Plan Certificate

Vision Care Rider

An Independent Licensee of the Blue Cross and Blue Shield Association

January 2018

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Important Information About Your Health Plan

HMSA doesn't discriminate

We comply with applicable federal civil rights laws. We don't discriminate, exclude people, or treat people differently because of:

- Race.
- Color.
- National origin.
- Age.
- Disability.
- Sex.

Services that HMSA provides

To better communicate with people who have disabilities or whose primary language isn't English, HMSA provides free services such as:

- Language services and translations.
- Text Relay Services.
- Information written in other languages.
- Information in other formats, such as large print, audio, and accessible digital formats.

If you need these services, please call 1 (800) 776-4672 toll-free. TTY 711.

How to file a grievance or complaint

If you believe that we've failed to provide these services or discriminated in another 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.

English: This notice has important information about your HMSA application or plan benefits. It may also include key dates. You may need to take action by certain dates to keep your health plan or to get help with costs.

If you or someone you're helping has questions about HMSA, you have the right to get this notice and other help in your language at no cost. To talk to an interpreter, please call 1 (800) 776-4672 toll-free. TTY 711.

Ilocano: Daytoy a pakaammo ket naglaon iti napateg nga impormasion maipanggep iti aplikasionyo iti HMSA wenno kadagiti benepisioyo iti plano. Mabalin nga adda pay nairaman a petsa. Mabalin a masapulyo ti mangaramid iti addang agpatingga kadagiti partikular a petsa tapno agtalinaed kayo iti plano wenno makaala kayo iti tulong kadagiti gastos.

No addaan kayo wenno addaan ti maysa a tao a tultulonganyo iti saludsod maipanggep iti HMSA, karbenganyo a maala daytoy a pakaammo ken dadduma pay a tulong iti bukodyo a pagsasao nga awan ti bayadna. Tapno makapatang ti maysa a mangipatarus ti pagsasao, tumawag kay koma iti 1 (800) 776-4672 toll-free. TTY 711.

Tagalog: Ang abiso na ito ay naglalaman ng mahalagang impormasyon tungkol sa inyong aplikasyon sa HMSA o mga benepisyo sa plano. Maaari ding kasama dito ang mga petsa. Maaaring kailangan ninyong gumawa ng hakbang bago sumapit ang mga partikular na petsa upang mapanatili ninyo ang inyong planong pangkalusugan o makakuha ng tulong sa mga gastos.

Kung kayo o isang taong tinutulungan ninyo ay may mga tanong tungkol sa HMSA, may karapatan kayong makuha ang abiso na ito at iba pang tulong sa inyong wika nang walang bayad. Upang makipag-usap sa isang tagapagsalin ng wika, mangyaring tumawag sa 1 (800) 776-4672 toll-free. TTY 711.

Japanese: 本通知書には、HMSAへの申請や医療給付に関する重要な情報や 日付が記載されています。 医療保険を利用したり、費用についてサポートを受けるには、本通知書に従って特定の日付に手続きしてください。

患者さん、または付き添いの方がHMSAについて質問がある場合は、母国語で無料で通知を受けとったり、他のサポートを受ける権利があります。 通訳を希望する場合は、ダイヤルフリー電話 1 (800) 776-4672 をご利用ください。TTY 711.

Chinese: 本通告包含關於您的 HMSA 申請或計劃福利的重要資訊。 也可能包含關鍵日期。 您可能需要在某確定日期前採取行動，以維持您的健康計劃或者獲取費用幫助。

如果您或您正在幫助的某人對 HMSA 存在疑問，您有權免費獲得以您母語表述的本通告及其他幫助。如需與口譯員通話，請撥打免費電話 1 (800) 776-4672。TTY 711.

Korean: 이 통지서에는 HMSA 신청서 또는 보험 혜택에 대한 중요한 정보가 들어 있으며, 중요한 날짜가 포함되었을 수도 있습니다. 해당 건강보험을 그대로 유지하거나 보상비를 수령하려면 해당 기한 내에 조치를 취하셔야 합니다.

신청자 본인 또는 본인의 도움을 받는 누군가가 HMSA에 대해 궁금한 사항이 있으면 본 통지서를 받고 아무런 비용 부담 없이 모국어로 다른 도움을 받을 수 있습니다. 통역사를 이용하려면 수신자 부담 전화 1 (800) 776-4672번으로 연락해 주시기 바랍니다. TTY 711.

Spanish: Este aviso contiene información importante sobre su solicitud a HMSA o beneficios del plan. También puede incluir fechas clave. Pueda que tenga que tomar medidas antes de determinadas fechas a fin de mantener su plan de salud u obtener ayuda con los gastos.

