

2023 Summary of Benefits

Your Medicare Advantage Plan Guide



HMSA Akamai Advantage Prime (MA)

This is a summary of health services and drug benefits for HMSA Akamai Advantage®
Prime (MA) plan effective Jan. 1, 2023.

H3832_2025_R9A171_23_M



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Eligibility

To enroll in HMSA Medicare Advantage, you must:

- Have Medicare Part A (hospital insurance) and Part B (medical insurance).
- Continue to pay your Part B premium in addition to your HMSA Medicare Advantage premium.
- Live in the United States or the territory of Puerto Rico.

Still not sure if you're eligible? Please contact your health plan administrator for more information.

Get more with HMSA Medicare Advantage



All the benefits of Original Medicare and so much more.



Vision

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



Choose your doctors

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



Primary care provider visits

\$0 copayment for PCP visits. **IMPROVED!**



Access to care

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



Customer service

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



Travel

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

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



Financial protection

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



Preventive care

One of the best ways to stay healthy is to detect and treat illnesses early to help prevent serious problems. An Annual Wellness Visit and many preventive care services are available for \$0.



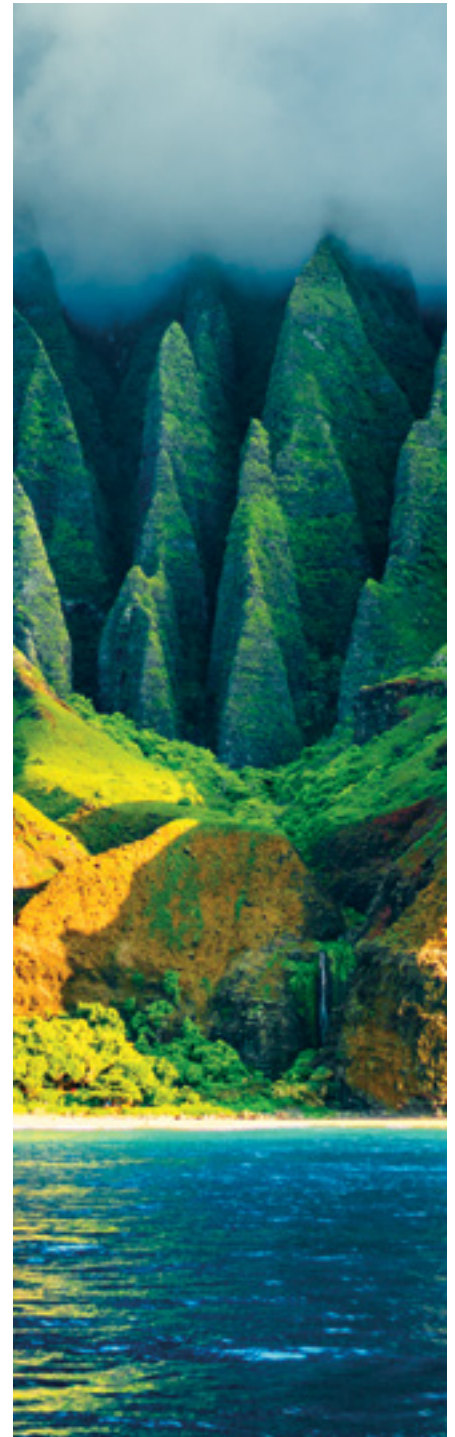
Health education

Attend a variety of workshops at no cost to learn how to sleep better, make healthier food choices, stay active, and more. Check hmsa.com/well-being/workshops for a schedule.



Health coaching

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



Travel benefits



Your health plan travels with you.

