Advantage Dual Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                    |
| Specialized behavioral health services by the Community Care Services (CCS) Program<br><br>Specialized behavioral health services are provided by the Community Care Services (CCS) program. This program provides intensive behavioral health services, in addition to basic behavioral health services covered by Medicaid health plans, to adults diagnosed with a qualifying serious mental illness (SMI) and/or a serious and persistent mental illness (SPMI). These adults must be enrolled in a Medicaid health plan and meet CCS eligibility criteria as determined by Med-QUEST Division (MDQ). | \$0<br><br>To find out if you're eligible for these services, call Ohana Community Care Services at 1 (888) 846-4262 toll-free. If you're enrolled in this program, all your care related to behavioral health will be covered by CCS. |

**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

## E. Services that HMSA Akamai Advantage Dual Care, Medicare, and Medicaid don't cover

This isn't a complete list. Call Customer Relations at the numbers listed at the bottom of this page to find out about other excluded services.

| Services HMSA Akamai Advantage Dual Care, Medicare, and Medicaid don't cover                                  |                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cosmetic surgery or procedures.                                                                               | Covered in cases of an accidental injury or for improvement of the functioning of a malformed body member. Covered for all stages of reconstruction for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.                                                                                                                             |
| Fees charged for care by your immediate relatives or members of your household.                               | Not covered under any condition.                                                                                                                                                                                                                                                                                                                                                           |
| Naturopath services (uses natural or alternative treatments).                                                 | Not covered under any condition.                                                                                                                                                                                                                                                                                                                                                           |
| Outpatient prescription drugs received in a foreign country.                                                  | Not covered under any condition.                                                                                                                                                                                                                                                                                                                                                           |
| Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television. | Not covered under any condition.                                                                                                                                                                                                                                                                                                                                                           |
| Private room in a hospital.                                                                                   | Covered only when medically necessary.                                                                                                                                                                                                                                                                                                                                                     |
| Reversal of sterilization procedures and or nonprescription contraceptive supplies.                           | Not covered under any condition.                                                                                                                                                                                                                                                                                                                                                           |
| Some eyewear, radial keratotomy, LASIK surgery, and other low vision aids.                                    | No payment will be made for: broken, lost or stolen lenses, contact lenses or frames; sunglasses; prescription inserts for diving masks and any protective eyewear; non-prescription industrial or safety glasses; non-standard items for lenses including tinting, blending, oversized lenses and invisible bifocal and trifocals, repair and replacement of frame parts and accessories. |
| Services not considered "reasonable and necessary" according to standards of Medicare and Medical Assistance. | Not covered under any condition.                                                                                                                                                                                                                                                                                                                                                           |

**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

## F. Your rights as a member of the plan

As a member of HMSA Akamai Advantage Dual Care, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but aren't limited to, the following:

**You have a right to respect, fairness, and dignity.** This includes the right to:

- Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance.
- Get information in other languages and formats (for example, large print, braille, or audio) free of charge.
- Be free from any form of physical restraint or seclusion.

**You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:

- Description of the services we cover.
- How to get services.
- How much services will cost you.
- Names of health care providers and health coordinator.

**You have the right to make decisions about your care, including refusing treatment.** This includes the right to:

- Choose a primary care provider (PCP) and change your PCP at any time during the year.
- Use a women's health care provider without a referral.
- Get your covered services and drugs quickly.
- Know about all treatment options, no matter what they cost or whether they're covered.
- Refuse treatment, even if your health care provider advises against it.
- Stop taking medicine, even if your health care provider advises against it.
- Ask for a second opinion. HMSA Akamai Advantage Dual Care will pay for the cost of your second opinion visit.
- Make your health care wishes known in an advance directive.



**If you have questions,** please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information,** visit [hmsa.com/advantage](https://hmsa.com/advantage).



**You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:

- Get timely medical care.
- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
- Have interpreters to help with communication with your health care providers and your health plan.

