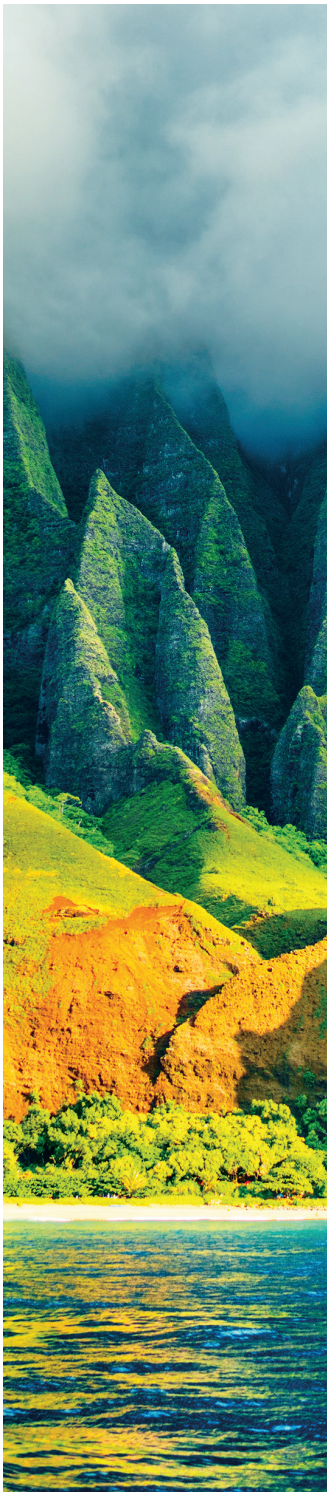
Plan Certificate



Vision Care Rider

January 2019

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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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An Independent Licensee of the Blue Cross and Blue Shield Association

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HAWAII MEDICAL SERVICE ASSOCIATION

Special Vision Care Benefits Rider

I. ELIGIBILITY

This Rider provides coverage which is supplementary to coverage provided under the Association's medical plan. A Beneficiary's coverage under this Rider commences and ends as of the same dates the Beneficiary's coverage under the medical plan commences and ends.

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) **"Association"** means the HAWAII MEDICAL SERVICE ASSOCIATION (HMSA), an independent licensee of the Blue Cross and Blue Shield Association.

(2) **"Ophthalmologist" (M.D.)** means a physician who is appropriately licensed to practice by the proper government authority and who renders services within the lawful scope of such license.

(3) **"Optometrist" (O.D.)** means a person who is appropriately licensed to practice optometry by the proper government authority and who renders services within the lawful scope of such license.

(4) **"Participating Provider"** means a provider of services who, when rendering most services covered by this Rider to a Beneficiary, agrees with the Association to collect not more than

(a) a specified amount paid by the Association and

(b) the Beneficiary's Copayment.

As an exception, a Special Vision Care Participating Provider does not agree to limit charges for contact lenses and fitting of contact lenses. In this case, the Association's benefit payment will not exceed the amount specified in Sections IV(2)(a)(ii) and (iii), IV(4)(a), V(2)(a)(ii) and (iii), and V(4)(a),and the Beneficiary is responsible for all charges in excess of the Association's benefit payment. In addition, the provider must be listed on HMSA's Special Vision Care Rider List of Participating Providers. When you require routine vision care outside the state of Hawaii, we participate with other Blue Cross and/or Blue Shield Plans in a program called the BlueCard Program. This BlueCard program offers HMSA members advantages when they receive routine vision care outside the area this plan services. Benefit payments for covered services received outside the state of Hawaii are based on contracts negotiated between the out-of-state Blue Cross and/or Blue Shield Plans and BlueCard participating routine vision care providers.

IV. VISION CARE BENEFITS FOR ADULTS

Subject to the provisions of this Rider, a Beneficiary is entitled to the following vision care benefits:

(1) Payment for one eye examination per Calendar Year.