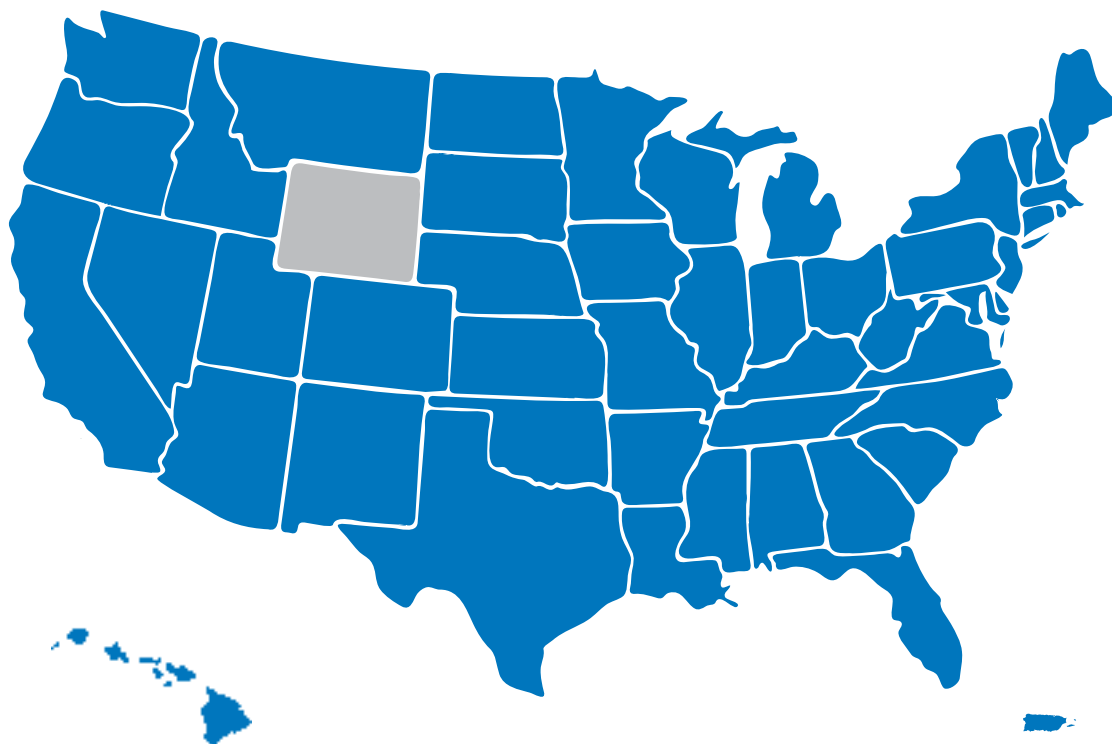
If you need care while traveling, the **HMSA Akamai Advantage Visitor Travel Program** has you covered. You'll have access to the nationwide Blue Medicare Advantage PPO network. See a participating network doctor in one of the 48 states, District of Columbia, or Puerto Rico highlighted in blue on the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

Find a doctor or hospital in the state you're visiting. Call Blue Cross Blue Shield Global Core at 1 (800) 810-BLUE (2583). That number is also on your HMSA membership card. You can also visit bcbsglobalcore.com.



You'll also receive health care benefits for doctor visits and hospital stays if you have a medical emergency in another country.

HMSA Akamai Advantage Visitor Travel Program



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

This list is current as of September 2022 and may change. For some states, Medicare Advantage PPO networks are available only in portions of the state. For an updated list of states and to learn more, visit hmsa.com/health-plans/medicare/travel-program/.

Looking for a Doctor?



The 2023 Provider Directory will be available starting Oct. 1, 2022.

Visit hmsa.com/advantage.

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

Get our Provider Directory. You have three options:

- **View online.** Go to hmsa.com/advantage. Under Members, click View resources. Under Plan Documents, click your plan then Provider Directory.
- **Go online to request a printed copy.** Go to hmsa.com/advantage. Under Members, click View resources. Under Plan Documents, click your plan. Click Request hard copy. Follow the instructions and click Submit.
- **Call us to request a printed copy.** Call (808) 948-6000 or 1 (800) 660-4672 daily, 8 a.m. to 8 p.m. For TTY, call 711.