**You have the right to seek emergency and urgent care when you need it.** This means you have the right to:

- Get emergency services without prior authorization in an emergency.
- Use an out-of-network urgent or emergency care provider, when necessary.

**You have a right to confidentiality and privacy.** This includes the right to:

- Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
- Have your personal health information kept private.
- Have privacy during treatment.

**You have the right to make complaints about your covered services or care.** This includes the right to:

- File a complaint or grievance against us or our providers.
- File a complaint with HMSA Akamai Advantage Dual Care at 1 (800) 660-4672, option 6, toll-free. For TTY, call 711. The HMSA Akamai Advantage Dual Care website is [hmsa.com/advantage](https://hmsa.com/advantage).
- Appeal certain decisions made by HMSA Akamai Advantage Dual Care.
- Ask for a State Administrative Hearing for appeals not resolved wholly in your favor.
- Get a detailed reason for why services were denied.

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call HMSA Akamai Advantage Dual Care Customer Relations at the numbers listed at the bottom of this page. How to file a complaint or appeal a denied service.

**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

## G. How to file a complaint or appeal a denied service

If you have a complaint or think HMSA Akamai Advantage Dual Care should cover something we denied, call Customer Relations at 1 (800) 660-4672, option 6, toll-free or 711 for TTY. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call HMSA Akamai Advantage Dual Care Customer Relations at 1 (800) 660-4672, option 6, toll-free or 711 for TTY.

If you believe that we've failed to provide these services or discriminated in another way, you can file a grievance in any of the following ways:

**Phone:** 1 (800) 440-0640 toll-free or 1 (877) 447-5990 toll-free for TTY.

**Email:** GA\_Help@hmsa.com

**Fax:** (808) 948-8224

**Mail:** Attn: Grievance Coordinator  
P.O. Box 860  
Honolulu, HI 96808-0860

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, in any of the following ways:

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

**Phone:** 1 (800) 368-1019 toll-free  
TDD users, call 1 (800) 537-7697 toll-free

**Mail:** U.S. Department of Health and Human Services  
200 Independence Ave S.W., Room 509F  
HHH Building  
Washington, DC 20201

For complaint forms, please go to [hhs.gov/ocr/complaints/index.html](https://hhs.gov/ocr/complaints/index.html). This notice is available at HMSA's website: <https://hmsa.com/non-discrimination-notice/>.

**How to file a QUEST grievance or complaint:** If you believe HMSA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Phone:** 1 (800) 462-2085 toll-free

