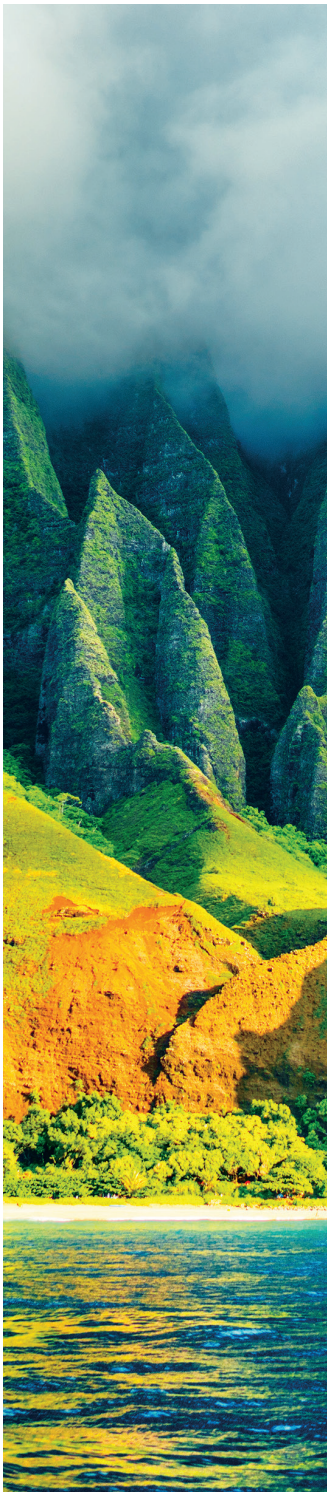
Plan Certificate



Complementary Care Rider

January 2019

N04

hmsa

An Independent Licensee of the Blue Cross and Blue Shield Association

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 바랍 니다. 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 ʻau'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 ʻoku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea ʻoku nau fai atu ha tokoni ta'etotongi, pea teke lava ʻo 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.

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HAWAIʻI MEDICAL SERVICE ASSOCIATION

Complementary Care Rider

I. ELIGIBILITY

This Rider provides coverage that supplements the coverage provided under the HMSA's medical plan. Your coverage under this Rider starts and ends on the same dates as your medical plan coverage.

For eligibility, benefit, or claim questions, call Customer Service at **1-800-678-9133** Monday through Friday between the hours of 3 a.m. and 6 p.m., and Saturday, between 10 a.m. to 6 p.m. Hawaii Standard Time. Hours adjusted during Daylight Savings Time: Monday through Friday 2 a.m. to 5 p.m. and Saturday 9 a.m. to 5 p.m. Hawaii Standard Time.

II. PROVISIONS OF THE MEDICAL PLAN APPLICABLE

All definitions, provisions, limitations, exclusions, and conditions of HMSA's Guide to Benefits shall apply to this Rider, except as specifically modified in this Rider.

III. DEFINITIONS

When used in this Rider:

(1) **"ASH Group"** means American Specialty Health Group, Inc. which has been contracted by HMSA to administer the benefits under this Rider.

(2) **"Acupuncture Services"** are services provided or made available to a Member by a Provider for the treatment or diagnosis of Musculoskeletal and Related Disorders, Nausea and Pain. Acupuncture is the stimulation of a certain point on or near the surface of the body by the insertion and removal of single-use, sterilized, disposable needles and/or electrical stimulation (electro-Acupuncture) to normalize physiological functions, to prevent or modify the perception of Pain, or to treat Musculoskeletal and Related Disorders, Nausea, or conditions that include Pain as a primary symptom. In addition, it may include such services as adjunctive physiotherapy modalities and procedures provided during the same Course of Treatment and in support of Acupuncture Services.

(3) **"Continuity of Care"** means that if you are in the course of treatment with a Participating Provider, should that provider end his or her participation in this plan, you may continue seeing that provider and receive participating benefits for a period of time until your documented treatment plan is concluded or you may be safely transferred to another Participating Provider. At such time, if you choose to continue receiving covered services from the provider, participating coverage is available only when the provider agrees to abide by the ASH Group requirements and fee schedule.

(4) **"Course of Treatment"** means a sequence or series of office visits directly related to a diagnosed disease state, illness, or injury and provided in conjunction with a defined clinical outcome.

(5) **"Established Patient"** means someone who has received professional services from the provider, or another provider of the same specialty who belongs to the same group practice, within the past three years.

