We’re here with you

For the good times. For the tough times. For lifetimes.

hmsa
Aloha,

As we move toward a brighter future, HMSA is here to help you live your best life. With HMSA, you have access to quality care from your choice of local doctors and specialists and Hawaii’s top hospitals. It’s freedom of choice and peace of mind.

You also have convenient care options that go beyond the doctor’s office and emergency room, including telehealth benefits that let you talk to a doctor from home.

In the following pages, you’ll find information about the benefits and services you’ll have access to as an HMSA member. Please read on to learn more.

As always, we’re here to serve you. Call us, connect with us on social media, or visit us at an HMSA Center or office. Our locations and hours are on the back of this guide.

Mahalo,

Mark M. Mugiishi, M.D., F.A.C.S
President and Chief Executive Officer
Get the best with HMSA

Learn more about the benefits of being an HMSA member at every stage of your life. With our health plans, you can:

- **Choose your own doctors and specialists.**
  Members can choose from a large network of 7,500 doctors, specialists, and other health care providers.

- **Go to Hawaii’s top-rated hospitals and clinics.**
  Hospitals and medical centers in our network specialize in childbirth, cardiac care, cancer treatment, full-service women’s care, spine surgery, bariatric surgery, and more.

- **Access convenient after-hours care.**
  Need care that can’t wait until the next day but isn’t an emergency? You have convenient options. Connect with a doctor online with HMSA’s Online Care®, visit an urgent care clinic, or go to a MinuteClinic®, the medical clinic in selected Longs Drugs stores on Oahu.

- **Use telehealth benefits.**
  Telehealth is a safe, valuable option that helps you communicate with your doctor from your home or office. Talk to your doctor about the telehealth option that’s best for you, whether it’s a video visit or email check-in.

- **Get care when you travel.**
  If you need to travel to the Mainland or another country, your plan gives you access to doctors and hospitals on the Mainland and in many locations worldwide.

- **Live healthier.**
  Our tools and programs can help you live healthier and happier at little or no cost. Whether you want to lose weight or manage your stress, we offer programs and services that can help you reach your goal.

- **Save money on your health and fitness.**
  Our member discount program helps you save on health-related products and services like fitness classes, acupuncture, massage therapy, gym memberships, and more.

Go to page 7 to learn more about our well-being tools and programs.

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

With HMSA, you have access to specialty care from top-rated hospitals.

- Adventist Health Castle has earned national honors for constantly improving the delivery of quality care for patients.
- Kapiʻolani Medical Center for Women & Children is Hawaii’s only full-service women’s and children’s hospital.
- The Queen’s Medical Center is the main trauma center in the Pacific Basin and the state’s only organ transplant center.
- Straub Medical Center is the Pacific region’s only multidisciplinary burn treatment center.

The Blue Cross and Blue Shield Association recognizes these Hawaii hospitals for expertise in delivering quality, cost-effective specialty care.

- Adventist Health Castle for bariatric surgery.
- Adventist Health Castle, Straub Medical Center, and Wilcox Medical Center for knee and hip replacement.
- Adventist Health Castle, Pali Momi Medical Center, The Queen’s Medical Center, and Straub Medical Center for spine surgery.
- Kapiʻolani Medical Center for Women & Children and Wilcox Medical Center for maternity care.
- Straub Medical Center for cardiac care.
Choose from quality health plans
Our preferred provider organization plan gives you the most freedom to choose your own primary care provider, get specialty care without a referral, or see providers who aren’t in our network at a higher cost.

With the health maintenance organization plan, you’ll choose a PCP to coordinate your care and a health center. You’ll need a referral to see specialists who aren’t in your health center, but you won’t need a referral for basic services like urgent and preventive care.

Find a PCP or other health care provider
Go to hmsa.com to use the Find a Doctor tool. Just remember to choose the plan you have before starting your search.

Get after-hours care
• Connect with a doctor on your computer or mobile device from anywhere in Hawaii with HMSA’s Online Care. Online Care doctors are available 24 hours a day, seven days a week.
• See a doctor at urgent care clinics in our network. To search for urgent care providers, go to hmsa.com/urgentcare.
• See a doctor or nurse practitioner at MinuteClinic®, the medical clinic in selected Longs Drugs stores on Oahu. To find a MinuteClinic, use the Find a Doctor tool on hmsa.com.
Participating Urgent Care Clinics

Hawaii Island

Aloha Kona Urgent Care
75-5995 Kuakini Highway, Suite 213
Kailua-Kona Ph. (808) 365-2297
Monday-Friday: 11:30 a.m.-9 p.m.
Saturday-Sunday: 1-9 p.m.