We can mail you a provider directory for:

- HMSA Akamai Advantage (PPO)
- HMSA Akamai Advantage PPO Dental
- HMSA Akamai Advantage Routine Vision

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

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

Summary of Benefits

HMSA Akamai Advantage Prime (MA)

Your share of the cost:

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

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

Benefits	Prime (MA)
YOU PAY	
Monthly premium You must continue to pay your Part B premium in addition to your HMSA premium.	Contact your plan administrator
Annual deductible What you'll have to pay each year out of pocket before the plan will pay for some services.	\$0
Maximum out of pocket This financial safety net protects you from a catastrophic illness. It's the most you'll pay out of pocket for Medicare-covered medical services each year.	\$3,450 per year (in-network) \$5,150 per year (in-network and out-of-network)
Inpatient hospital care*	In-network: Days 1-6: \$225/day Days 7-30: \$50/day Days 31-90: \$0/day Additional days: \$0/day Out-of-network: Days 1-11: \$375/day Days 12-90: \$0/day Additional days: \$0/day
Outpatient hospital services*	20% of the cost (in-network) 40% of the cost (out-of-network)
Ambulatory surgery center services*	20% of the cost (in-network) 40% of the cost (out-of-network)
Doctor's office visits <ul style="list-style-type: none"> Primary care provider A physician or other health care professional who treats common illnesses and manages your preventive care. 	\$0 (in-network) \$30 (out-of-network)
<ul style="list-style-type: none"> Advanced practice registered nurse, nurse practitioner, or physician's assistant 	\$0 (in-network) \$30 (out-of-network)

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

Summary of Benefits (continued)

Benefits	Prime (MA) YOU PAY
Doctor's office visits (continued) <ul style="list-style-type: none"> Specialist A physician who treats specific conditions such as allergies, heart disease, or foot disorders. 	\$30 (in-network) \$40 (out-of-network)
Preventive care Includes annual wellness visits, bone mass measurements, diabetes screenings, mammograms, and some vaccines such as flu shots, hepatitis B shots, and pneumococcal shots. For a complete list of preventive care services that our plan pays for, please see the <i>Evidence of Coverage</i> .	\$0 (in-network and out-of-network)
Emergency care You won't pay a copayment for emergency care if you're admitted to the hospital within 24 hours.	\$90 (in-network and out-of-network)
Urgent care You won't pay a copayment for urgent care if you're admitted to the hospital within 24 hours.	\$30 (in-network and out-of-network)
Diagnostic services, labs, and imaging* <ul style="list-style-type: none"> Diagnostic tests and procedures, lab services, and outpatient X-rays 	\$30 or 20% of the cost, depending on the service (in-network) 40% of the cost (out-of-network)
<ul style="list-style-type: none"> Diagnostic radiology services including advanced imaging services such as MRI, CT, and PET scans 	\$100 or 20% of the cost, depending on the service (in-network) 40% of the cost (out-of-network)
<ul style="list-style-type: none"> Therapeutic radiology services such as radiation treatment for cancer 	\$30 (in-network) 40% of the cost (out-of-network)
Hearing services Exam to diagnose and treat hearing and balance-related conditions. Doesn't include routine hearing exams or hearing aids.	\$30 (in-network) 40% of the cost (out-of-network)
Dental services Limited dental services. Doesn't include services related to care, treatment, or filling, removing, or replacing teeth.	\$30 (in-network) 40% of the cost (out-of-network)

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

Benefits	Prime (MA)
	YOU PAY
Vision services	
Medicare-covered vision services <ul style="list-style-type: none"> • Eye exam to diagnose and treat eye diseases and conditions 	\$0 (in-network) 40% of the cost (out-of-network)
<ul style="list-style-type: none"> • Eyeglasses or contact lenses after Medicare-covered cataract surgery 	\$0 (in-network and out-of-network)
Supplemental vision services	\$0 (in-network)
<ul style="list-style-type: none"> • Routine eye exam (once a calendar year) 	40% of the cost (out-of-network)
<ul style="list-style-type: none"> • Contact lenses and eyeglasses (frames and lenses) The plan pays up to \$200 every calendar year for contact lenses and eyeglasses (frames and lenses). 	\$0 (in-network and out-of-network)
Mental health care	
<ul style="list-style-type: none"> • Inpatient visit* Mental health care services that require a hospital stay. 	In-network: Days 1-6: \$225/day Days 7-90: \$0/day Out-of-network: Days 1-11: \$375/day Days 12-90: \$0/day
<ul style="list-style-type: none"> • Outpatient therapy visits Individual and group visits 	\$30 (in-network) 40% of the cost (out-of-network)
Skilled nursing facility*	
Our plan covers up to 100 days in a skilled nursing facility. No prior Medicare-covered acute level of care hospital stay is required.	In-network: Days 1-20: \$20/day Days 21-40: \$165/day Days 41-100: \$0/day Out-of-network: Days 1-10: \$150/day Days 11-44: \$175/day Days 45-100: \$0/day
Outpatient rehabilitation*	
<ul style="list-style-type: none"> • Occupational therapy, physical therapy, and speech and language therapy visits. 	\$30 (in-network) 40% of the cost (out-of-network)