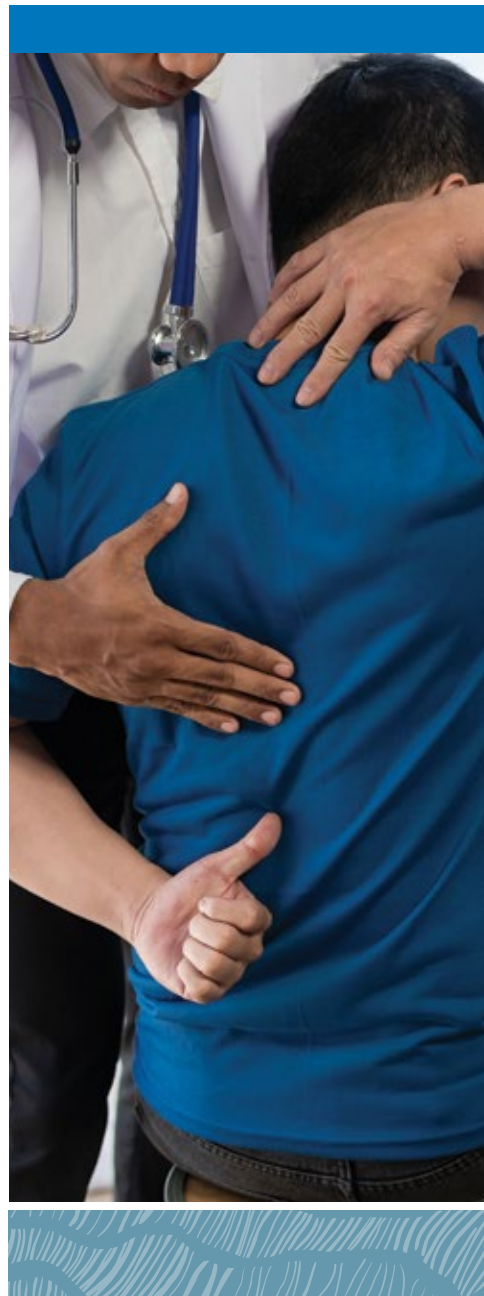
**TTY:** 1 (877) 447-5990 toll-free

**Email:** GA\_Help@hmsa.com

**Fax:** (808) 952-7546

**Mail:** HMSA QUEST, Attn: Grievance Coordinator  
P.O. Box 860, Honolulu, HI 96808-0860

**If you have questions,** please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information,** visit [hmsa.com/advantage](https://hmsa.com/advantage).



## H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

Call us at HMSA Akamai Advantage Dual Care Customer Relations at the numbers listed at the bottom of this page.

### **Or call the HMSA Special Investigation Unit at**

(808) 948-5166 or 1 (888) 398-6445 toll-free.

TTY users may call 1 (877) 447-5990.

### **Mail**

HMSA Special Investigations Unit

P.O. Box 860

Honolulu, HI 96808

### **Email**

fraud&abuse@hmsa.com

### **Or call Medicare at**

1 (800) MEDICARE (1-800-633-4227).

TTY users may call 1 (877) 486-2048.

You can call these numbers for free.

**If you have general questions or questions about our plan, services, service area, billing, or membership cards, please call HMSA Akamai Advantage Dual Care Customer Relations:**

(808) 948-6000 or 1 (800) 660-4672, option 6, toll-free.

Calls to this number are free.

7:45 a.m.-8 p.m.

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

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

Customer Relations also has free language interpreter services available for non-English speakers.

For TTY, call 711. Calls to this number are free.

Call 7:45 a.m. to 8 p.m.

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

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

### **If you have questions about your health:**

Call your primary care provider (PCP). Follow your PCP's instructions for receiving care when the office is closed.

If your PCP's office is closed, you can also call HMSA's 24-Hour Nurseline. A nurse will listen to your concern and tell you how to receive care. The numbers for the 24-Hour Nurseline are:

(808) 948-6000 or 1 (800) 660-4672, option 6, toll-free. TTY: 711.

Calls to this number are free.

Seven days a week 7:45 a.m.-8 p.m.

HMSA Akamai Advantage Dual Care also has free language interpreter services available for non-English speakers.

**If you have questions**, please call HMSA Akamai Advantage Dual Care (PPO D-SNP) at 1 (800) 660-4672, option 6. TTY: 711. Call 7:45 a.m. to 8 p.m. Oct. 1-March 31: Seven days a week. April 1-Sept. 30: Monday-Friday. The call is free. **For more information**, visit [hmsa.com/advantage](https://hmsa.com/advantage).

# Medicare and QUEST (Medicaid) made simple.

**HMSA Akamai Advantage Dual Care  
coordinates your Medicare and HMSA QUEST  
benefits at no additional cost.**



## **Choose your doctors**

See doctors you know and trust. You have access to a large provider network. With primary care providers, nurse practitioners, specialists, and other providers, you're sure to find the care you need. To find a provider, go to [hmsa.com](https://hmsa.com) and click Find a Doctor. See page 33 to learn more.



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

You'll get \$115 every month to purchase over-the counter health products at select retail stores or through the mail by ordering online or by phone. Members with certain chronic conditions can also use their allowance to buy healthy foods and help pay for home utility bills, such as electricity, gas, and water.



## **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.



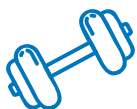
## **Vision**

You'll see clearly when you get \$200 annually for eyeglasses and contact lenses.



## **Prescription drugs**

\$0 copayment for covered prescription drugs.