Hilo Urgent Care Center
670 Kekuanaoa St.
Hilo Ph. (808) 969-3051
Monday-Friday: 8:30 a.m.-6:30 p.m.
Saturday-Sunday: 8:30 a.m.-4:30 p.m.

Keaau Urgent Care Center
16-590 Old Volcano Road
Keaau Ph. (808) 966-7942
Sunday: 8 a.m.-4 p.m.
Saturday: 9 a.m.-5 p.m.
Monday-Friday: 8 a.m-5 p.m.

Kapolei Urgent Care
All Access Ortho
3295 Harno Road, Suite 101
Kapolei Ph. (808) 356-5699
Monday-Friday: 8 a.m.-8 p.m.
Saturday-Sunday: 9 a.m.-8 p.m.

Aiea Urgent Care
All Access Ortho
98-199 Kamehameha Highway, Suite C10-11
Aiea Ph. (808) 356-5699
Monday-Friday: 8 a.m.-8 p.m.
Saturday-Sunday: 9 a.m.-8 p.m.

Honolulu Urgent Care
Queen’s Island Urgent Care
400 Keawe St.
Honolulu Ph. (808) 735-0007
Daily: 8 a.m.-8 p.m.

Straub Kapolei Clinic & Urgent Care
91-5431 Kapolei Parkway, Suite 1706
Kapolei Ph. (808) 426-9300
Daily: 10 a.m.-8 p.m.

straubDoctors On Call
2255 Kalakaua Ave., Manor Wing
Shop No. 1
Honolulu Ph. (808) 971-6000
Daily: 10 a.m.-8 p.m.

straub Kahala Clinic & Urgent Care
4210 Waialae Ave., Suite 501
Honolulu Ph. (808) 462-5300
Daily: 10 a.m.-8 p.m

straub Ward Village Clinic & Urgent Care
1001 Queen St., Suite 102
Honolulu Ph. (808) 462-5200
Daily: 10 a.m.-8 p.m.

Urgent Care Hawaii
660 Kailua Road
Kailua Ph. (808) 263-2273
Daily: 8 a.m.-6 p.m.

Urgent Care Hawaii
890 Kamokila Blvd., Suite 106
Kapolei Ph. (808) 521-2273
Monday-Friday: 7 a.m.-6 p.m.
Saturday-Sunday: 7 a.m.-6 p.m.

Urgent Care Hawaii
1245 Kuala St., Suite 103
Pearl City Ph. (808) 456-2273
Monday-Friday: 7 a.m.-7 p.m.
Saturday-Sunday: 7 a.m.-7 p.m.

Windward Urgent Care
46-001 Kamehameha Highway, Suite 107
Kaneohe Ph. (808) 247-7596
Daily: 8 a.m.-7 p.m.

Urgent Care Hawaii
890 Kamokila Blvd., Suite 106
Kapolei Ph. (808) 521-2273
Monday-Friday: 7 a.m.-6 p.m.
Saturday-Sunday: 7 a.m.-6 p.m.

Urgent Care Hawaii
1245 Kuala St., Suite 103
Pearl City Ph. (808) 456-2273
Monday-Friday: 7 a.m.-7 p.m.
Saturday-Sunday: 7 a.m.-7 p.m.

Windward Urgent Care
46-001 Kamehameha Highway, Suite 107
Kaneohe Ph. (808) 247-7596
Daily: 8 a.m.-7 p.m.

Hours and locations may change. Please call the clinic for the latest information.
For a current list of participating urgent care providers, visit hmsa.com/urgentcare.

These options aren’t a substitute for emergency care. If you experience life-threatening conditions such as a stroke or difficulty breathing, call 911 or go to the emergency room immediately.

Most urgent care clinics are closed on Thanksgiving Day, Christmas Day, and New Year’s Day. Services vary at locations. Call the clinic to ask about specific services.
Get care around the world

With HMSA, if you and your eligible family members need to travel, you can get care on the Mainland and in many international locations.

How it works

HMSA is part of the Blue Cross and Blue Shield network, which includes 95% of doctors and 96% of hospitals on the Mainland. Your HMSA plan will also protect you in nearly 190 countries and territories around the world.