(6) **"Therapeutic Massage Services"** are services provided by a Provider for treatment of Myofascial/Musculoskeletal Disorders, Musculoskeletal Functional Disorders, Pain Syndromes, and/or lymphedema through physical actions, primarily by hand, performed on the body. This may include techniques such as compression, stroking, joint movement, friction, vibration, and percussion.

(7) **"Member Payments"** means charges (such as copayments) that are the direct financial responsibility of the Member and are payable directly to the provider for the provision of certain Covered Services as set forth in Section IV. Schedule of Benefits of this Rider. Member Payments may be collected by a provider (Participating or Nonparticipating) at the time services are provided or subsequently billed to the Member.

(8) **"Musculoskeletal and Related Disorders"** means conditions with signs and symptoms related to the nervous, muscular, and/or skeletal systems. Musculoskeletal and Related Disorders are conditions typically categorized as: structural, degenerative, or inflammatory disorders; or biomechanical dysfunction of the joints of the body and/or related components of the muscle or skeletal systems (muscles, tendons, fascia, nerves, ligaments/capsules, discs, and synovial structures) and related manifestations or conditions. Musculoskeletal and Related Disorders include Myofascial/Musculoskeletal Disorders, Musculoskeletal Functional Disorders, and subluxation.

Note: For Acupuncture Services, Musculoskeletal and Related Disorders means conditions with signs and symptoms related to the nervous, muscular, and/or skeletal systems. Musculoskeletal and Related Disorders are conditions typically categorized as: structural, degenerative, or inflammatory disorders; or biomechanical dysfunction of the joints of the body and/or related components of the muscle or skeletal systems (muscles, tendons, fascia, nerves, ligaments/capsules, discs, and synovial structures) and related manifestations or conditions. Musculoskeletal and Related Disorders include Myofascial Disorders.

(9) **"Musculoskeletal Functional Disorders"** means disorders that are abnormal functions and/or activities-of-daily-living limitations of the body resulting from muscle stiffness, muscle restriction, and/or range of motion limitations.

(10) **"Myofascial Disorders"** means conditions with associated signs and symptoms related to the muscular and surrounding connective tissues. Myofascial Disorders are conditions typically categorized as structural, spasms, or inflammatory disorders or dysfunction of the muscles of the body.

(11) **"Myofascial/Musculoskeletal Disorders"** means conditions with signs and symptoms that relate to the muscular and related systems. Myofascial/Musculoskeletal Disorders are conditions that are typically categorized as structural, spasms, or inflammatory disorders or dysfunction of the muscles of the body, and/or related components of the motor unit (muscles, tendons, fascia, ligaments/capsules, discs, and synovial structures), and related manifestations or conditions.

(12) **"Nausea"** means an unpleasant sensation in the abdominal region associated with the desire to vomit that may be appropriately treated by a Provider of Acupuncture Services in accordance with professionally recognized, valid, evidence-based standards of practice and includes adult post-operative nausea and vomiting, chemotherapy nausea and vomiting, and nausea of pregnancy.

(13) **"New Patient"** means that a patient has not received any professional services from the provider, or another provider of the same specialty who belongs to the same group practice, within the past three years.

(14) **"Nonparticipating Provider"** means a provider who has not entered into an agreement with **ASH Group** to provide Covered Services to Members.

(15) **"Pain"** means the sensation of hurting or strong discomfort in some part of the body caused by an injury, illness, disease, functional disorder, or condition that may be appropriately treated in accordance with professionally recognized, valid, evidence-based standards of practice.

(16) **"Pain Syndrome"** means acute or chronic Musculoskeletal and Related Disorders including Myofascial/Musculoskeletal Disorder, or Musculoskeletal Functional Disorder, in which the primary symptom consists of sensations of hurting or strong discomfort in some part of the body caused by an injury, illness, disease, or functional disorder.

Note: For Therapeutic Massage Services, Pain Syndrome means an acute or chronic Myofascial/Musculoskeletal Disorder or Musculoskeletal Functional Disorder in which the primary symptom consists of sensations of hurting or strong discomfort in some part of the body caused by an injury, illness, disease, functional disorder, or condition that may be appropriated treated by a Provider of Therapeutic Massage**.**

(17) **"Participating Provider"** means a provider who has entered into an agreement with ASH Group to provide Covered Services to Members. Providers who are employees, independent contractors or owners of Professional Corporations or Group Practices who have not been accepted and credentialed to participate in ASH Group are not considered to be Participating Providers. A directory of participating providers is available at hmsa.com.