Si usted o alguien a quien le preste ayuda tiene preguntas respecto a HMSA, usted tiene el derecho de recibir este aviso y otra ayuda en su idioma, sin ningún costo. Para hablar con un intérprete, llame al número gratuito 1 (800) 776-4672. TTY 711.

Vietnamese: Thông báo này có thông tin quan trọng về đơn đăng ký HMSA hoặc phúc lợi chương trình của quý vị. Thông báo cũng có thể bao gồm những ngày quan trọng. Quý vị có thể cần hành động trước một số ngày để duy trì chương trình bảo hiểm sức khỏe của mình hoặc được giúp đỡ có tính phí.

Nếu quý vị hoặc người quý vị đang giúp đỡ có thắc mắc về HMSA, quý vị có quyền nhận thông báo này và trợ giúp khác bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số miễn cước 1 (800) 776-4672. TTY 711.

Samoan - Fa'asamoa: O lenei fa'aliga tāua e fa'atatau i lau tusi talosaga ma fa'amanuiaga 'e te ono agava'a ai, pe'ā fa'amanuiaina 'oe i le polokalame o le HMSA. E aofia ai fo'i i lalo o lenei fa'aliga ia aso tāua. E ono mana'omia 'oe e fa'atinoina ni galuega e fa'atonuina ai 'oe i totonu o le taimi fa'atulagaina, ina 'ia e agava'a ai pea mo fa'amanuiaga i le polokalame soifua maloloina 'ua fa'ata'atia po'o se fesoasoani fo'i mo le totogi'ina.

Afai e iai ni fesili e fa'atatau i le HMSA, e iai lou aiātatau e te talosaga ai e maua lenei fa'aliga i lau gagana e aunoa ma se totogi. A mana'omia le feasoasoani a se fa'aliliu 'upu, fa'amolemole fa'afeso'ota'i le numera 1 (800) 776-4672 e leai se totogi o lenei 'au'aunaga. TTY 711.

Marshallese: Kojella in ej boktok jet melele ko reaurok kin application ak jipan ko jen HMSA bwilan ne am. Emaron bar kwalok jet raan ko reaurok bwe kwon jela. Komaron aikiuj kommane jet bunten ne ko mokta jen detlain ko aer bwe kwon jab tum jen health bwilan en am ak bok jipan kin wonaan takto.

Ne ewor kajjitok kin HMSA, jen kwe ak juon eo kwoj jipane, ewor am jimwe im maron nan am ba ren ukot kojjella in kab melele ko kin jipan ko jet nan kajin ne am ilo ejjelok wonaan. Bwe kwon kenono ippan juon ri-ukok, jouj im calle 1 (800) 776-4672 tollfree, enaj ejjelok wonaan. TTY 711.

Trukese: Ei esinesin a kawor auchean porausen omw HMSA apilikeison me/ika omw kewe plan benefit. A pwan pachanong porausen ekoch ran mei auchea ngeni omw ei plan Ina epwe pwan auchea omw kopwe fori ekoch fofor me mwen ekei ran (mei pachanong) pwe omw health plan esap kouno, are/ika ren omw kopwe angei aninisin monien omw ei plan.

Ika a wor omw kapas eis usun HMSA, ka tongeni tungoren aninis, iwe ka pwan tongeni tungoren ar repwe ngonuk eche kapin ei taropwe mei translatini non kapasen fonuom, ese kamo. Ika ka mwochen kapas ngeni emon chon chiakku, kosemochen kopwe kori 1 (800) 776-4672, ese kamo. TTY 711.

Hawaiian: He ʻike koʻikoʻi ko kēia hoʻolaha pili i kou ʻinikua a i ʻole palapala noi ʻinikua HMSA. Aia paha he mau lā koʻikoʻi ma kēia hoʻolaha. Pono paha ʻoe e hana i kekahi mea ma mua o kekahi lā no ka hoʻomau i kou ʻinikua a i ʻole ka ʻimi kōkua me ka uku.

Inā he mau nīnau kou no HMSA, he kuleana ko mākou no ka hāʻawi manuahi i kēia hoʻolaha a me nā kōkua ʻē aʻe ma kou ʻōlelo ponoʻī. No ke kamaʻilio me kekahi mea unuhi, e kelepona manuahi iā 1 (800) 776-4672. TTY 711.

