

Away From Home

Health Plan Benefits

For HMSA members:

Preferred Provider Organization (PPO)

Health Maintenance Organization (HMO)



An Independent Licensee of the Blue Cross and Blue Shield Association

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Peace of Mind When You Travel

When you travel, health care is the last thing you want to worry about. Fortunately, your HMSA preferred provider organization (PPO) or health maintenance organization (HMO) gives you peace of mind if you need medical attention outside Hawaii or the U.S.

In addition to having access to one of the largest provider networks in Hawaii, you also have access to doctors and hospitals worldwide through Blue Cross Blue Shield Global® Core.

Important: Please note that the information in this brochure doesn't apply to HMSA Akamai Advantage® plans.

For information on away-from-home benefits for HMSA Akamai Advantage plans, see your *Evidence of Coverage*.



Before You Leave

Contact a Customer Service representative before you travel. Ask what services your plan will pay for at your destination just in case the unexpected happens. You'll also want to make sure that everyone who's traveling has their HMSA membership card in their wallet.

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





Prescription Drugs

Always take more than enough prescription medication with you to last your entire trip.

If you're going on a long vacation, you may need a supply that's greater than the amount that your HMSA plan allows. Contact CVS Caremark®, HMSA's pharmacy benefit manager, at 1 (855) 298-2491 to find out if you need approval from your employer (i.e., plan sponsor) for an extended supply.

On the Mainland

Many Mainland pharmacies are HMSA participating providers. For a list of participating pharmacies in a specific area, visit hmsa.com. You'll need to log in to My Account to use the Find a Pharmacy search tool. To access My Account, go to hmsa.com and click the blue My Account Login button.

CVS Caremark® is an independent company providing pharmacy benefit management services on behalf of HMSA.

Each state has its own laws about prescriptions from another state. Some states will only accept prescriptions from physicians practicing in that state. You may be subject to the following rules if you need to fill a prescription from your Hawaii physician:

- A written prescription is required.
- Empty prescription containers marked “refill” are not accepted.
- Some states will dispense only a 30- or 60-day supply regardless of the amount indicated on your prescription.

If you buy prescription drugs from a Mainland pharmacy that doesn't participate in HMSA's national pharmacy network, you must pay the entire charge when you pick up your medication. When you're home, file a claim with HMSA and you'll be reimbursed according to your drug plan benefits.

For information on how to submit a drug claim under your HMSA drug plan, visit hmsa.com/help-center/how-to-submit-a-drug-claim.

Outside the U.S.

You must pay the entire cost of a prescription drug filled at a pharmacy in another country. HMSA can reimburse you according to your drug plan benefits if there's an equivalent drug approved by the U.S. Food & Drug Administration. But you must first file a claim with HMSA.

Medical evacuation, repatriation (return to the country of origin or citizenship), and air ambulance outside Hawaii are not benefits of most HMSA plans. Also, we don't offer travel insurance.



Is it an Emergency?

When do I need emergency care?

You'll need emergency medical care to treat sudden and serious injuries or symptoms. Emergency conditions include difficulty breathing, fainting, chest pain or pressure, uncontrolled bleeding, coughing or vomiting blood, severe pain, poisoning, broken bones or other major injuries, and sudden facial drooping or weakness in an arm or leg.

When do I need urgent care?

Urgent medical care is appropriate for an illness or injury that isn't life-threatening, but can't wait for an appointment with your primary care provider (PCP) or another physician.

Conditions that may need urgent care include sprains and fractures, allergic reactions, and animal bites.



PPO Members

Health Care on the Mainland

To get the most from your health plan and your health care dollars, we encourage you to get services from a BlueCard participating or preferred provider.

To find a BlueCard provider in the state you're visiting:

- Call 1 (800) 810-BLUE (2583).
- Visit the BlueCard Doctor & Hospital Finder website at bcbs.com.

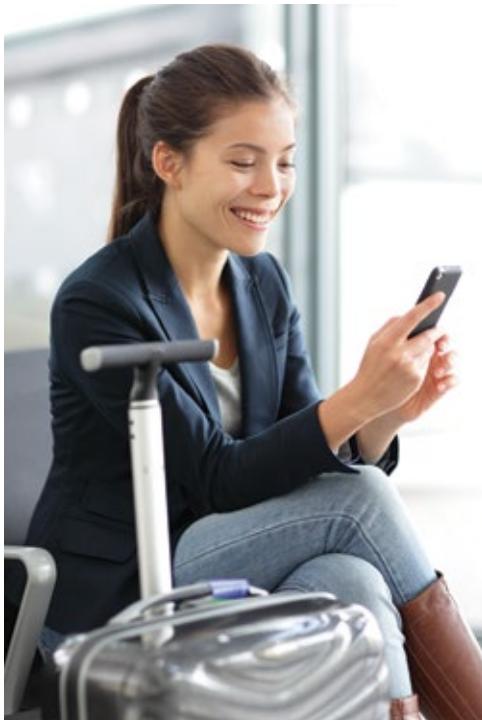
Or, download the Blue Cross Blue Shield Global Core mobile app for convenient access to physicians, hospitals, and resources around the world. Available for iPhone and Android at bcbsglobalcore.com.

Nonparticipating Providers

We understand that in an urgent situation, a nonparticipating provider may be the only one who's available. If that happens:

- You must pay for the entire cost of the services when you receive them.
- When you return home, you must file the claim with HMSCA, along with the provider's bill listing detailed services and charges; we'll send you a check for any benefits that your plan paid at your plan's nonparticipating provider benefit level.
- See page 12 for how to submit your claim.