(18) **"Provider of Acupuncture Services"** means a provider who is duly licensed to practice acupuncture in the state or jurisdiction in which Acupuncture Services are provided.

(19) **"Provider of Therapeutic Massage Services"** means a provider who is duly licensed and/or certified to practice therapeutic massage in the state or jurisdiction in which Therapeutic Massage Services are provided.

IV. SCHEDULE OF BENEFITS

(1) **Copayments**

(a) **Participating Providers**

1. $10 per visit.

(b) **Nonparticipating Providers**

1. 50% of billed charges, up to a maximum of $30 per visit.

Here are two examples showing how the nonparticipating provider works.

- If the billed charge for covered services received during an office visit is $50, then we would pay $25 (50% of $50). The amount you would owe is $25 ($50 less $25).
- If the billed charge for covered services provided during an office visit is $80, then we would pay a maximum of $30 (50% of $80 not to exceed $30) and you would owe $50 ($80 less $30).

(2) **Benefit Maximum**

(a) **Participating Providers**

1. No more than 24* visits per calendar year.

(b) **Nonparticipating Providers**

1. No more than 12* visits per calendar year.

Note: Eligibility for benefits for more than five visits per calendar year from a participating or nonparticipating provider requires approval. See Section VIII of this Rider for details.

Calculation of Annual Benefit Maximum: *The total number of visits aggregates from all covered service categories (acupuncture and/or therapeutic massage).

The Benefit Maximum for participating and nonparticipating providers is combined meaning that:

- Each visit in a calendar year to a participating provider reduces the number of visits available under the nonparticipating benefits for the rest of that calendar year; or
- Each visit in a calendar year to a nonparticipating provider reduces the number of visits available under the participating benefits for the rest of that calendar year.

(3) **Acupuncture Services.** Acupuncture is provided at each office visit. Exam Services (Evaluation and Management) and/or Adjunctive Therapeutic Procedures and/or Modalities such as acupressure, and moxibustion are covered when provided in conjunction with the Acupuncture treatment during the office visit. Each office visit/Acupuncture treatment with a Provider of Acupuncture Services will count as one visit toward the Benefit Maximum.

(4) **Therapeutic Massage Services**. Therapeutic massage is provided at each office visit. No other services are covered. Each office visit/therapeutic massage treatment with a Provider of Therapeutic Massage Services will count as one visit toward the Benefit Maximum.

V. COVERED SERVICES

(1) **ACUPUNCTURE COVERED SERVICES**

(a) **A New Patient exam or an Established Patient exam for the initial evaluation** of a patient with a new condition or new episode to determine the appropriateness of Acupuncture Services.

(b) **Established patient exams as needed to assess the need to initiate, continue, extend, or change a Course of Treatment.** A reevaluation may be performed during a subsequent office visit or separately. If performed separately, additional coinsurance applies.

(c) **Follow-up office visits** include the provision of Acupuncture Services and/or reevaluation.

(d) **Adjunctive Therapies or Modalities** such as acupressure, moxibustion, or breathing techniques are covered only when provided during the same Course of Treatment and in support of Acupuncture Services. However, the following exception applies for the application of acupressure if: 1) a Participating Provider of Acupuncture Services recommends Acupuncture Services for a Member as a Covered Service but cannot do so in accordance with professionally recognized, valid, evidence-based standards of practice because the insertion of needles is contraindicated (e.g., for a patient with a bleeding disorder); and 2) professionally recognized, valid, evidence-based standards of practice indicate that acupressure would be effective in the treatment of the Member, then Acupuncture Services will include acupressure in that circumstance even if Acupuncture Services are not provided to the Member at the same time and the Member is entitled to receive other Adjunctive Therapies or Modalities in conjunction with the provision of acupressure in that circumstance to the same extent as would be the case if the Member were receiving Acupuncture Services.

(2) **THERAPEUTIC MASSAGE COVERED SERVICES**

(a) **A New Patient exam or an Established Patient exam as needed for the initial evaluation** of a patient with a new condition or new episode to determine the appropriateness of Therapeutic Massage Services.