Looking for a doctor or hospital on the Mainland? Go to bcbs.com.

Traveling internationally? Download the Blue Cross Blue Shield Global® Core mobile app for Apple and Android devices. You can use the app to search for providers when you travel. To learn more, go to bcbsglobalcore.com.

Be prepared

• Before you go, make sure you have your current HMSA membership card with you. Your card will help providers file your claims.

• You can also call 1 (800) 810-BLUE (2583) for the names of participating doctors and hospitals in the area you’ll be visiting.

Learn more about our Care Access Assistance Program

If you have a PPO plan and need to travel to another island for medical treatment, you may be eligible for financial assistance if your care isn’t available from a participating provider on your home island or you can’t get an appointment soon enough. Call us at 1 (844) 357-0726 to learn more about this program.
Take care of your well-being

Every day is another step in your life’s journey. Whether you want to stay on course or get back on track, these programs will help you enjoy life in good health.

**Put yourself first.** Call your doctor to schedule an annual preventive health evaluation. It’s a great way to stay on top of your health and stop health problems before they start.

**Try something new.** With HMSA, you can choose from hundreds of exclusive discounts on yoga classes, massage therapy, and more. With the Active&Fit Direct™ program, you can move more for less at a gym or fitness center in the Active&Fit Direct network.

**Get inspired.** Learn something new at an HMSA health education workshop or try a new recipe from HMSA’s Island Scene magazine in print and online at islandscene.com.

**Plan ahead.** The HMSA Pregnancy and Postpartum Support Program pairs pregnant members with a maternity nurse who provides education to supplement the care they receive from their ob-gyn.

**Live your healthiest life.** The HMSA Diabetes Prevention Program can help you prevent diabetes through healthy lifestyle changes.

**Make a clean break.** Quitting tobacco is hard to do. Get the support you need from Hawai’i Tobacco Quit-line. Call 1 (800) QUIT-NOW to get started.

**Take care of your heart.** The Ornish Lifestyle Medicine™ program can help eligible members improve their health through diet, exercise, stress management, and group support.

Learn more at hmsa.com/well-being.

Active&Fit Direct is a trademark of ASH. The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of ASH. American Specialty Health (ASH) is an independent company providing chiropractic, acupuncture, fitness programs, and/or massage therapy services on behalf of HMSA.
hmsa.com

If you’re looking for information about HMSA, then visit hmsa.com. You’ll find a variety of helpful resources where you can:

• Search for a doctor.
• Discover health and fitness savings.
• Learn more about the well-being programs available to you and your family.
• Find information and resources related to COVID-19.
• View all your health plan information and member benefits online on My Account at hmsa.com.

My Account organizes all your information in one handy place where you can:

• View your claims.
• Use an annual maximum out-of-pocket calculator to see the most you’ll pay for covered services in a plan year.
• See where you are with reaching your deductible, if applicable.
• Download your plan’s Guide to Benefits for details about your HMSA plan.

How to use My Account
To log in or register for My Account, go to members.hmsa.com. If you’re a new user, click Register. You’ll need a valid email address and your HMSA subscriber number to get started. It’s easy!
Prescription Drugs

With HMSA, you’ll enjoy prescription drug benefits with greater convenience and more savings. We work with our pharmacy benefits manager, CVS Caremark®, to offer innovative pharmacy programs and services and access to a large retail pharmacy network with 68,000 pharmacies in Hawaii and on the Mainland.

It’s your choice

When you need medications, you can fill your prescriptions at a participating pharmacy or by mail. To download and print a mail service order form, log in to My Account.

Save money

• Save up to 80% on your medication when you fill your prescription with a generic instead of a brand-name medicine. Generics have the same active ingredients and are just as effective as brand-name medications. The amount you save will be based on your drug plan.
• For more savings, use your ExtraCare® Health Card to save up to 20% on CVS Pharmacy Brand health-related items that cost more than a dollar at Longs Drugs stores or online at cvs.com.

Save time

• If you have long-term medications, you can save time and money by ordering a 90-day supply. Ask your pharmacy about 90-day at Retail.
• With ReadyFill at Mail, you can get refills from a local service center on Oahu at no added cost.

Go online

• To sign up for mail-order prescription drugs, log in to My Account.
• On My Account, you can also connect with a pharmacist online, print forms, see processed claims, find a nearby pharmacy, and order prescription refills.

