The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.hmsa.com.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at http://www.healthcare.gov/sbc-glossary/ or call 1-800-776-4672 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	**$500** individual / **$1,500** family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain preventive care and well-child care services will be covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	**$4,600** individual / **$12,000** family (applies to medical plan coverage). **$3,600** individual / **$4,200** family (applies to prescription drug coverage).	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, payments for services subject to a maximum once you reach the maximum, any amounts you owe in addition to your copayment for covered services, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See http://www.hmsa.com/search/providers or call 1-800-776-4672 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	25% coinsurance; deductible does not apply	25% coinsurance; deductible does not apply	---none---
	Specialist visit	25% coinsurance; deductible does not apply	25% coinsurance; deductible does not apply	---none---
	Other practitioner office visit:			
	Physical and Occupational Therapist	25% coinsurance	25% coinsurance	Services may require preauthorization. Benefits may be denied if preauthorization is not obtained.
	Psychologist	25% coinsurance; deductible does not apply	25% coinsurance; deductible does not apply	---none---
	Nurse Practitioner	25% coinsurance; deductible does not apply	25% coinsurance; deductible does not apply	---none---
	Preventive care (Well Child Physician Visit)	No charge; deductible does not apply	No charge; deductible does not apply	Age and frequency limitations may apply. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
	Screening	No charge; deductible does not apply	No charge; deductible does not apply	
	Immunization (Standard and Travel)	No charge; deductible does not apply	No charge; deductible does not apply	
If you have a test	**Diagnostic test**			
	Inpatient	25% coinsurance	25% coinsurance	Services may require preauthorization. Benefits may be denied if preauthorization is not obtained.
	Outpatient	25% coinsurance	25% coinsurance	
	X-ray			
	Inpatient	25% coinsurance	25% coinsurance	Services may require preauthorization. Benefits may be denied if preauthorization is not obtained.
	Outpatient	25% coinsurance	25% coinsurance	
	Blood Work			
	Inpatient	25% coinsurance	25% coinsurance	Services may require preauthorization. Benefits may be denied if

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Outpatient	25% coinsurance; deductible does not apply	25% coinsurance; deductible does not apply	preauthorization is not obtained.
	Imaging (CT/PET scans, MRIs)			
	Inpatient	25% coinsurance	25% coinsurance	Services may require preauthorization. Benefits may be denied if preauthorization is not obtained.
	Outpatient	25% coinsurance	25% coinsurance	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.hmsa.com.	Tier 1 – mostly Generic drugs (retail)	$7 copay/prescription; deductible does not apply	$7 copay and 20% coinsurance/prescription; deductible does not apply	One retail copay for 1-30 day supply, two retail copays for 31-60 day supply, and three retail copays for 61-90 day supply.
	Tier 1 – mostly Generic drugs (mail order)	$11 copay/prescription; deductible does not apply	Not covered	One mail order copay for a 84-90 day supply at a 90 day at retail network or contracted mail order provider.
	Tier 2 – mostly Preferred Formulary Drugs (retail)	$30 copay/prescription; deductible does not apply	$30 copay and 20% coinsurance/prescription; deductible does not apply	One retail copay for 1-30 day supply, two retail copays for 31-60 day supply, and three retail copays for 61-90 day supply.
	Tier 2 – mostly Preferred Formulary Drugs (mail order)	$65 copay/prescription; deductible does not apply	Not covered	One mail order copay for a 84-90 day supply at a 90 day at retail network or contracted mail order provider.
	Tier 3 – mostly Non-preferred Formulary Drugs (retail)	$30 copay/prescription; deductible does not apply	$30 copay and 20% coinsurance/prescription; deductible does not apply	In addition to your copay and/or coinsurance, you will be responsible for a **$45 Tier 3 Cost Share per retail copay.** Cost to you for retail Tier 3 drugs: One copay plus one Tier 3 Cost Share for 1-30 day supply, two copays plus two Tier 3 Cost Shares for 31-60 day supply, and three copays plus three Tier 3 Cost Shares for 61-90 day supply.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Tier 3 – mostly Non-preferred Formulary Drugs (mail order)	$65 copay/prescription; deductible does not apply	Not covered	In addition to your copay and/or coinsurance, you will be responsible for a **$135 Tier 3 Cost Share per mail order copay.** Cost to you for mail order Tier 3 drugs: One mail order copay plus one mail order Tier 3 Cost Share for an 84-90 day supply at a 90 day at retail network or contracted mail order provider.
	Tier 4 – mostly Preferred Formulary Specialty drugs (retail)	$100 copay/prescription; deductible does not apply	Not covered	Retail benefits for Tier 4 and Tier 5 drugs are limited to a 30-day supply. Available in participating Specialty Pharmacies only.
	Tier 5 – mostly Non-preferred Formulary Specialty drugs (retail)	$200 copay/prescription; deductible does not apply	Not covered	
	Tier 4 & 5 (mail order)	Not covered	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	25% coinsurance	25% coinsurance	---none---
	Physician Visits	25% coinsurance; deductible does not apply	25% coinsurance; deductible does not apply	---none---
	Surgeon fees	25% coinsurance (cutting)	25% coinsurance (cutting)	---none---
		25% coinsurance (non-cutting)	25% coinsurance (non-cutting)	---none---
If you need immediate medical attention	**Emergency room care**			
	Physician Visit	25% coinsurance/visit	25% coinsurance/visit	---none---
	Emergency room	25% coinsurance	25% coinsurance	---none---
	Emergency medical transportation (air)	25% coinsurance	25% coinsurance	Limited to air transport to the nearest adequate hospital within the State of Hawaii, except in certain situations when transportation to the continental US is necessary for critical care in accord with HMSA's medical policy. Certain exclusions apply.
	Emergency medical transportation (ground)	25% coinsurance	25% coinsurance	Ground transportation to the nearest, adequate hospital to treat your illness or injury.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Urgent care	25% coinsurance; deductible does not apply	25% coinsurance; deductible does not apply	---none---
If you have a hospital stay	Facility fee (e.g., hospital room)	25% coinsurance	25% coinsurance	---none---
	Physician Visits	25% coinsurance/visit	25% coinsurance/visit	---none---
	Surgeon fee	25% coinsurance (cutting)	25% coinsurance (cutting)	---none---
		25% coinsurance (non-cutting)	25% coinsurance (non-cutting)	---none---
If you have mental health, behavioral health, or substance abuse needs	**Outpatient services**			
	Physician services	25% coinsurance/visit; deductible does not apply	25% coinsurance/visit; deductible does not apply	---none---
	Hospital and facility services	25% coinsurance	25% coinsurance	---none---
	Inpatient services			
	Physician services	25% coinsurance	25% coinsurance	---none---
	Hospital and facility services	25% coinsurance	25% coinsurance	---none---
If you are pregnant	Office visit (Prenatal and postnatal care)	25% coinsurance	25% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance or copay may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	25% coinsurance	25% coinsurance	
	Childbirth/delivery facility services	25% coinsurance	25% coinsurance	
If you need help recovering or have other special health needs	Home health care	25% coinsurance	25% coinsurance	150 Visits per Calendar Year
	Rehabilitation services	25% coinsurance	25% coinsurance	Services may require preauthorization. Benefits may be denied if preauthorization is not obtained. Excludes cardiac rehabilitation.
	Habilitation services	Not covered	Not covered	Excluded service
	Skilled nursing care	25% coinsurance	25% coinsurance	120 Days per Calendar Year. Includes extended care facilities (Skilled Nursing, Sub-Acute, and Long-Term Acute Care Facilities) to the extent care is for Skilled nursing care, sub-acute care, or long-term acute care.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Durable medical equipment	25% coinsurance	25% coinsurance	Services may require preauthorization. Benefits may be denied if preauthorization is not obtained.
	Hospice services	No charge	No charge	---none---
If your child needs dental or eye care	Children's eye exam	$10 copay/exam; deductible does not apply	50% coinsurance; deductible does not apply	Limited to one routine vision exam per calendar year.
	Children's glasses (single vision lenses and frames selected within designated group)	$25 copay/glasses; deductible does not apply	50% coinsurance; deductible does not apply	The frequency in which you can obtain a pair of glasses may vary
	Children's dental check-up	Not covered	Not covered	Excluded service

