



2024 Summary of Benefits

Your Medicare Advantage Plan Guide

HMSA Akamai Advantage **Prime MA (PPO)**

This is a summary of health services and drug benefits for HMSA Akamai Advantage®
Prime MA (PPO) plan effective Jan. 1, 2024.



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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.

Summary of Benefits

HMSA Akamai Advantage Prime MA (PPO)

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 (PPO) |
|---|--|
| 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 • 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) |
| • 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.

| Benefits | Prime MA (PPO) |
|--|---|
| YOU PAY | |
| Doctor's office visits (continued) • 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* • 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) |
| • 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) |
| • 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 Medicare-covered 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.

Summary of Benefits (continued)

| Benefits | Prime MA (PPO) |
|---|---|
| YOU PAY | |
| Vision services | |
| <p>Medicare-covered vision services</p> <ul style="list-style-type: none"> • Eye exam to diagnose and treat eye diseases and conditions • Eyeglasses or contact lenses after Medicare-covered cataract surgery | <p>\$0 (in-network) 40% of the cost (out-of-network)</p> <p>\$0 (in-network and out-of-network)</p> |
| <p>Supplemental vision services **</p> <ul style="list-style-type: none"> • Routine eye exam (once a calendar year) • Contact lenses and eyeglasses (frames and lenses) The plan pays up to \$300 every calendar year for contact lenses and eyeglasses (frames and lenses). | <p>\$0 (in-network) 40% of the cost (out-of-network)</p> <p>\$0 (in-network and out-of-network)</p> |
| <p>Mental health care</p> <ul style="list-style-type: none"> • Inpatient visit* Mental health care services that require a hospital stay. • Outpatient therapy visits Individual and group visits | <p>In-network: Days 1-6: \$225/day Days 7-90: \$0/day Lifetime Reserve Days (60): \$0/day</p> <p>Out-of-network: Days 1-11: \$375/day Days 12-90: \$0/day Lifetime Reserve Days (60): \$0/day</p> <p>\$30 (in-network) 40% of the cost (out-of-network)</p> |
| <p>Skilled nursing facility*</p> <p>Our plan covers up to 100 days in a skilled nursing facility. No prior Medicare-covered acute level of care hospital stay is required.</p> | <p>In-network: Days 1-20: \$20/day Days 21-40: \$165/day Days 41-100: \$0/day</p> <p>Out-of-network: Days 1-10: \$150/day Days 11-44: \$175/day Days 45-100: \$0/day</p> |
| <p>Outpatient rehabilitation*</p> <ul style="list-style-type: none"> • Occupational therapy, physical therapy, and speech and language therapy visits. | <p>\$30 (in-network) 40% of the cost (out-of-network)</p> |

**If you're currently enrolled in another HMSA commercial EyeMed Vision Care plan, please note that your vision benefits will be part of your commercial plan, not your HMSA Akamai Advantage plan.

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

| Benefits | Prime MA (PPO) |
|--|--|
| 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) |
| Medicare Part B insulin drugs | \$35 (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 2024* 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.

Get more with HMSA Medicare Advantage



All the benefits of Original Medicare and so much more.



Vision

You'll see clearly when you get \$300 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 (PCP) visits

\$0 copayment for PCP visits.



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 in person or on the phone.



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 in person or online at no cost. 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 network doctor in one of the 48 states and the District of Columbia or Puerto Rico. You'll pay the same in-network costs for covered services as if you were seeing a network doctor in Hawaii.