## **Fitness first**

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





### Safe and convenient access to care



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

### Preventive care



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

### Health education workshops



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

### Customer service



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

### Care team on your side



You'll work with a health coordinator or registered nurse to create a personalized care plan to help you achieve your health goals. See page 39 to learn more.

### Convenient health care experience



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

\*The Food and Home Utilities allowance is a special supplemental benefit available only to chronically ill members with eligible chronic conditions like: diabetes, high blood pressure (hypertension), high cholesterol (hyperlipidemia), cardiovascular disorders (i.e. heart problems), and stroke. Other conditions may be eligible. For the full list of eligible chronic conditions, see [hmsa.com/ExtraBenefits-DualCare](https://hmsa.com/ExtraBenefits-DualCare). All applicable eligibility requirements must be met before the benefit is provided. Not all members qualify. This benefit is only available on HMSA Akamai Advantage Dual Care (PPO D-SNP).

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

# HMSA Akamai Advantage Dual Care (PPO D-SNP) Provider and Pharmacy Directory

## Looking for a Doctor?

The 2027 provider directory will be available Oct. 15, 2026.

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

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

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

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

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

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.



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

## Prescription Drug List 2027 (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, 2026.**

### 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 2027 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 Sign up to create an account. 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 (808) 948-6000, option 6, or 1 (800) 660-4672, option 6, toll-free daily, 7:45 a.m.-8 p.m. For TTY, call 711.

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



# Prescription Drugs

## Convenient ways to get your prescription drugs



### Save time with mail order

Have your prescriptions mailed to your door with our on-island mail order pharmacy. You can save on trips to the pharmacy, get maintenance prescription drugs filled for up to a 100-day supply, and order automatic refills for drugs you take for chronic conditions.



### Pharmacies at convenient locations near you

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



### Connect with your pharmacy care team

If you have questions about your prescription drugs, talk to our pharmacy care team on the phone or in person. They can help you navigate your prescription drug coverage and understand your Medicare Part D benefits. To learn more, call 1 (855) 479-3659 toll-free, 24 hours a day, seven days a week. For TTY, call 711.



### While traveling

If you need a prescription while you're on the Mainland, just show your HMSA membership card at one of more than 9,000 CVS Pharmacy locations nationwide. You can easily find in-network pharmacies on [hmsa.com](https://hmsa.com) for your provider to send new prescriptions to. Our Customer Care team is also available to help you at 1 (855) 479-3659 toll-free, 24 hours a day, seven days a week. For TTY, call 711.



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

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



# *Empowering You in Living Boldly™*

The Silver&Fit® Healthy Aging and Exercise program supports every unique member.



## **National Network of Fitness Centers**

Access to a network of participating fitness centers or select YMCAs. You also have access to Premium locations like fitness centers, studios, and unique fitness experiences for a buy-up price.<sup>1</sup>



## **On-Demand Workout Videos**

Visit the Silver&Fit website to find workout videos tailored to older adults and designed for all fitness levels.



## **Home Fitness Kits**

Pick one kit per benefit year to enhance your at-home workout routine.<sup>2</sup>



## **Workout Plans**

Answer a few online questions to get a custom exercise plan that focuses on goals like getting stronger, staying fit during recovery, and chronic condition management.



## **Well-Being Coaching**

Get support in areas like fitness, healthy eating, stress, sleep, and weight loss while taking GLP-1 or anti-obesity medications. Trained coaches are available by phone, video, or chat.<sup>3</sup>



## **Well-Being Club**

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

**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.

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<sup>1</sup>Fitness center participation may vary by location and is subject to change. Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website.

<sup>2</sup>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**. Kits are based on availability and subject to change. Shipping times vary and kits may take up to 30 days to arrive.

<sup>3</sup>The Silver&Fit program isn't a medical provider or pharmacist, and its coaches don't offer medical or pharmaceutical advice. They can't and don't diagnose or treat medical, mental health, or other health conditions. Coaches provide general information for educational purposes only. For any medical or health concerns, consult a qualified health care professional.

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 aren't available in all areas. Persons shown aren't 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.