Learn more

• Find out if a medication is covered by your plan with the CVS Caremark® Check Drug Cost Tool. You can also see the most affordable options and compare the cost of prescription fills. The tool is available online through hmsa.com or through the CVS Caremark’s smartphone app, CVS Caremark.
• To see a list of prescription drugs covered by your health plan, go to hmsa.com/drug-list.

To search for a participating pharmacy near you, use the Find a Doctor tool on hmsa.com. Just remember to choose the plan you have before starting your search.

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

HMSA is the only health plan in Hawaii that offers a truly integrated approach to medical and dental plans. This feature allows us to provide our members with access to our Oral Health for Total Health program. Eligible members who need more support with their overall health can receive additional dental services such as cleanings and periodontal scaling at no added cost. Qualified members who have HMSA medical and dental plans will be automatically enrolled in the program.

Just like HMSA’s medical plans, members have access to quality care and freedom of choice with HMSA’s dental plans.

Here are two types of dental plans your employer may offer:

**HMSA Dental PPO**

With this plan, you can choose your own dentist from a large network. Over 90% of Hawaii’s dentists participate with HMSA, so it’s easy to find one who’ll meet your needs. And you have access to a national network of dentists when you visit the Mainland. For help finding a dentist when you travel, visit hmsadental.com/find-a-dentist-national or call 1 (800) 792-4672.

One of the best features of the PPO dental plan is the rollover benefit. This allows you to roll over a portion of your unused benefit to the next calendar year. Members must meet certain requirements to use this benefit.

**HMSA Dental HMO**

With this plan, you have access to rich benefits at an affordable price. You’ll choose from a network of 10 dental centers in the statewide Hawaii Family Dental network or choose a dentist from our expanding HMO network. These plans are easy to use and typically have low copayments to help you manage your annual out of pocket costs.

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**Find your dentist**

To search for a dentist or dental provider, use the Find a Dentist tool at hmsadental.com.
Vision Plan

Whether you need new glasses or specialized care, our vision plan can help you see clearly.

New for Jan. 1, 2022

With the goal of improving your experience both locally and nationally, HMSA selected EyeMed Vision Care as our routine vision benefits administrator. Our partnership with EyeMed begins Jan. 1, 2022.

As an HMSA member, you have access to a large global network of EyeMed providers. There are no changes to your routine vision benefits and you don’t need a new HMSA membership card.

With EyeMed, it’s easier to understand your benefits, choose glasses and lens, and get increased value through special offers. Whether you need new glasses or specialized care, our EyeMed vision plan can help you see clearly.

Find an eye doctor

Go to hmsa.com/eyemed and click Find a Doctor to search for an eye doctor or call us at a number listed on the back.

EyeMed Vision Care is HMSA’s vision benefits administrator providing network management. First American Administrators Inc. provides benefit management and claims processing services.
Health care plain and simple

Health care terms can be confusing. We’re taking the jargon out of health care.

Claim
An invoice that includes information about the health care services you’ve received.

Coinsurance
Your share of the cost for health care services. It’s usually a percentage of the amount charged for services. You start paying coinsurance after you’ve paid the deductible.

Copayment
The fixed dollar amount you pay out of pocket for medical services and products that are benefits of your HMSA plan.

Covered services
These are health care services that HMSA pays for based on your plan benefits. Sometimes, if your HMSA plan covers a service, you may have to pay a copayment or deductible.

Deductible
The amount you pay each year before your HMSA plan starts paying for covered services or products.

Drug formulary
A list of generic and brand-name prescription drugs that your drug plan pays for.

Eligible charge
The amount that participating providers agree to charge for covered services or products.

Health maintenance organization (HMO)
A type of health plan that lets you pick one health center and a PCP in that health center to provide all of your care.

Network
The group of providers that participates in a health plan. As an HMSA member, you have access to the providers in the HMSA network of providers.

Nonparticipating provider
A doctor, hospital, pharmacy, lab, health center, or other health care provider who doesn’t contract with HMSA to charge set fees to members. Using these providers almost always costs more than using participating providers.

Out-of-pocket maximum
The most you’ll have to pay per calendar year for covered health care services. Once you reach the out-of-pocket maximum, your plan pays 100% of the allowed amount for covered services excluding taxes.

Participating provider
Providers in our network who agree to charge members a set amount for covered services.

Preferred provider organization
A type of health plan that lets you see any provider in HMSA’s network.

Primary care provider
Your main doctor who coordinates your care.