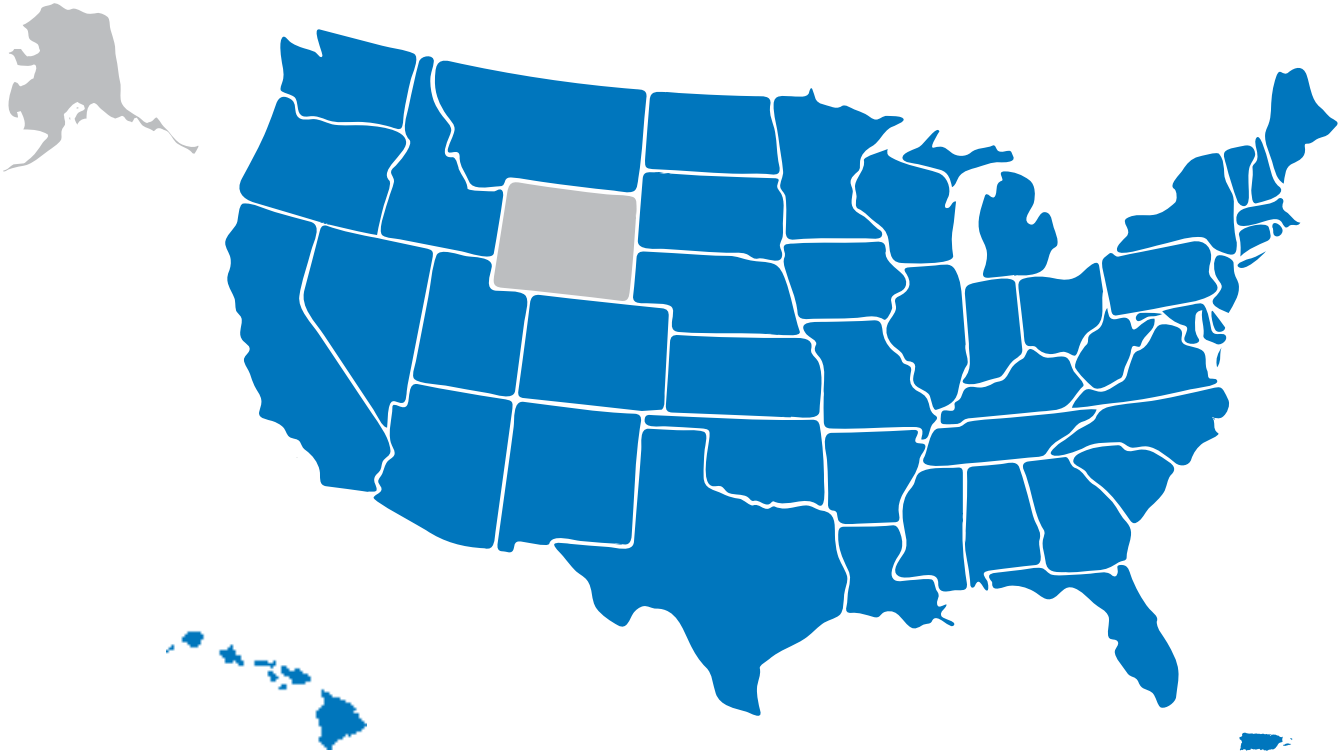
Find a doctor or hospital in the state you're visiting. Call Blue Cross Blue Shield Global Core at 1 (800) 810-BLUE (2583). That number is also on your HMSA membership card. You can also visit bcbsglobalcore.com.

Worldwide emergency and urgent care

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



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 (D.C.) | Louisiana | New Hampshire | Rhode Island | |
| Florida | Maine | New Jersey | South Carolina | |
| Georgia | Maryland | New Mexico | South Dakota | |
| | Massachusetts | New York | Tennessee | |

This list is current as of August 2023 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/.



HMSA Akamai Advantage (PPO)

Looking for a Doctor?

The 2024 Provider Directory will be available Oct. 1, 2023.

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 location, specialty, or ailment.

Get our Provider Directory. You have three options:

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

We can mail you a provider directory for:

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

You also can request a copy of **HMSA's Silver&Fit® Healthy Aging & 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.

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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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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:

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 12 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, 2025.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copayment for services received by non-contracted providers.
- If you're currently enrolled in a Medicare Advantage plan, that plan will end when your new Medicare Advantage plan starts. If you have TRICARE, your benefits may be affected when your new plan starts. Contact TRICARE for more information. If you have a Medigap plan, you may want to cancel it because you'll be paying for benefits you can't use.





An Independent Licensee of the Blue Cross and Blue Shield Association

Form Approved
OMB# 0938-1421

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 libheng 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 libheng serbisyo.

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

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

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

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 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.

Form CMS-10802
(Expires 12/31/25)

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

Arabic: وأهـ صلاب قلعـتت ؤلئسأى أن عـبـاجـلل ؤىـنـاجـلمـل يـروفـلـمـجـرتـمـلـتـمـدخـمـدقنـانـنـلـىـلـعـانـبـلـاصـتـالـىـوسـكـيـلـعـسـيـلـ،ـيـروفـمـجـرتـمـلـىـلـعـلـوصـحـللـ.ـانـيـدلـؤىـودأـللـلـودجـمـدخـهـذهـ.ـكـتـدعـاسـمـبـؤىـبرـعـلـلـثـدـحـتـيـمـصـخـشـمـوقـيـسـ.ـ1 (800) 660-4672 (TTY: 711). ؤىـنـاجـمـ

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 Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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。

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 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 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 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 Lihue

Kuhio Medical Center
3-3295 Kuhio Highway, Suite 202
Monday–Friday, 8 a.m.–4 p.m.

hmsa.com

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