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.

M950-712M-BCBSHI Program Flier 07/26 © 2026 American Specialty Health Incorporated.  
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Follow us at:    



# Enrollment Options

**Ready to enroll? Sign up today!**

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



## **Online**

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



## **Phone**

- (808) 948-6235 or 1 (800) 693-4672 toll-free
  - TTY: 711
- Call 8 a.m. to 8 p.m.

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

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



## **In person**

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

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



## **Mail**

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

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



## **Through the Medicare Plan Finder**

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

# Health Coordination

We're with you every step of the way

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

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

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

### Step 2. Take a health assessment.

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

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

- Over the phone.
- In person with your health coordinator.
- By mail.
- Laptop or mobile device.

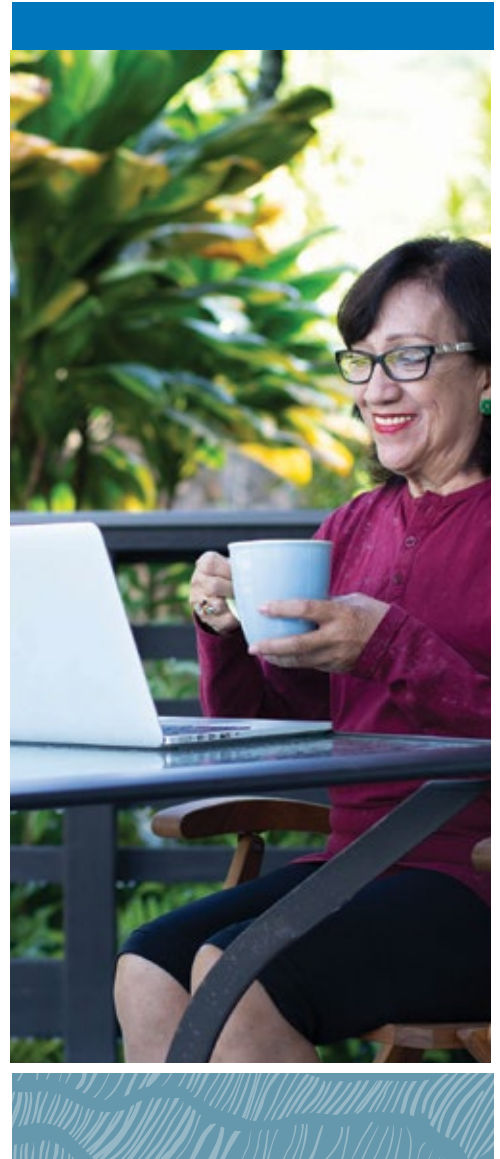
Whatever method you choose, the questionnaire will take about 5-10 minutes to complete. See page 40.

### Step 3. Meet your health coordinator.

Regardless of how you choose to complete your questionnaire, your health coordinator will help you develop an action plan to get you the care you need.

### Step 4. Follow-up care.

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



# Complete Your Health Assessment

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



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

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

## What are the next steps?

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



### **Step 1. Complete the health assessment.**

The health assessment takes about 5 to 10 minutes. You can complete it over the phone, using a laptop, or mobile device, or in person with an HMSA representative. Or we can mail the health assessment to you to complete and mail back to us.



### **Step 2. Personalize your care plan.**

After you complete the health assessment, we'll work with you to:

- Review your action plan, with specific recommendations and resources based on your health assessment.
- Schedule a visit with your primary care provider to support your health and well-being.
- Develop goals for your care plan.



### **Step 3. Follow-up care.**

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

# Questions?

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

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## **Q:** Do I need to complete a health assessment?