(b) **An Established Patient exam** when needed to assess the need to initiate, continue, extend, or change a Course of Treatment. The Established Patient exam is only covered when used to determine the appropriateness of Therapeutic Massage Services.

(c) **Therapeutic Massage Sessions** that include the application of therapeutic massage techniques to the musculoskeletal soft tissue in various combinations. Therapeutic Massage Sessions must include the provision of application of therapeutic massage techniques to the musculoskeletal soft tissue.

Members receiving treatment who are under the age of 18 require parental participation.

VI. LIMITATIONS AND EXCLUSIONS

(1) **GENERAL EXCLUSIONS**

(a) Chiropractic Services.

(b) BlueCard program.

(c) Services provided in excess of any Benefit Maximum.

(d) Any service or supply that is not permitted by state law with respect to the practitioner's scope of practice.

(e) Any services provided for elective or maintenance care (e.g., services provided to a Member whose treatment records indicate he or she has reached maximum therapeutic benefit).

(f) Hospitalization, surgical procedures, anesthesia, manipulation under anesthesia, proctology, colonic irrigation, injections and injection services, or other related services.

(g) Hypnotherapy, behavior training, sleep therapy, and weight problems.

(h) Thermography, magnets used for diagnostic or therapeutic use, ion cord devices, manipulation or adjustments of the joints, physical therapy services, iridology, hormone replacements products, acupuncture point or trigger-point injections (including injectable substances), laser/laser biostimulation, colorpuncture, NAET diagnosis and/or treatment, and direct moxibustion.

(i) Education programs, non-medical lifestyle or self-help, or self-help physical training or any related diagnostic testing.

(j) Services or treatments for pre-employment physicals or vocational rehabilitation.

(k) Any services or treatments for conditions caused by or arising out of the course of employment or covered under Worker's Compensation or similar laws.

(l) Air conditioners /purifiers, therapeutic mattresses, supplies, or any other similar devices or appliances.

(m) Auxiliary aids and services, including but not limited to, interpreters, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders, and telephones compatible with hearing aids.

(n) Any services provided by a person who is a Family Member. Family Member means a person who is related to the covered person in any of the following ways: spouse, domestic partner, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (including stepparent), brother or sister (including stepbrother or stepsister), or child (including legally adopted, step, or foster child). A Family Member also includes individuals who normally live in the covered person's household.

(o) Dietary and nutritional supplements, including vitamins, minerals, herbs, herbals and herbal products, injectable supplements and injection services, or other similar products.

(p) Transportation costs, including local ambulance charges.

(2) **ACUPUNCTURE EXCLUSIONS**

(a) Services, exams (other than the initial examination to determine the appropriateness of Acupuncture Services), and/or treatments for the conditions other than Musculoskeletal and Related Disorders, Nausea, Pain or Pain Syndromes.

(b) Services, examinations, and/or treatments for asthma or addiction, such as nicotine addiction.

(c) Radiological x-rays (plain film studies), magnetic resonance imaging, CAT scans, bone scans, nuclear radiology, diagnostic radiology, and laboratory services.

(d) Adjunctive therapy not associated with Acupuncture.

(e) Acupuncture performed with reusable needles.

(f) Cupping.

(3) **THERAPEUTIC MASSAGE EXCLUSIONS**

(a) Services or treatments for conditions other than Myofascial/Musculoskeletal Disorders, Musculoskeletal Functional Disorders, Pain Syndrome, or lymphedema.

(b) Therapeutic Massage Services provided by a Provider of Therapeutic Massage Services that are not delivered in accordance with the therapeutic massage benefit plan, including, but not limited to, Therapeutic Massage Services provided directly in conjunction with Acupuncture Services.

(c) Adjunctive therapy whether or not associated with Therapeutic Massage Services.

VII. FILING CLAIMS

(1) **For services you receive from a provider who does not file claims for you, follow these steps to receive reimbursement for Covered Services:**

(a) Complete a separate claim form for each provider of service.

(b) Provide all of the following information on the claim form (your treating provider can help you get this information):

1. Itemized date(s) of service.
2. Diagnosis code.
3. Procedure code.
4. Billed charge per service.
5. Provider's name and credentials.
6. Provider's full address.
7. Provider's tax ID, employer identification number or Social Security number.
8. National Provider Identifier (NPI) number.

(c) Attach the itemized bill from the provider of service with a claim form.