(a) For Participating Providers, the Beneficiary owes a $10.00 Copayment to the Participating Provider. The Association pays the Participating Provider 100% of the remaining Eligible Charges.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for the examination -- the Association reimburses the Beneficiary up to $40.00.

(2) Payment for one of the following lenses per Calendar Year.

(a) For Participating Providers, the Association pays the Participating Provider:

(i) 100% of the remaining Eligible Charges after a $10.00 Copayment for one pair of single vision or multifocal lenses; or

(ii) up to $130.00 after a $25.00 Copayment for one pair of non-disposable contact lenses; or

(iii) up to $130.00 after a $25.00 Copayment for disposable contact lenses.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for lenses -- the Association reimburses the Beneficiary:

(i) up to $16.00 for single vision lenses; or

(ii) up to $25.00 for multifocal lenses; or

(iii) up to $50.00 for contact lenses.

(3) Payment for one frame every 24 months.

(a) For Participating Providers, the Association pays the Participating Provider 100% of the remaining Eligible Charges after a $15.00 Copayment for frames from the designated group.

(b) (b) For nonparticipating providers, the Beneficiary owes the entire charge for frames -- the Association reimburses the Beneficiary up to $12.00.

Payment is subject to the provisions of Section VI(2) below.

(4) Payment for fitting of contact lenses, one fitting per Calendar Year.

(a) For Participating Providers, the Association pays the Participating Provider up to $45.00 for fitting of contact lenses.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for fitting of contact lenses – the Association reimburses the Beneficiary up to $20.00.

V. VISION CARE BENEFITS FOR CHILDREN (THROUGH AGE 18)

The Annual Copayment Maximum described in Chapter 2 of HMSA's Guide to Benefits applies to the children's vision care benefits listed in this section. The Annual Copayment Maximum is the maximum deductible and copayment amounts you pay in a calendar year. Once you meet the copayment maximum you are no longer responsible for deductible or copayment amounts unless otherwise noted. Refer to your HMSA Guide to Benefits for the annual copayment maximum amount.

Subject to the provisions of this Rider, a Beneficiary is entitled to the following vision care benefits:

(1) Payment for one eye examination per Calendar Year.

(a) For Participating Providers, the Beneficiary owes a $10.00 Copayment to the Participating Provider. The Association pays the Participating Provider 100% of the remaining Eligible Charges.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for the examination -- the Association reimburses the Beneficiary up to 50% of Eligible Charge.

(2) Payment for one of the following lenses per Calendar Year.

(a) For Participating Providers, the Association pays the Participating Provider:

(i) 100% of the remaining Eligible Charges after a $10.00 Copayment for one pair of single vision or multifocal lenses; or

(ii) up to 50% of Charge for one pair of non-disposable contact lenses; or

(iii) up to 50% of Charge for disposable contact lenses.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for lenses -- the Association reimburses the Beneficiary:

(i) up to 50% of Eligible Charge for one pair of single vision or multifocal lenses; or

(ii) up to 50% of Charge for contact lenses.

(3) Payment for one frame every 24 months.

(a) For Participating Providers, the Association pays the Participating Provider 100% of the remaining Eligible Charges after a $15.00 Copayment for frames from the designated group.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for frames -- the Association reimburses the Beneficiary up to 50% of Eligible Charge.

Payment is subject to the provisions of Section VI(2) below.

(4) Payment for fitting of contact lenses, one fitting per Calendar Year.

(a) For Participating Providers, the Association pays the Participating Provider up to 50% of Eligible Charge for fitting of contact lenses.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for fitting of contact lenses – the Association reimburses the Beneficiary up to 50% of Eligible Charge.

(5) Payment for one pair of polycarbonate lenses per Calendar Year. Payment for polycarbonate lenses is made in addition to benefits for standard lenses stated under Section V(2).