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

Summary of Benefits (continued)

Benefits	Prime (MA)
	YOU PAY
Ambulance Ground and air ambulance	\$225 (in-network and out-of-network)
Transportation	Not covered
Medicare Part B drugs* Chemotherapy and other Part B drugs.	20% of the cost (in-network) 40% of the cost (out-of-network)
Medical equipment and supplies* Includes oxygen tanks, walkers, and wheelchairs.	20% of the cost (in-network) 40% of the cost (out-of-network)
Telehealth Services HMSA's Online Care and other telehealth services.	\$0 (in-network and out-of-network)

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

To learn more about the health plan benefits and costs of Original Medicare, see the *Medicare & You 2023* handbook at [medicare.gov](https://www.medicare.gov). To request a copy, call 1 (800) MEDICARE [1 (800) 633-4227], 24 hours a day, seven days a week. For TTY, call 1 (877) 486-2048.

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

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

Next steps



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

Enrollment verification letter

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

Welcome packet

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

HMSA membership card

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

Choose a primary care provider

When you enroll, it's important that you choose a PCP as your partner in health. Please let us know the name of your PCP so we can put it on your HMSA membership card. See page 8 for ways to find a participating provider or to check if your provider participates with HMSA.

Getting care

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

Pre-enrollment checklist

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

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

Understanding the Benefits

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

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.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on Jan. 1, 2024.
- ☐ 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.





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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1 (800) 660-4672 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1 (800) 660-4672 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1 (800) 660-4672 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1 (800) 660-4672 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1 (800) 660-4672 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1 (800) 660-4672 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1 (800) 660-4672 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1 (800) 660-4672 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1 (800) 660-4672 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1 (800) 660-4672 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

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

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1 (800) 660-4672 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1 (800) 660-4672 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1 (800) 660-4672 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1 (800) 660-4672 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1 (800) 660-4672 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1 (800) 660-4672 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

IMPORTANT INFORMATION:

2023 Medicare Star Ratings



HMSA Akamai Advantage - H3832

For 2023, HMSA Akamai Advantage - H3832 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆
Health Services Rating: ★★★★★☆
Drug Services Rating: ★★★★★☆



Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact HMSA Akamai Advantage 7 days a week from 8:00 a.m. to 8:00 p.m. Hawaii time at 800-693-4672 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Hawaii time. Current members please call 800-660-4672 (toll-free) or 711 (TTY).

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

H3832_8700_R2M236_23_M

HAWAI'I MEDICAL SERVICE ASSOCIATION

hmsa.com/advantage

We're here with you.

Call (808) 948-6235 or 1 (800) 693-4672
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 @ Honolulu

818 Keeaumoku St.
Monday–Friday, 8 a.m.–5 p.m.
Saturday, 9 a.m.–2 p.m.

HMSA Center @ 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 @ Kahului

Puunene Shopping Center
70 Hookele St., Suite 1220
Monday–Friday, 9 a.m.–6 p.m.
Saturday, 9 a.m.–2 p.m.

HMSA Center @ Hilo

Waiakea Center
303A E. Makaala St.
Monday–Friday, 9 a.m.–6 p.m.
Saturday, 9 a.m.–2 p.m.

Kauai Office

4366 Kukui Grove St., Suite 103
Monday–Friday, 8 a.m.–4 p.m.

hmsa.com