Health Care Outside the U.S.



Before you travel, download the Blue Cross Blue Shield Global Core mobile app from the Apple Store or Google Play. The app will make it easier for you to find providers outside the U.S. who participate with Blue Cross Blue Shield Global Core. For more information, visit bcbsglobalcore.com.



If you receive care that's not related to a hospital stay, you'll need to pay the provider the full cost at the time of service. Within 90 days of returning home, we recommend that you send a claim with the itemized bill to Blue Cross Blue Shield (BCBS) Global Core, which features quick claim processing and options like electronic claim submission. See page 12 for how to submit your claim.

If you have questions, visit bcbsglobalcore.com, or call (800) 810-BLUE (2583) or call collect at 001 (U.S. country code) + 1 (804) 673-1177. Multilingual representatives are available 24 hours a day, seven days a week.

HMO Members

When you're away from home, your HMSA HMO plan pays for emergency and urgent care services. You don't need approval for those services, but please tell your PCP about services you received as soon as you return home. Your PCP will coordinate additional care you may need and update your medical records.

If you see a provider who participates with the Blue Cross Blue Shield plan in the state you're visiting, the provider will file a claim for you. But if you see a nonparticipating provider, you'll pay the provider the entire cost of the services and file your own claim. See page 12 for how to submit your claim.

Emergency Care on the Mainland

If you need emergency care on the Mainland:

1. Go to the nearest emergency room and present your HMSA membership card.
2. Ask the physician or hospital to send a copy of the emergency report or records to your PCP.
3. Ask the provider to file a claim for you.

To prepare for a possible emergency, find the nearest participating emergency facility at your destination before you go there. Call 1 (800) 810-BLUE (2583) or use the BlueCard Doctor & Hospital Finder tool at bcbs.com.

Urgent Care on the Mainland

For urgent care, find a participating BlueCard provider at the same toll-free number and website above for emergency services. Your HMO plan will pay for urgent care services when the BlueCard program coordinates the services.



Emergency and Urgent Care Outside the U.S.

For help with finding emergency or urgent care providers outside the U.S. who participate with Blue Cross Blue Shield Global Core, call the Service Center at 001 (U.S. country code)
+ 1 (800) 810-BLUE (2583) or call collect at 001 (U.S. country code)
+ 1 (804) 673-1177.

When you receive emergency or urgent care services outside the U.S., you're responsible for paying the provider in full and filing a claim with HMSCA.

Other Medical Services

If your condition isn't urgent or an emergency, your PCP must request an administrative review and approval from HMSCA before you receive services from a provider outside of Hawaii. This ensures that your plan will pay for services from nonparticipating Hawaii providers or out-of-state providers.



Filing your claim

If you see a nonparticipating provider who doesn't file a claim for you, you can submit your reimbursement request to us. You have the two options:

Option 1: Submit a claim online (this recommended option typically results in the quickest processing time).

- For services received from out-of-state providers, send HMSA a Medical Receipts Form and the necessary documentation using your HMSCA My Account at hmsa.com.
- For services received from out-of-country providers, use the International Claim Form available at bcbsglobalcore.com and follow the instructions on the form.

Option 2: Mail a printed claim

- For services received from out-of-state providers, complete the fillable PDF form, print it, and mail the claim with the necessary documentation to the address indicated on the form. The form is available at hmsa.com/content/assets/medical-receipts.pdf.
- For services received from out-of-country providers, complete the International Claim Form, print it, and mail the claim with the necessary documentation to the address indicated on the form. The form is available at bcbsglobalcore.com.
- You can also contact us to mail a form to you or pick one up at any of our HMSA Center locations. See Contact Us information at the end of this brochure.

You can also get in-person assistance at our conveniently located HMSA Centers. Visit us in Honolulu, Pearl City, Lihue, Kahului, and Hilo for help with travel claims. For current hours of operation, visit hmsa.com/contact.

Important: Under most HMSA plans, you have one year from the date of service to file a claim. For federal and postal service plan members, reimbursement requests will be accepted until Dec. 31 of the year after the year services were received.

For more information about filing claims, visit hmsa.com/help-center/filing-medical-claims-for-services-from-non-participating-providers.



HMSA's Away From Home Care Program

For extended stays

If you plan to be in another state for at least 90 days, you may enroll in HMSA's Away From Home Care Program, also known as Guest Membership.

This program gives you access to health care and emergency or urgent care if there's an affiliated Blue Cross Blue Shield HMO plan in that state.

At least 30 days before you leave, call HMSA's Away From Home Care coordinator at (808) 948-6466 or 1 (800) 776-4672 to arrange for care in that state.

Help Center

The Help Center is an online resource with articles about travel and other topics. Visit hmsa.com and click the Help Center tab.

Contact Us

If you have questions about your health plan benefits outside Hawaii, please contact us. Our phone numbers are on the back of your HMSA membership card.

Email

Use the secure Ask HMSA form on HMSA's website. Go to hmsa.com and click My Account Login. Under Profile, go to Ask HMSA.

To access My Account, go to hmsa.com and click the blue My Account Login button.

Visit an HMSA Center near you.

Please see convenient locations and hours on the following page.



HMSA CENTERS

Convenient evening and Saturday hours:

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.





Hawai'i Medical Service Association
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hmsa.com