(a) For Participating Providers, the Association pays the Participating Provider 100% of Eligible Charges.

(b) For nonparticipating providers, the Beneficiary owes the entire charge for polycarbonate lenses -- the Association reimburses the Beneficiary up to 50% of Eligible Charge.

VI. LIMITATIONS AND EXCLUSIONS

(1) **Limitations.** The payments specified in Section IV and V above shall be made by the Association only when services are rendered in connection with an eye examination for correction of a visual defect and when the frame or lenses are required as a result of such examination. In no event will the Association make allowances for more than one such eye examination during any Calendar Year for each Beneficiary and one frame whether as an original or replacement frame every 24 months for each Beneficiary.

(2) **Limitations on Frames and Lenses.**

(a) The allowance specified in Section IV(3) and V(3) above is for a complete frame only. Charges for repair or replacement of a portion of the frame or cost of accessories are not eligible for payment.

(b) If lenses are replaced without furnishing a new frame, the total allowance for both a frame and lenses **may not** be used toward the cost of such lenses or the cost of contact lenses.

(c) Benefits for lenses and frames from a Participating Provider are for standard-size lenses and a frame from the Participating Provider's "designated group". If a Beneficiary selects nonstandard-size lenses or frames that are not from the "designated group", the Association will pay up to 100% of the maximum charges allowed for standard-size lenses or a "designated group" frame. The Beneficiary then pays the balance of the charges.

(d) If contact lenses are furnished, no benefits are payable for frames in the same Calendar Year. If benefits for a frame have already been paid in a Calendar Year, those benefits shall be deducted from the benefits payable for any contact lenses furnished in the same Calendar Year.

(e) Vision Care Benefits for Adults (eye examination, lenses, and frames) will not be available in the same calendar year the Beneficiary received similar benefits allowed under Vision Care Benefits for Children.

(3) **Exclusions.** No payment will be made under this Rider for: sunglasses; prescription inserts for diving masks and any protective eyewear; nonprescription industrial safety goggles; nonstandard items for lenses including tinting, blending, oversized lenses, and invisible bifocals or trifocals, except polycarbonate lenses stated in Section V(5); repair and replacement of frame parts and accessories; and contact lenses after cataract surgery.

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

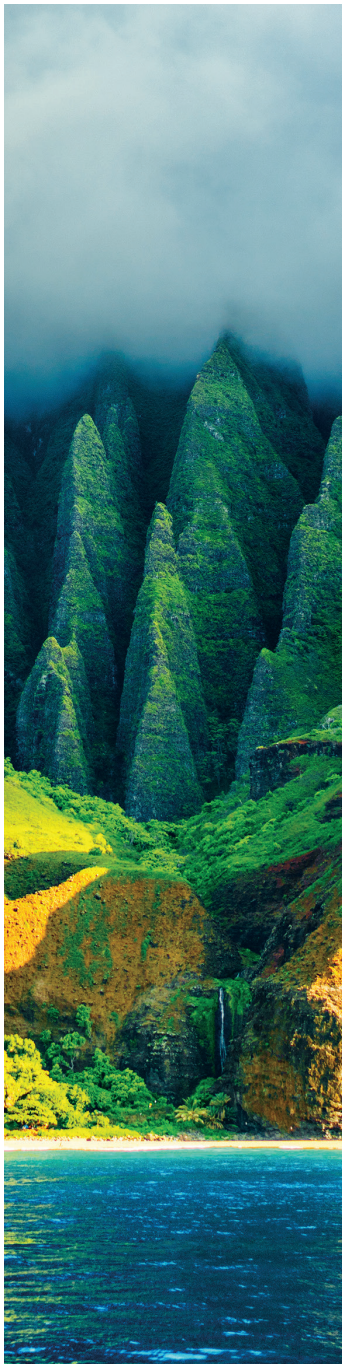
Kahului
33 Lono Ave., Suite 350 | Phone: 871-6295

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®

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