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Cardiac rehabilitation
- Cosmetic surgery
- Dental care (Adult)
- Dental care (Child)
- Habilitation services
- Long-term care
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric surgery (requires precertification)
- Chiropractic care (e.g., office visits, x-ray films – limited to services covered by this medical plan and within the scope of a chiropractor's license)
- Hearing aids (limited to one hearing aid per ear every 60 months)
- Infertility Treatment (Artificial Insemination and In Vitro Fertilization. Please refer to your plan document for limitations and additional details)
- Non-emergency care when traveling outside the U.S. For more information, see www.hmsa.com
- Routine eye care (Adult) (limited to services covered under a rider)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: 1) 1-800-776-4672 for HMSA; 2) (808) 586-2790 for the State of Hawaii, Dept. of Commerce and Consumer Affairs – Insurance Division; 3) 1-866-444-3272 or http://www.dol.gov/ebsa/healthreform for the U.S. Department of Labor, Employee Benefits Security Administration; or 4) 1-877-267-2323 x61565 or http://www.cciio.cms.gov for the U.S. Department of Health and Human Services. Church plans are not covered by the Federal COBRA continuation coverage rules. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- For group health coverage subject to ERISA, you must submit a written request for an appeal to: HMSA Member Advocacy and Appeals, P.O. Box 1958, Honolulu, Hawaii 96805-1958. If you have any questions about appeals, you can call us at (808) 948-5090 or toll free at 1-800-462-2085. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or http://www.dol.gov/ebsa/healthreform. You may also file a grievance with the Insurance Commissioner. You must send the request to the Insurance Commissioner at: Hawaii Insurance Division, ATTN: Health Insurance Branch – External Appeals, 335 Merchant Street, Room 213, Honolulu, Hawaii 96813. Telephone: (808) 586-2804.
- For non-federal governmental group health plans and church plans that are group health plans, you must submit a written request for an appeal to: HMSA Member Advocacy and Appeals, P.O. Box 1958, Honolulu, Hawaii 96805-1958. If you have any questions about appeals, you can call us at (808) 948-5090 or toll free at 1-800-462-2085. You may also file a grievance with the Insurance Commissioner. You must send the request to the Insurance Commissioner at: Hawaii Insurance Division, ATTN: Health Insurance Branch – External Appeals, 335 Merchant Street, Room 213, Honolulu, Hawaii 96813. Telephone: (808) 586-2804.

Does this Coverage Provide Minimum Essential Coverage? **Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this Coverage Meet the Minimum Value Standard? **Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-776-4672.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-776-4672.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-776-4672.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-776-4672.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$500
Specialist coinsurance	25%
Hospital (facility) coinsurance	25%
Other coinsurance	25%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	**$12,800**
In this example, Peg would pay:	
Cost Sharing	
Deductibles	$500
Copayments	$30
Coinsurance	$3,100
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$3,690**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$500
Specialist coinsurance	25%
Hospital (facility) coinsurance	25%
Other coinsurance	25%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	**$7,400**
In this example, Joe would pay:	
Cost Sharing	
Deductibles	$500
Copayments	$600
Coinsurance	$700
What isn't covered	
Limits or exclusions	$60
The total Joe would pay is	**$1,860**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$500
Specialist coinsurance	25%
Hospital (facility) coinsurance	25%
Other coinsurance	25%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	**$1,900**
In this example, Mia would pay:	
Cost Sharing	
Deductibles	$500
Copayments	$0
Coinsurance	$500
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,000**

Federal law requires HMSA to provide you with this notice.