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

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

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

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

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

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

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

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

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

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

# Pre-enrollment Checklist

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

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

### Understanding the Benefits

- ☐ The *Evidence of Coverage (EOC)* provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [hmsa.com/health-plans/medicare/resources/](https://hmsa.com/health-plans/medicare/resources/) or call us to view a copy of the EOC.
- ☐ Review the *Provider and Pharmacy 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 *Provider and 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. This premium is normally taken out of your Social Security check each month. For most HMSA Akamai Advantage Dual Care members, Medicaid pays for your Part B premium.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on Jan. 1, 2028.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copayment for services received by non-contracted providers.
- ☐ If you're currently enrolled in a Medicare Advantage plan, that plan will end when your new Medicare Advantage plan starts. If you have TRICARE, your benefits may be affected when your new plan starts. Contact TRICARE for more information. If you have a Medigap plan, you may want to cancel it because you'll be paying for benefits you can't use.
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. To enroll in this plan, you must be enrolled in HMSA QUEST (Medicaid).



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# HMSA Medicare Advantage

OMB No. 0938-1378  
Expires: 02/28/2029

MedicareRx  
Prescription Drug Coverage

## Enrollment Form Instructions

### WHO CAN USE THIS FORM?

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

### TO JOIN A PLAN, YOU MUST:

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

**Important:** To join HMSA Akamai Advantage® Dual Care (PPO D-SNP), you must also have all of the following:

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

### WHEN DO I USE THIS FORM?

You can join a plan:

- Between October 15-December 7 each year (for coverage starting January 1)
- Within 3 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 (October 15-December 7), we must get your completed form by December 7.
- HMSA will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security or Railroad Retirement Board (RRB) benefit.

### WHAT HAPPENS NEXT?

Send your completed and signed form to:  
HMSA Medicare Advantage Sales  
P.O. Box 3500  
Honolulu, HI 96811-9983

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

### HOW DO I GET HELP WITH THIS FORM?

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

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

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

### INDIVIDUALS EXPERIENCING HOMELESSNESS

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

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

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

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

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



(Example: John Smith)

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**Please check the box below:**

|                                                                                                                                                                                                            |                                                                       |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----|
| <input type="checkbox"/>                                                                                                                                                                                   | I'm enrolling in HMSA Akamai Advantage Dual Care (PPO D-SNP). . . . . | \$0 |
| Available to residents of the state of Hawaii. This plan is available to most individuals who have both HMSA QUEST (Medicaid) and Medicare. Premium may vary based on the level of Extra Help you receive. |                                                                       |     |

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## SECTION 2: PROVIDE YOUR MEDICARE INSURANCE INFORMATION

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☐ Yes      ☐ No

If yes, please provide your HMSA QUEST number:

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SECTION 3: PAYING YOUR PLAN PREMIUMS

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.
- ☐ Electronic funds transfer (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☐ Railroad Retirement Board

(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. 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.

SECTION 4: ANSWER THESE IMPORTANT QUESTIONS

Will you have other prescription drug coverage (like VA, TRICARE) in addition to HMSA Akamai Advantage?

- ☐ Yes
- ☐ No

Name of other coverage

Member number for this coverage

Group number for this coverage

If yes, when did these benefits begin? Month/Year:  /

Are you getting these benefits through: ☐ Yourself ☐ Spouse

Is the person checked above getting these benefits because they're actively employed or is it a retiree plan? ☐ Actively employed ☐ Retiree plan ☐ Other

If actively employed, does the employer have 20 or more employees (full and part time)?

- ☐ Yes
- ☐ No

I must keep both Hospital (Part A) and Medical (Part B) to stay in HMSA Akamai Advantage.

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Today's Date (MM/DD/YYYY)

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State

ZIP Code

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## Legal Representative's Relationship to Applicant

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

**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.

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

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

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

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

|                                  |                                      |                                   |                                  |
|----------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Braille | <input type="checkbox"/> Large print | <input type="checkbox"/> Audio CD | <input type="checkbox"/> Data CD |
|----------------------------------|--------------------------------------|-----------------------------------|----------------------------------|

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

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

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

|                                             |                                               |                                    |
|---------------------------------------------|-----------------------------------------------|------------------------------------|
| <input type="checkbox"/> Provider Directory | <input type="checkbox"/> Evidence of Coverage | <input type="checkbox"/> Formulary |
|---------------------------------------------|-----------------------------------------------|------------------------------------|