Micronesian - Pohnpeian: Kisin likou en pakair wet audaudki ire kesempwal me pid sapwelimwomwi aplikasin en HMSA de koasoandihn sawas en kapai kan. E pil kak audaudki rahn me pahn kesemwpwal ieng komwi. Komw pahn kakete anahne wia kemwekid ni rahn akan me koasoandi kan pwe komwi en kak kolokol sawas en roson mwahu de pil ale pweinen sawas pwukat.

Ma komwi de emen aramas tohrohr me komw sewese ahniki kalelapak me pid duwen HMSA, komw ahniki pwuhng en ale pakair wet oh sawas teikan ni sapwelimwomwi mahsen ni soh isepe. Ma komw men mahsenieng souhn kawehwe, menlau eker telepohn 1 (800) 776-4672 ni soh isepe. TTY 711.

Bisayan - Visayan: Kini nga pahibalo adunay importanteng impormasyon mahitungod sa imong aplikasyon sa HMSA o mga benepisyo sa plano. Mahimo sab nga aduna kini mga importanteng petsa. Mahimong kinahanglan kang magbuhat og aksyon sa mga partikular nga petsa aron mapabilin ang imong plano sa panglawas o aron mangayo og tabang sa mga gastos.

Kung ikaw o ang usa ka tawo nga imong gitabangan adunay mga pangutana mahitungod sa HMSA, aduna kay katungod nga kuhaon kini nga pahibalo ug ang uban pang tabang sa imong lengguwahe nga walay bayad. Aron makig-istorya sa usa ka tighubad, palihug tawag sa 1 (800) 776-4672 nga walay toll. TTY 711.

Tongan - Fakatonga: Ko e fakatokanga mahu'inga eni fekau'aki mo ho'o kole ki he HMSA pe palani penefití. 'E malava ke hā ai ha ngaahi 'aho 'oku mahu'inga. 'E i ai e ngaahi 'aho pau 'e fiema'u ke ke fai e 'ū me'a 'uhiā ko ho'o palani mo'ui leleí pe ko ho'o ma'u ha tokoni fekau'aki mo e totongí.

Kapau 'oku 'i ai ha'o fehu'i pe ha fehu'i ha'a taha 'oku ke tokonia fekau'aki mo e HMSA, 'oku totonu ke ke ma'u e fakatokanga ko ení pe ha toe tokoni pē 'i ho'o lea fakafonuá ta'e totongi. Ke talanoa ki ha taha fakatonulea, kātaki tā ta'etotongi ki he 1 (800) 776-4672. TTY 711.

Laotian: ແຈ້ງການສະບັບນີ້ຂໍ້ມູນທີ່ສຳຄັນກ່ຽວກັບການສະມັກ HMSAຂອງທ່ານ ຫຼືແຜນຜົນປະ�โຫຍດຈາກ HMSA. ອາດມີຂໍ້ມູນກ່ຽວກັບວັນທີທີ່ສຳຄັນ. ທ່ານອາດຕ້ອງໄດ້ດຳເນີນການໃນວັນທີໃດໜຶ່ງເພື່ອຮັກສາແຜນສຸຂະພາບຂອງທ່ານ ຫຼືຮັບການຊ່ວຍເຫຼືອຄ່າຮັກສາ. ຖ້າຫາກທ່ານ ຫຼືຜູ້ທີ່ທ່ານຊ່ວຍເຫຼືອມີຄຳຖາມກ່ຽວກັບ HMSA, ທ່ານມີສິດທີຈະໄດ້ຮັບແຈ້ງການສະບັບນີ້ ແລະການຊ່ວຍເຫຼືອນຳເປັນພາສາຂອງທ່ານໂດຍບໍ່ຕ້ອງເສຍຄ່າ. ເພື່ອໂທຫາບ່ອນແປພາສາ, ກະລຸນາໂທໄປ 1 (800) 776-4672 ໂດຍບໍ່ເສຍຄ່າ. TTY 711.

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.

HMSA CENTERS

Convenient evening and Saturday hours:

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.

OFFICES

Visit your local HMSA office Monday through Friday, 8 a.m. - 4 p.m.:

Kailua-Kona, Hawaii Island | 75-1029 Henry St., Suite 301 | Phone: 329-5291
Kahului, Maui | 33 Lono Ave., Suite 350 | Phone: 871-6295
Lihue, Kauai | 4366 Kukui Grove St., Suite 103 | Phone: 245-3393

PHONE

948-6111 on Oahu

If you're calling from the U.S. Mainland, please call 1 (800) 776-4672. If you need to call a local Hawaii telephone number from the Mainland, the area code is 808.

HMSA's mission is to provide the people of Hawaii access to a sustainable, quality health care system that improves the overall health and well-being of our state.

hmsa.com

(00) 4000-2301rev 1.16 LE