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 differently because of things like race, color, national origin, age, disability, or sex.

Services that HMSA provides

Provides aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages
- If you need these services, please call 1 (800) 776-4672 toll-free; TTY 711

How to file a discrimination-related grievance or complaint

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

- Phone: 1 (800) 776-4672 toll-free
- TTY: 711
- Email: Compliance_Ethics@hmsa.com
- Fax: (808) 948-6414 on Oahu
- Mail: 818 Keeaumoku St., Honolulu, HI 96814

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: 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/office/file/index.html.

Hawaiian: E NĀNĀ MAI: Inā hoʻopuka ʻoe i ka ʻŌlelo Hawaiʻi, loaʻa ke kōkua manuahi iā ʻoe. E kelepona iā 1 (800) 776-4672. TTY 711.

Bisaya: ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1 (800) 776-4672 nga walay toll. TTY 711.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 (800) 776-4672。TTY 711.

Ilocano: PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1 (800) 776-4672 toll-free. TTY 711.

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1 (800) 776-4672 をご利用ください。TTY 711. まで、お電話にてご連絡ください.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (800) 776-4672번으로 연락해 주시기 바랍니다. TTY 711 번으로 전화해 주십시오.

Laotian: ກະລຸນາສັງເກດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາ, ບໍ່ມີຄ່າໃຊ້ຈ່າຍ, ແມ່ນມີໃຫ້ທ່ານ. ໂທ 1 (800) 776-4672 ຟຣີ. TTY 711.

Marshallese: LALE: Ñe kwōj kōnono Kajin Ṃajōḷ, kwomaroñ bōk jerbal in jipañ ilo kajin ṇe aṃ ejjeḷọk wōṇāān. Kaalọk 1 (800) 776-4672 tollfree, enaj ejjelok wonaan. TTY 711.

Pohnpeian: Ma ke kin lokaian Pohnpei, ke kak ale sawas in sohte pweine. Kahlda nempe wet 1 (800) 776-4672. Me sohte kak rong call TTY 711.

Samoan: MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1 (800) 776-4672 e leai se totogi o lenei 'au'aunaga. TTY 711.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (800) 776-4672. TTY 711.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (800) 776-4672 toll-free. TTY 711.

Tongan: FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1 (800) 776-4672. TTY 711.

Trukese: MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1 (800) 776-4672, ese kamo. TTY 711.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (800) 776-4672. TTY 711.

hmsa

An Independent Licensee of the Blue Cross and Blue Shield Association

NMM_1000_24715_1557_R

Want to move more for less?

Have you heard the good news?

HMSA members can now use the Active&Fit Direct™ program to go to fitness centers at rates below market prices.

Getting started is as easy as 1-2-3:

1. Log in to My Account on hmsa.com to find your discount.
2. Enroll with the Active&Fit Direct program.
3. Choose the fitness center you want to go to.

Want to see other health and well-being discounts that benefit you, your family, and your community? Go to hmsa.com to learn more.

American Specialty Health (ASH) is an independent company providing chiropractic, acupuncture, fitness programs, and/or massage therapy services on behalf of HMSA. Active&Fit Direct, and the Active&Fit Direct logo are trademarks of ASH.

The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of ASH.

Active&Fit DIRECT®

hmsa®

An Independent Licensee of the Blue Cross and Blue Shield Association

4000-10304 02:18 JR

Questions and answers for HMSA members

What's included in the Active&Fit Direct™ program?

The Active&Fit Direct program gives eligible members access to a large network of participating fitness centers throughout Hawaii and the Mainland at a cost under market prices. Members also have access to online tools such as a fitness center search, activity tracking, and more.

Who's eligible for Active&Fit Direct?

HMSA members who are 18 years or older are eligible for the Active&Fit Direct program.

Which centers are included in the Active&Fit Direct network?

There are over 9,000 participating fitness centers nationwide in the Active&Fit Direct network. Please log in to My Account to find a center near you.

How much does the Active&Fit Direct program cost?

HMSA members pay a $25 enrollment fee, $25 for the current month (regardless of the enrollment date), and $25 for the next month plus applicable taxes when they enroll on My Account. Each month's fee is $25 plus applicable taxes. After a three-month commitment, participation is on a month-to-month basis.

Can I pay a fitness center directly to participate in the Active&Fit Direct Program?

No. HMSA members must pay their required fees directly to Active&Fit Direct. To complete your enrollment, please log in to My Account on hmsa.com.

How do I start using the Active&Fit Direct Program?

Once enrolled, you can print your fitness card or save it to your phone and take it to the Active&Fit Direct facility of your choice. After the center confirms your enrollment, you may need to complete a membership agreement for the center. If applicable, the center will give you a card or key tag for future visits.

Can I try a fitness center before enrolling?

If you're interested in a fitness center but aren't ready to enroll, you can request a guest pass letter and take it to the fitness center specified on the letter. To request a guest pass, please log in to My Account on hmsa.com. However, please note that not all fitness centers offer guest passes.

What if the fitness center I want to go to isn't in the Active&Fit Direct network?

If the fitness center isn't in the Active&Fit Direct network, you can nominate the center by providing the fitness center's name, address, and phone number on the Active&Fit website. The center will be contacted for possible addition to the Active&Fit Direct network. You can check back periodically to see if your nominated fitness center has been added to the network. You can also check out other health, well-being, and fitness discounts on hmsa.com.

What is the Active&Fit Connected!™ program?

The Active&Fit Connected! program is a tool that gathers activity data from wearable fitness devices and apps so that members can track their activity goals online. After you've enrolled in the Active&Fit Direct program, you can choose from a variety of approved wearable fitness devices and apps to sync and track your activity. Please note that Active&Fit Direct does not reimburse members for wearable fitness devices.