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

|                             |                                                                      |
|-----------------------------|----------------------------------------------------------------------|
| <input type="text"/>        | ( <input type="text"/> ) <input type="text"/> - <input type="text"/> |
| Name of Institution         | Institution Phone Number                                             |
| <input type="text"/>        | <input type="text"/> / <input type="text"/>                          |
| Institution Mailing Address | Admission Date                                                       |
| <input type="text"/>        | <input type="text"/> <input type="text"/>                            |
| Institution City            | State ZIP Code                                                       |

**For individuals helping enrollee with completing this form only.**

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

|                          |
|--------------------------|
| <input type="text"/>     |
| Name                     |
| <input type="text"/>     |
| Relationship to enrollee |

\_\_\_\_\_  
 Signature

# Save Time

## with Automatic Payments



**An easy way to pay your premium.**

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

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

Please complete the authorization form located on the back of this flyer and attach either a voided check or a savings account statement. You may use a single form for both medical and dental plans if payment information comes from the same bank account. Please submit two separate forms if paying from different bank accounts. Be sure to include the account holder's name and account number(s).

Mail the completed form to:

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

You can also sign up for automatic payments in 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 instructions.

### **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 we send you a confirmation that your automatic payments have been set up.

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

If your premium changes, we'll notify you on your statement and you can call us to adjust the amount at the contact number listed on this form.

If you have My Account, you can change the amount in your autopayment settings.

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

Your bank statement will show the HMSA deductions that will be made 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.

### **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?**

If you are setting up autopayments for your medical and dental plans with the same bank information, you may use the same authorization form. If you are using different bank information, you'll have to complete a separate authorization form.

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

Call or send us a written request to cancel or modify your scheduled payment on or before the 10th of each month. If you have My Account, you can cancel or modify the amount in your autopayment settings. Please allow 30 days for the cancellation to take effect.

### **Who do I reach out to if I have questions?**

Visit [hmsa.com/payonline](https://hmsa.com/payonline) or:

For Individual Plan members:

Call us at (808) 948-6140 or 1 (800) 782-4672

For Medicare Plan members:

(808) 948-6174 or 1 (800) 782-4672



An Independent Licensee of the Blue Cross and Blue Shield Association

## Automatic Payment Application

HMSA Subscriber Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

HMSA Subscriber ID No.: \_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_

HMSA Dental Subscriber ID No. (optional):\* \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Holder Name(s): \_\_\_\_\_

Account No.: \_\_\_\_\_ Account Type: ☐ Checking (1) ☐ Savings (2)

\*Include dental HMSA Subscriber ID number ONLY if you are setting up autopayments for medical and dental with the same bank information. Otherwise, complete and send a separate form.

I allow HMSA and my financial institution to automatically 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. The account is from a U.S. financial institution.

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

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

### For HMSA Use Only

Accepted By: \_\_\_\_\_ Effective Date: \_\_\_\_\_

HMSA Group Number: \_\_\_\_\_ Trans. Type: \_\_\_\_\_ PTD: \_\_\_\_\_

Input Date: \_\_\_\_\_ By: \_\_\_\_\_

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

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

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

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

Effective Jan. 1, 2027

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

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

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

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

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

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

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

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

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



# Notes



# We're here with you.

## Call us.

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

8 a.m.–8 p.m.

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

**April 1–Sept. 30:** Monday–Friday.

## Visit us.

### HMSA Center in Honolulu

818 Keeaumoku St.

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

### HMSA Center in Pearl City

Pearl City Gateway | 1132 Kuala St., Suite 400

Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

### HMSA Center in Hilo

Waiakea Center | 303A E. Makaala St.

Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

### HMSA Center in Kahului

Puunene Shopping Center | 70 Hookele St., Suite 1220

Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–1 p.m.

### HMSA Center in Lihue

Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202

Monday–Friday, 8 a.m.–4 p.m.

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

     [@hmsahawaii](https://twitter.com/hmsahawaii)

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