Provider
A health care professional such as a physician, nurse, physical therapist, physician’s assistant, or lab technician.
If you and your dependents have more than one health plan, completing this form will help us process your claims quickly and accurately. You can also complete this form online at hmsa.com. Go to Member Login and click Coordination of Benefits form in the Claims drop-down menu.

If you, your spouse, and your dependents are enrolled only in your HMSA plan, complete section 1.

If you, your spouse, or any of your dependents are enrolled in your HMSA plan and: Complete sections:

☐ Another health insurance plan ................................................................. 1 and 2
☐ Medicare ........................................................................................................ 1 and 3
☐ Another health insurance plan and Medicare ........................................... 1, 2, and 3

PLEASE PRINT

Section 1 – HMSA Subscriber Information
HMSA subscriber’s name: __________________________________________  Birth date: ______________________
Employment status: ☐ Active ☐ COBRA ☐ Retired  Retirement date (if applicable): ______________________
Employer’s name: _______________________________________  Employer’s phone no.: ( _____ ) ___________
Employer’s address: ________________________________________________________________________________
HMSA subscriber ID no.: ___________________________  Social Security no.: __ __ __-__ __-__ __ __ __
Phone no.: ( _________  ) _____________________________

I certify that the information I’ve provided on this form is true and correct. I agree to inform HMSA of any changes.

HMSA subscriber’s signature: ___________________________________________  Date: ______________________

Section 2 – Other Coverage Information
Policyholder’s name: ______________________________________________  Birth date: ______________________
Sex: ☐ Male ☐ Female
Relationship to you: ________________________________________________  Social Security no.: __ __ __-__ __-__ __ __ __
Other health plan’s name: ____________________________________________  Policyholder ID no.: ______________________
Other health plan’s address: __________________________________________________________________________
Phone no.: ( _________  ) _____________________________

Employment status: ☐ Active ☐ COBRA ☐ Retired  Retirement date (if applicable): ______________________
Employer’s name: ________________________________________  Employer’s phone no.: ( _____ ) ___________
Employer’s address: ________________________________________________________________________________

<table>
<thead>
<tr>
<th>Type of coverage</th>
<th>☐ Medical</th>
<th>☐ Drug</th>
<th>☐ Dental</th>
<th>☐ Vision</th>
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<tr>
<td>Effective date</td>
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<tr>
<td>Cancellation date</td>
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</table>
Please list any other dependents who are on the other plan.

1. First and last names: _____________________________________________________________________________  
   Relationship to you: _____________________________________________________________________________

2. First and last names: _____________________________________________________________________________  
   Relationship to you: _____________________________________________________________________________

3. First and last names: _____________________________________________________________________________  
   Relationship to you: _____________________________________________________________________________

4. First and last names: _____________________________________________________________________________  
   Relationship to you: _____________________________________________________________________________

5. First and last names: _____________________________________________________________________________  
   Relationship to you: _____________________________________________________________________________

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   Relationship to you: _____________________________________________________________________________

7. First and last names: _____________________________________________________________________________  
   Relationship to you: _____________________________________________________________________________

8. First and last names: _____________________________________________________________________________  
   Relationship to you: _____________________________________________________________________________

### Section 3 – Medicare Coverage Information

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<tr>
<th>Medicare beneficiary’s name: .................................................................</th>
<th>Medicare beneficiary’s name: .................................................................</th>
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<td>Social Security no.: ___  ___  ___ -___  ___ -___  ___  ___  ___</td>
<td>Social Security no.: ___  ___  ___ -___  ___ -___  ___  ___  ___</td>
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<td>Medicare no.: ________  .................................................................</td>
<td>Medicare no.: ________  .................................................................</td>
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<table>
<thead>
<tr>
<th><strong>Type of coverage</strong></th>
<th><strong>Effective date</strong></th>
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<tbody>
<tr>
<td>Part A (Hospital)</td>
<td></td>
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<tr>
<td>Part B (Medical)</td>
<td></td>
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<tr>
<td>Part D (Drug)</td>
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</tbody>
</table>

Medicare eligibility due to:
- □ Age
- □ Disability
- □ End-stage renal disease
  - Initial dialysis date: ________________

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<tr>
<th><strong>Type of coverage</strong></th>
<th><strong>Effective date</strong></th>
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</tr>
</tbody>
</table>

Medicare eligibility due to:
- □ Age
- □ Disability
- □ End-stage renal disease
  - Initial dialysis date: ________________

Please mail your completed Coordination of Benefits Form to:
HMSA
MS Primacy
P.O. Box 860
Honolulu, HI  96808-0860
Privacy Notice

This notice describes how your health data may be used and disclosed and how you can access your data. Please read it carefully.