How do I cancel my enrollment in Active&Fit Direct?

You can cancel your enrollment through the Active&Fit Direct website after the minimum three-month enrollment period. Member fees paid to the Active&Fit Direct program are refundable only in very limited circumstances. Please refer to the Program and Website Terms and Conditions on the Active&Fit Direct website for more information on canceling your enrollment and for restrictions on refunds.

American Specialty Health (ASH) is an independent company providing chiropractic, acupuncture, fitness programs, and/or massage therapy services on behalf of HMSA. Active&Fit Direct and the Active&Fit Direct logo are trademarks of ASH.

The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of ASH.

Active&Fit DIRECT®

hmsa®

An Independent Licensee of the Blue Cross and Blue Shield Association

4000-10420 02::18 JR

Get the Care You Need

HMSA's CAAP can help you get the care you need, no matter what island you're on.

Ask your doctor about HMSA's Care Access Assistance Program. For more information, visit hmsa.com or call 1 (800) 776-4672 toll-free.

Need to travel to a Neighbor Island for medical treatment?

HMSA can help you get there.

HMSA's mission is to provide the people of Hawaii access to a sustainable, quality health care system that improves the overall health and well-being of our state.

1000-3118 3:16 jt

hmsa

HMSA's Care Access Assistance Program (CAAP)

Providing access to care for HMSA members

hmsa

An Independent Licensee of the Blue Cross and Blue Shield Association

HMSA's Care Access Assistance Program (CAAP) helps HMSA members pay for travel to another island for specialty care.

Who's eligible for CAAP?

You may be eligible for CAAP if:

- You're an HMSA member.
- Specialty care that you need isn't available on your home island.
- The specialty care you need is available on your home island, but you can't get an appointment soon enough.

Most HMSA members qualify for the program. However, members of HMSA QUEST and HMO plans (except Affordable Care Act plans) have interisland travel benefits through their respective plans and do not qualify for CAAP travel.

How does CAAP work?

Your doctor will need to:

- Determine that the care you need isn't available on your home island.
- Refer you to an HMSA participating provider on another island.
- Complete a CAAP request form (available at hmsa.com) and fax it to HMSA at (808) 944-5600 on Oahu before your appointment on the other island.

Our Medical Management staff will review the request and check your eligibility. Usually, we'll respond in five to seven calendar days. If the request is granted, you may:

- Book your own flights. We'll reimburse you a set amount per one-way ticket.
- Request that HMSA book your travel, which will be subject to certain guidelines.

Can HMSA members see any provider?

Providers must be specialists who are HMSA participating providers. The following providers aren't considered specialists under CAAP:

- General practice.
- Family practice.
- Internal medicine physicians.
- Optometrists.
- Pediatricians (except pediatric specialists).
- Podiatrists.
- Advanced practice registered nurses.
- Rehabilitation therapists
- Dentists.

Health Plan Benefits
AWAY FROM HOME

For HMSA members:
Preferred Provider Organization (PPO)
Health Maintenance Organization (HMO)

hmsa

An Independent Licensee of the Blue Cross and Blue Shield Association

Table of Contents

Peace of Mind When You Travel 2

Before You Leave 2

Prescription Drugs 4

Is It an Emergency? 6

PPO Members 8

HMO Members 10

The Help Center 14

Contact Us 16

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 United States.

In addition to one of the largest provider networks in Hawaii, you have access to more than 500,000 preferred Blue Cross and Blue Shield providers nationwide and around the world.

*** 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

Whether you have a PPO plan or an HMO plan, we strongly suggest that you contact a Customer Relations 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.

Prescription Drugs

Always take more than enough prescription medication with you to last your whole 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 benefits manager, at 1 (855) 298-2491 toll-free 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.

Each state has its own laws about prescriptions from another 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 only accept prescriptions from physicians practicing in that state.
- 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 at the time 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.

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 aren't a benefit 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 a 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.

If you get care from a nonparticipating BlueCard provider, HMSA will reimburse you at your plan's nonparticipating provider benefit level. You'll pay the provider in full and file a claim with HMSA when you return home. Please note that you have one year from the date of service to file a claim.

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.
- You must file the claim with HMSA, along with the provider's bill listing detailed services and charges; we'll send you a check for any benefits that your plan paid. See the next page for where to mail your claim.

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

- Call 1 (800) 810-BLUE (2583) toll-free.
- 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.

Health Care Outside the U.S.

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, send a claim with the itemized bill to:

HMSA – BlueCard Claims
P.O. Box 2970
Honolulu, HI 96802-2970

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.

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 primary care provider (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 and/or 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.

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) toll-free 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 previously mentioned 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.

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 HMSA.

To find emergency or urgent care providers outside the U.S. who participate with Blue Cross Blue Shield Global Core, call the Service Center at 1 (800) 810-BLUE (2583) toll-free or collect at (804) 673-1177.