(d) Send the claim form and bill to:
American Specialty Health Group, Inc.
P.O. Box 509077
San Diego, CA 92150

VIII. UTILIZATION REVIEW

(1) **For Covered Services you receive from a Participating Provider,** utilization review requirements are the responsibility of your provider, not you. For therapeutic massage services, a review of medical records after the fifth visit per calendar year is required.

(2) **For services you receive from a Nonparticipating Provider,** utilization review requirements are your responsibility and include a review of medical records after the fifth visit per calendar year. The five-visit waiver applies to all nonparticipating providers who work in the same office under the same tax identification number. The utilization review process requires that you submit specific information. Without complete information, services may not be approved for reimbursement.

(a) **Complete** a Medical Records Cover Sheet or a Clinical Information Summary Sheet (one per patient), both of which are available at www.ashcompanies.com. To ensure your claim is reviewed without delay and to prevent denials resulting from a lack of information, provide complete information on the form.

1. Date of service and what services should be reviewed
2. Patient Age and Gender
3. Chief Complaint
4. Pain Severity
5. Mechanism or Onset
6. Pertinent findings supporting the patient's diagnosis and treatment plan as identified from the physical examination including, at a minimum, Inspection and Palpation findings.
7. National Provider Identifier (NPI) number.

(b) **Send the *Medical Records Cover Sheet* and either the Clinical Information Summary Sheet or the pertinent medical records to:**

ASH Group
P.O. Box 509001
San Diego, CA 92150-9001

Fax: California fax (877) 427-4777, all other states fax (877) 304-2746

Send Claims to:
Claims Departments
ASH Group
P.O. Box 509001
San Diego, CA 92150-9001

(3) **ASH Group will respond within one week of receipt of the completed form.** Notification of the clinical decision will be mailed or faxed directly to the provider and will include the name and phone contact information of the peer-clinician who rendered the decision. Services provided during the review period will be reimbursed if they are approved by ASH Group.

IX. EXPLANATION OF BENEFITS (EOB)

ASH Group notifies you of any financial responsibilities you have (other than Copayments) in a document called the Explanation of Benefits (EOB). The EOB is not a bill, but rather, communicates important information about services you receive including the total amount charged, the allowed amount, the amount covered by ASH Group, and the amount that you pay.

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. Visit hmsa.com for directions.

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.

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

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

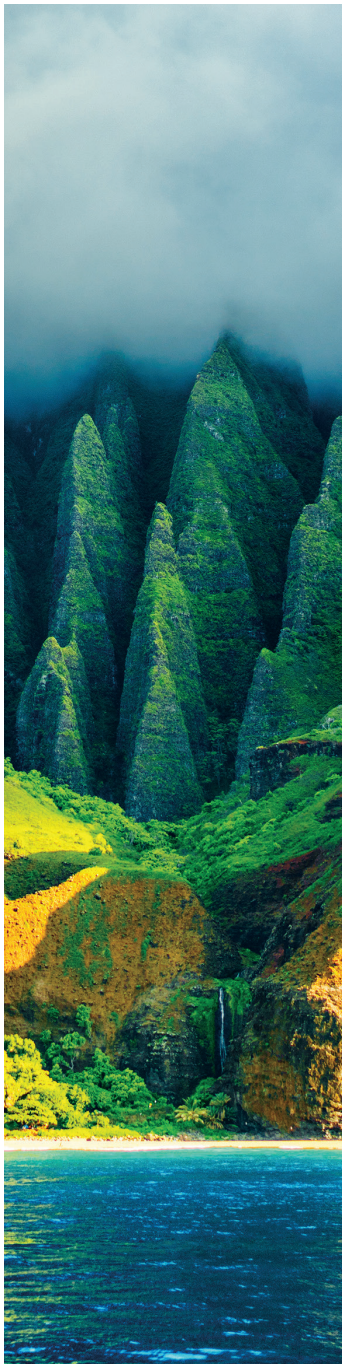
Kahului
33 Lono Ave., Suite 350 | Phone: 871-6295

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

Contact HMSA. We're here for you.

Call 948-6111 on Oahu or 1 (800) 776-4672 toll-free on the Neighbor Islands or Mainland.

hmsa.com myhmsa @askHMSA askhmsa



Together, we improve the lives of our members and the health of Hawaii.
Caring for our families, friends, and neighbors is our privilege.

hmsa®

(00) 4000-50023 10.18 LE