We care about the privacy of your health data and protect your privacy in keeping with federal law. This notice describes our privacy rules, our legal duty, and your rights about your health data. This notice went into effect Sept. 22, 2013.

We must give you a copy of this notice and follow the terms of this notice. We have the right to change this notice at any time. If we make major changes to this notice, we’ll post a revised notice on HMSA’s website (hmsa.com). We’ll also give you a copy of the revised notice or details about the changes and tell you how to get the revised notice.

Your Protected Health Information, or PHI

Your PHI includes data about you, the health care services you get, and payment for your care. HMSA gets and produces PHI. For example, after you visit the doctor, a claim is sent to HMSA. The claim may have details about your health, symptoms, injury or illness, exam, treatment, and more. Your PHI may be used in several ways, such as to pay your claim or to plan your care.
Your Rights
The law gives you rights about your PHI. As an HMSA member, you have the right to:

• Ask for and get a copy of this notice at any time.
• See or ask for a copy of your PHI on paper or in electronic form. There may be a fee for these copies.
• Ask us to limit how we use and share your PHI. There may be reasons why we can’t agree to your request. Even if we agree, we may still share your records during emergencies or when the law says we have to.
• Ask for and get a list of third parties that we share your PHI with for certain reasons.
• Ask that your PHI be sent to you by a different way other than by mail or be sent to a different address. This can be done if you feel your life is in danger.
• Ask to add to your PHI. In some cases, we may not be able to grant your request, such as if we did not create the PHI. If we deny your request, we’ll tell you why in writing. If you don’t agree, you may send us a letter that says you do not agree.
• If there is a misuse of your PHI, we’ll let you know about it if we feel it’s needed or if the law says we have to.

You may contact us as noted at the end of this notice about your rights.

Our Duties
The law clearly spells out the duties of health plans. HMSA must:

• Protect the privacy of your PHI.
• Give you a notice of our privacy practices.
• Follow the terms of this notice.
• Fulfill your request to send PHI in a different way or to a different address. This can be done if you feel you are in danger. Your request must be reasonable and state the other address or the other way you want us to contact you. Also, your request must let us pay claims, send you letters, and collect premiums for your health plan.*
• Use and share only the PHI we need to do our jobs.
• Make sure our business associates (BAs) agree to protect your PHI the same way we do.

How PHI is Used and Shared
There are three key areas where we need to use and share your PHI: to treat you, to pay your claims, and for other health care operations. We may also contract with other parties or BAs to do the work for us as long as they promise to protect your PHI as we do. Each area is described below.

To treat you: This includes services to provide or manage your health care. As your health plan, we may need to share PHI with your doctor or others so they can treat you.

To pay your claims: We need to pay claims from doctors, hospitals, and others for your care. We may also share PHI to collect premiums, to see if you can get care, to set your level of coverage, and to work with other health plans to decide on benefits.

For health care operations: We want you to get quality health care services. To do that, we may get copies of your medical records and your lab test results for quality review, to review provider qualifications, and to track wellness and manage disease. We may also use PHI to set premiums, resolve complaints and appeals, manage our business, and other operations.

Other Ways We Use and Share PHI
At times, we’ll need to use and share your PHI for your own good, to serve the public good, or when the law says we have to. In these cases, we’ll use and share only the smallest amount of PHI needed. Examples are:

To discuss treatment options or other products or services: HMSA or its BAs may use your PHI to send you details on care options or other products or services as allowed by law. This may include data on our provider network and new products or services that only HMSA members can get. It may also include options on other care,
health care providers, or settings of care that may work for you. You may contact us if you don’t want to get certain letters. We’ll get your authorization to send you details about a third-party’s products or services if we get payment from the third party for doing so or in other cases when the law says we have to.

To others involved in your health care: Unless you object, we may share your PHI with your family members or a friend who’s involved in your health care.

For raising funds: HMSA doesn’t ask its members to raise funds for its own use.

For underwriting: We may use your PHI to create, renew, or replace your health plan or health benefits. We won’t use or share this PHI for any other reasons except when the law says we can or the law says we have to. We won’t use or share genetic data for underwriting uses. If the contract for a health plan or health benefits is placed with us, we’ll use and share your PHI only as described in this notice or as allowed by law.