Other Medical Services

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

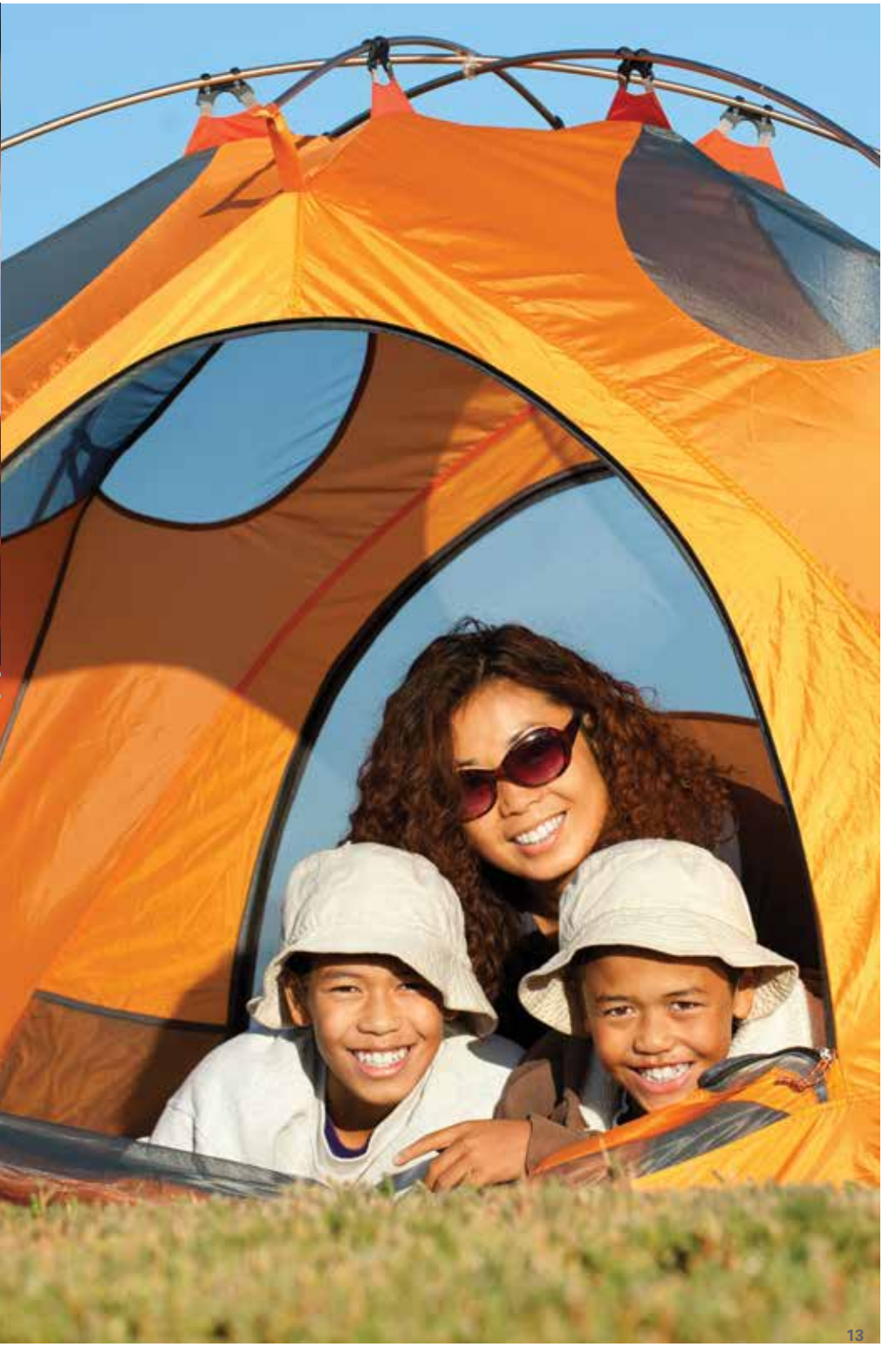
HMSA's Away From Home Care Program

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 and Blue Shield HMO plan in that state.

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



The 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 also on the back of your HMSA membership card.

Email

Use the secure form at hmsa.com/askhmsa.

Phone

Monday through Friday,
8 a.m. to 5 p.m., Hawaii time

Oahu

PPO Plans 948-6111
HMO Plans 948-6372
State and Federal Plans 948-6499
Not sure which plan you have? 948-6111

HMSA Medicare Advantage

Monday through Sunday, 8 a.m. to 8 p.m.
. . . . . 948-6000 on Oahu
. . . . . or 1 (800) 660-4672 toll-free

EUTF Plans

Monday through Friday, 7 a.m. to 7 p.m.;
Saturday, 9 a.m. to 1 p.m. 948-6499

Neighbor Islands

Hilo 935-5441
Kailua-Kona 329-5291
Kauai 245-3393
Maui, Molokai, and Lanai 871-6295

Calling from the Mainland . . . . . 1 (800) 776-4672 toll-free

If you need to call a local Hawaii telephone number from the Mainland, the area code is 808.

HMSA CENTERS

Convenient evening and Saturday hours:

HMSA Center @ Honolulu
818 Keeaumoku St.
Monday through Friday, 8 a.m.- 6 p.m. | Saturday, 9 a.m.- 2 p.m.

HMSA Center @ Pearl City
Pearl City Gateway | 1132 Kuala St., Suite 400
Monday through Friday, 9 a.m.- 7 p.m. | Saturday, 9 a.m.- 2 p.m.

HMSA Center @ Hilo
Waiakea Center | 303A E. Makaala St.
Monday through Friday, 9 a.m.- 7 p.m. | Saturday, 9 a.m.- 2 p.m.

Opening in 2019
HMSA Center @ Kahului
Puunene Shopping Center | 70 Hookele St.

OFFICES

Visit your local HMSA office Monday through Friday,
8 a.m. - 4 p.m.:

Kailua-Kona, Hawaii Island | 75-1029 Henry St., Suite 301
Phone: 329-5291

Kahului, Maui | 33 Lono Ave., Suite 350
Phone: 871-6295

Lihue, Kauai | 4366 Kukui Grove St., Suite 103
Phone: 245-3393

hmsa

Hawai'i Medical Service Association • P.O. Box 860 • Honolulu, HI 96808-0860
hmsa.com

6000-66993 12.18 fn

Good deals, better health

Your health is more than visits to the doctor.
With HMSA365, you get:

Fitness

Discounted fitness classes and equipment and access to more than 10,000 fitness centers nationwide with the Active&Fit Direct™ program.

Healthy living

Discounts on vision, hearing products and services, transportation, and more.

Specialty services

Up to 25% off services such as acupuncture, chiropractic care, therapeutic massage, and more from a nationwide network of health care providers with the ChooseHealthy® program.

Wellness products

Up to 57% off fitness and wellness products such as activity trackers, equipment, and more with the ChooseHealthy program. Get access to online health and wellness classes at no additional cost.

Learn more at hmsa.com/well-being/hmsa365.

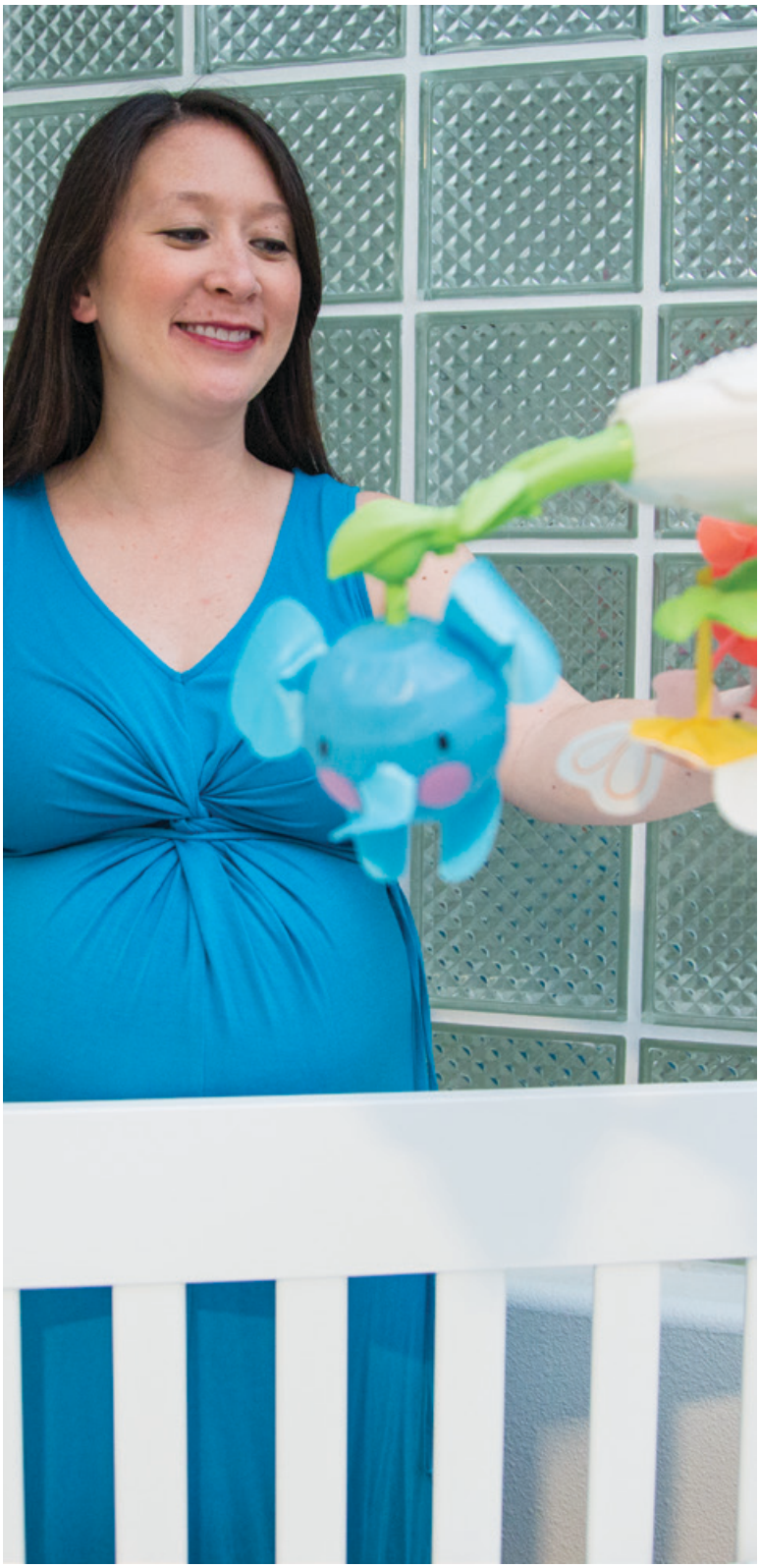
hmsa

An Independent Licensee of the Blue Cross and Blue Shield Association

Active&Fit Direct and ChooseHealthy are trademarks of ASH. The ChooseHealthy program is provided by ChooseHealthy, Inc. The Active&Fit Direct program are provided by American Specialty Health Fitness Inc., (ASH Fitness). ChooseHealthy and ASH Fitness are subsidiaries of American Specialty Health, Incorporated (ASH). ChooseHealthy and Active&Fit Direct are trademarks of ASH and used with permission herein.

The ChooseHealthy program is a discount program; it is not insurance. You can access services from any ChooseHealthy participating provider; referral from a primary care physician is not required. You're responsible for paying the discounted fee directly to the contracted provider.

1072-100051 5.19 GO



HMSA Pregnancy Support Program

To help you have a healthy pregnancy, the HMSA Pregnancy Support Program pairs you with your own maternity nurse who'll call you to provide personalized education and counseling to support the care you receive from your ob-gyn.

This program is voluntary and available at no cost to HMSA members.

What kind of services will I receive?

When you enroll, we'll match you with an experienced, knowledgeable maternity nurse who can answer your questions and help you with your concerns.

You'll also receive:

- A copy of *Your Pregnancy and Childbirth: Month to Month*, published by the American College of Obstetricians and Gynecologists. This book is a trusted resource written by women's health experts.
- Referrals to community resources.
- Coordination with your health care provider.
- Additional nurse support over the phone after delivery.