With your written authorization: Most uses and sharing of psychotherapy notes, some uses and sharing for marketing, and sharing that involves the sale of your PHI will need your authorization. You may also give us authorization in writing to use or share your PHI with someone you name. You may end your authorization in writing at any time. We’ll honor your request unless the PHI has already been shared. We won’t use or share your PHI for reasons that aren’t allowed by law or not described in this notice or as allowed by law.

During an emergency or disaster: During a medical emergency or disaster, we may share your PHI to make sure you can get the care you need or to process payment for your care. We may also need to share your PHI during a disaster to help your family find out how you’re doing and where you are. If you’re not present or aren’t able to agree to these uses of your PHI, we may need to decide if sharing the PHI is best for you.

To plan sponsors: We may share your PHI with your group health plan sponsor or its legal representative to help them manage your group health plan. Only the smallest amount of PHI needed will be shared.

For health information exchanges (HIEs): We may take part in one or more HIEs. This means that your PHI may be available electronically to treat you, to pay your claim, or for health care operations. Other doctors and health plans that take part in the HIE may have access to this data.

To report to authorities: As required by law, we may share your PHI if we suspect abuse, neglect, or domestic violence.

For research: We may use or share your PHI with researchers when they agree to protect it.

To comply with privacy laws: We may use or share your PHI as required by privacy laws.

For workers’ compensation: We may share your PHI to comply with laws on workers’ compensation or similar programs.

For public health: We may share your PHI with public health or legal staff who work to prevent or control disease, injury, or disability.

For health oversight: We may share your PHI to prevent fraud and abuse, and for audits, investigations, inspections, licenses, and other government activities to monitor health care.

For judicial and administrative matters: We may share your PHI in response to a court or administrative order, subpoena, or other law process, in some cases.

For law enforcement reasons: In a few cases, such as a court order, warrant, or grand jury subpoena, we may share your PHI with law enforcement officials.

For military or national security reasons: In some cases, we may share PHI of armed forces staff with military authorities. We may also share PHI with federal officials for national security reasons.
For More Information or to Report a Problem

For more details on HMSA’s privacy practices, please contact us as noted below.

If you believe that your privacy rights have been breached, you may file a complaint with us at the address below. You may also send a written complaint to the U.S. Department of Health and Human Services. If you file a complaint, we assure you that we won’t retaliate in any way.

*Thank you for taking the time to review this notice. As your health plan, we work hard to take care of your PHI. We know this is important to you and we take our duties seriously.*

**Write to HMSA:**

HMSA Privacy Office
P.O. Box 860
Honolulu, HI 96808-0860

**Honolulu, Oahu**

- Group/Individual Plans .................. (808) 948-6111
- Federal/State/County Plans .............. (808) 948-6499
- HMO Plans .................................. (808) 948-6372
- Blue Cross Blue Shield
  Service Benefit Plan (FEP) ............... (808) 948-6281
- HMSA QUEST Integration ............... (808) 948-6486
- HMSA Akamai Advantage ............... (808) 948-6000
- Text Telephone (TTY) ................... 1 (877) 447-5990

**Hilo, Hawaii Island** ....................... (808) 935-5441

**Lihue, Kauai** ............................. (808) 245-3393

**Kahului, Maui** ............................. (808) 871-6295

**Write to the U.S. Department of Health and Human Services:**

Office for Civil Rights, DHHS
90 7th St., Suite 4-100
San Francisco, CA 94103

- Phone ........................................ 1 (800) 368-1019
- TDD .......................................... 1 (800) 537-7697
- Fax .......................................... (415) 437-8329

hhs.gov/ocr/privacy/hipaa/complaints/index.html
Serving you
Meet with knowledgeable, experienced health plan advisers. We’ll answer questions about your health plan, give you general health and well-being information, and more. Hours of operation may change. Please go to hmsa.com/contact before your visit.

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

**HMSA Center @ Kahului**
Puunene Shopping Center | 70 Hookele St.
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

Customer Relations representatives are also available in person at our Kauai office, Monday through Friday, 8 a.m. to 4 p.m.:

**Lihue, Kauai**
4366 Kukui Grove St., Suite 103 | Phone: (808) 245-3393

**Contact HMSA. We’re here with you.**
Call (808) 948-6079 or 1 (800) 776-4672.

hmsa.com  myhmsa  @askHMSA  askhmsa