How soon should I enroll?

Enroll as soon as your pregnancy is confirmed. Prenatal care should start in the first three months of your pregnancy.

How do I enroll?

Contact a customer representative at 948-6079 on Oahu or 1 (800) 776-4672 toll-free on Neighbor Islands to ask for an enrollment form.

Take advantage of this program at no cost to you. We'll do all we can to ensure that your pregnancy is healthy and happy.

hmsa

An Independent Licensee of the Blue Cross and Blue Shield Association

1165-8458R 8:17 cs

My Account on hmsa.com

MY ACCOUNT IS YOUR HOME BASE FOR PERSONALIZED INFORMATION ABOUT YOUR HMSA HEALTH PLAN.

With My Account, you can:

- See a list of health care services you received, how much HMSA paid, and how much you may owe.
- Save money with our mail-service pharmacy, request prescription refills, check drug costs, and more.
- Use HMSA's Online Care® to talk to a doctor.
- Get a copy of your HMSA membership card.
- And more!

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

Register for My Account

1. At the hmsa.com home page, click Member Login.
2. On the Login page, click Register.
3. Enter your email address and a password. Agree to the Terms and Conditions. Click Register.
4. You'll receive an email asking you to validate your email address. Click the link in the email and log back in to My Account.
5. Click Add a Plan.
6. Enter the requested information. Click Link Plans.

Need help?
Call us at 948-6565 on Oahu or
1 (800) 720-1344 toll-free on the Neighbor Islands.
Monday–Friday, 8 a.m.–5 p.m.

hmsa
An Independent Licensee of the Blue Cross and Blue Shield Association
2500-50111 10-18 LG

When the unexpected happens, use

HMSA's Online Care

Save money:

Members can use HMSA's Online Care® for

$0

or little cost

Save time:

86%

saved an hour or more using HMSA's Online Care

Receive quality care:

In 2017, HMSA's Online Care doctors were rated

4.9 stars out of 5

★★★★★

Talk to a doctor 24/7, 365 days a year from your phone, tablet, or computer. Conversations are secure and confidential. Download the free mobile app in the Apple or Android app store.

Visit hmsaonlinecare.com.

Available on the iPhone App Store

Android Market

hmsa

An Independent Licensee of the Blue Cross and Blue Shield Association

Enroll in HMSA's Online Care

From a mobile device:

1. Search for HMSA Online Care in the Apple or Android app store.
2. Download and open the free app.
3. Click Sign Up and enter your information as it appears on your HMSA membership card.
4. Enter your email address and create a password.
5. Select your health plan, enter your subscriber ID number, and click Continue.

From a computer:

1. Go to hmsaonlinecare.com.
2. Enter your information as it appears on your HMSA membership card and click Sign Up.

Use the email and password you entered when enrolling to log on to HMSA's Online Care from any computer or mobile device.

Available for most Apple and Android devices and tablets. You must be in Hawaii to use HMSA's Online Care. Depending on your health plan, you may be charged a copayment.

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

7850-43051 10-18 LG

A Guide to After-hours Care

Save time and money by choosing the right care options. When you need care, remember that emergency room visits are expensive and aren't necessary for illnesses or injuries that aren't life threatening.

Use this guide so you know where to go for your care.

Primary care provider

See your PCP for routine and preventive care that isn't an emergency.

For example, if you have swelling in your ankle that isn't painful, but you'd like to get it checked out.

HMSA's Online Care

Connect with doctors and specialists online from anywhere in Hawaii, 24 hours a day, seven days a week. There's no copayment for Online Care® visits.

Use Online Care for the same reasons you would see your PCP.

Urgent care providers

Go to an urgent care provider if you have a health concern that isn't an emergency but needs attention sooner than you can see your doctor.

For example, if your ankle is swollen and painful but you can still walk with some assistance.

Emergency room

Go to the emergency room if you need immediate care in a hospital setting and/or you're experiencing a life-threatening emergency.

For example, if you fracture your ankle and you're in severe pain.

More tips

- ✔ Use the directory on the back page to locate an urgent care provider near you. Services vary at each location, so call ahead to ensure the services you need are available.
- ✔ Register for HMSA's Online Care now so it's easy to log in when you need it. Go to hmsaonlinecare.com to register and download the app on your smartphone.
- ✔ Follow up with your PCP after an urgent care or Online Care visit.

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

4000-188199 02:20 cs

hmsa®

An Independent Licensee of the Blue Cross and Blue Shield Association

Participating Urgent Care Clinics

Hawaii Island

Hilo Urgent Care Center
670 Kekuanaoa St.
Hilo Ph. 969-3051
Monday–Friday:
8:30 a.m.–8:30 p.m.
Saturday–Sunday:
8:30 a.m.–4:30 p.m.

Hilo Urgent Care Center
16-590 Old Volcano Road
Keaau Ph. 966-7942
Monday–Friday:
8:30 a.m.–6:30 p.m.
Saturday–Sunday:
8:30 a.m.–4:30 p.m.

Transformation Health Network
75-5995 Kuakini Highway,
Suite 213
Kailua-Kona Ph. 365-2297
Monday–Friday: 11:30 a.m.–9 p.m.
Saturday–Sunday: 1–9 p.m.

Waimea Urgent Care
65-1230 Mamalahoa Highway,
Suite A10
Kamuela Ph. 885-0660
Monday–Friday: 8:30 a.m.–7 p.m.
Saturday–Sunday: 8 a.m.–4 p.m.

Kauai

Kauai Community Health Alliance
2460 Oka St., Suite 101A
Kilauea Ph. 828-2885
Monday–Friday: 8 a.m–7 p.m.
Saturday–Sunday: 9 a.m.–5 p.m.

Kauai Medical Clinic
4484 Pahee St.
Lihue Ph. 245-1532
Daily: 8 a.m.–7 p.m.

Makana North Shore Urgent Care
4488 Hanalei Plantation Road
Princeville Ph. 320-7300
Daily: 7 a.m.–10 p.m.

Urgent Care at Poipu
2829 Ala Kalani Kaumaka St.
Suite B-201
Koloa Ph. 742-0999
Monday–Friday: 8:30 a.m.–7 p.m.
Saturday–Sunday:
8 a.m.–4:30 p.m.

Maui

Doctors on Call
3350 Lower Honoapiilani Road,
Suite 211
Lahaina Ph. 667-7676
Daily: 8 a.m.–9 p.m.

Kihei-Wailea Medical Center
221 Piikea Ave., Suite A
Kihei Ph. 874-8100
Monday–Friday: 8 a.m–8 p.m.
Saturday–Sunday: 8 a.m.–5 p.m.

Minit Medical Urgent Care Clinic
270 Dairy Road, Suite 239
Kahului Ph. 784-7271
Monday–Friday: 8 a.m.–7 p.m.
Saturday: 8 a.m.–6 p.m.
Sunday: 8 a.m.–4 p.m.

Minit Medical Urgent Care Clinic
1325 S. Kihei Road, Suite 103
Kihei Ph. 664-1454
Monday–Friday: 8 a.m.–7 p.m.
Saturday: 8 a.m.–6 p.m.
Sunday: 8 a.m.–4 p.m.

Minit Medical Urgent Care Clinic
305 Keawe St., Suite 507
Lahaina Ph. 670-1994
Monday–Saturday: 8 a.m.–6 p.m.
Sunday: 8 a.m.–4 p.m.

The Maui Medical Group Inc.
2180 Main St.
Wailuku Ph. 242-6464
Monday–Friday: 8 a.m.–9 p.m.
Saturday–Sunday: 8 a.m.–4 p.m.

The Maui Medical Group Inc.
130 Prison St.
Lahaina Ph. 242-6464
Monday–Friday: 8 a.m.–7 p.m.
Saturday–Sunday: 8 a.m.–5 p.m.

Oahu

All Access Ortho
1401 S. Beretania St., Suite 102
Honolulu Ph. 356-5699
Monday–Friday: 8 a.m–8 p.m.
Saturday–Sunday: 9 a.m.–5 p.m.

All Access Ortho
4850 Kapolei Pkwy., Bldg. F
Kapolei Ph. 356-5699
Monday–Friday: 8 a.m–8 p.m.
Saturday–Sunday: 9 a.m.–5 p.m.

All Access Ortho
95-1830 Meheula Parkway,
Suite C10-11
Mililani Ph. 356-5699
Monday–Friday: 8 a.m–8 p.m.
Saturday–Sunday: 9 a.m.–5 p.m.

Braun Urgent Care Kailua
130 Kailua Road, Suite 111
Kailua Ph. 261-4411
Daily: 8 a.m–8 p.m.

Doctors of Waikiki
120 Kaiulani Ave., Wing 10 & 11
Honolulu Ph. 922-2112
Daily: 8 a.m–Midnight

Island Urgent Care (QMC*)
98-199 Kamehameha Hwy.,
Suite F
Aiea Ph. 735-0007
Monday–Friday: 8 a.m.–8 p.m.
Saturday–Sunday: 8 a.m.–5 p.m.

Island Urgent Care (QMC*)
400 Keawe St.
Honolulu Ph. 735-0007
Daily: 8 a.m–8 p.m.

Island Urgent Care (QMC*)
449 Kapahulu Ave., Suite 104
Honolulu Ph. 735-0007
Daily: 8 a.m.–8 p.m.

Island Urgent Care (QMC*)
6600 Kalanianaole Hwy.,
Suite 114A
Honolulu Ph. 735-0007
Daily: 8 a.m–8 p.m.

Kunia Urgent Care
94-673 Kupuohi St., Suite C201
Waipahu Ph. 983-9175
Daily: 8:30 a.m.–9 p.m.

Straub Medical Center–Kapolei Clinic & Urgent Care
91-5431 Kapolei Pkwy., Suite 1706
Kapolei Ph. 426-9300
Daily: 10 a.m–8 p.m.

Straub Medical Center–Doctors on Call–Sheraton Waikiki
2255 Kalakaua Ave., Manor Wing
Shop No. 1
Honolulu Ph. 971-6000
Daily: 7 a.m–11 p.m.

Straub Medical Center–Ward Village Clinic & Urgent Care
1001 Queen St., Suite 102
Honolulu Ph. 462-5200
Daily: 10 a.m.–8 p.m.

US Med Urgent Care
1860 Ala Moana Blvd., Suite 101
Honolulu Ph. 921-2273
Monday–Friday: 8 a.m.–2 p.m.
Saturday–Sunday: Closed

US Med Urgent Care
660 Kailua Road
Kailua Ph. 263-2273
Monday–Friday: 8 a.m.–7 p.m.
Saturday–Sunday: 9 a.m.–5 p.m.

US Med Urgent Care
890 Kamokila Blvd., Suite 106
Kapolei Ph. 521-2273
Monday–Friday: 7 a.m.–7 p.m.
Saturday–Sunday: 8 a.m.–6 p.m.

US Med Urgent Care
1245 Kuala St., Suite 103
Pearl City Ph. 784-2273
Monday–Friday: 7 a.m.–8 p.m.
Saturday–Sunday: 8 a.m.–6 p.m.

Windward Urgent Care Services
46-001 Kamehameha Hwy,
Suite 107
Kaneohe Ph. 247-7596
Daily: 8 a.m.–9 p.m.

For a current list of participating urgent care providers, visit **hmsa.com/urgentcare.**

*Queen's Medical Center

Most urgent care clinics are closed on Thanksgiving Day, Christmas Day, and New Year's Day.

hmsa