

Plan Certificate

Complementary Care Rider



An Independent Licensee of the Blue Cross and Blue Shield Association

January 2017

N04

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.



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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. Mabalín nga adda pay nairaman a petsa. Mabalín 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 기간 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. Puede 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 reurok kin application ak jipan ko jen HMSA bwilan ne am. Emaron bar kwalok jet raan ko reurok 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 kojella 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 transladini 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 'ike ko'iko'i ko kēia ho'olaha pili i kou 'inikua a i 'ole palapala noi 'inikua HMSA. Aia paha he mau lā ko'iko'i ma kēia ho'olaha. Pono paha 'oe e hana i kekahi mea ma mua o kekahi lā no ka ho'omau i kou 'inikua a i 'ole ka 'imi kōkua me ka uku.

Inā he mau nīnau kou no HMSA, he kuleana ko mākou no ka hā'awi manuahi i kēia ho'olaha a me nā kōkua 'ē a'e ma kou 'ōlelo pono'i. No ke kama'ilio 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 kesempwal 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 penefiti. '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 lelei pe ko ho'o ma'u ha tokoni fekau'aki mo e totongi.

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 eni 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: ແຈ້ງການສະບັບມືຊື້ມູນທຸກສິ່ງຄັນກ່ຽວກັບການສະມັກ HMSA ຂອງທ່ານ ຫຼື ແຜນຜັງປະໂຫຍດຈາກ HMSA ອາດມີຂໍ້ມູນກ່ຽວກັບວັນທຸກສິ່ງຄັນ. ທ່ານອາດຕ້ອງໄດ້ດຳເນີນການຝຶກວົນທຸກສິ່ງຄັນ ແລະ ອຸປະກອນສາເພັນສຸຂະພາບຂອງທ່ານ ຫຼື ຮູບການຊ່ວຍເຫຼືອຄ້າຮກສາ.

ຖ້າຫາກທ່ານ ຫຼື ຜູ້ທີ່ຖືກຊ່ວຍເຫຼືອມີຄຳຖາມກ່ຽວກັບ HMSA, ທ່ານມີສິດທິຈະໂດຮບແຈ້ງການສະບັບ ແລະ ການຊ່ວຍເຫຼືອອື່ນໆເປັນພາສາຂອງທ່ານໂດຍບໍ່ຕ້ອງເສຍຄ່າ. ເພື່ອໂທຫາພາສາ ແລະ ພາສາ, ກະລຸນາໂທໄປ 1 (800) 776-4672 ໂດຍບໍ່ເສຍຄ່າ. TTY 711.

HAWAII 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** between the hours of 8 a.m. and 5 p.m., Monday through Friday, 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 of Acupuncture Services 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) **"Massage Therapy Services"** are services provided by a Provider of Massage Therapy Services 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 Massage Therapy 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 Massage Therapy.

(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 Massage Therapy Services”** means a provider who is duly licensed and/or certified to practice Massage Therapy in the state or jurisdiction in which Massage Therapy 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 massage therapy).

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, cupping, 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) **Massage therapy Services.** Massage therapy is provided at each office visit. No other services are covered. Each office visit/Massage Therapy treatment with a Provider of Massage Therapy 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, cupping, 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) MASSAGE THERAPY 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 Massage Therapy 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 Massage Therapy Services.

(c) **Massage Therapy Sessions** that include the application of massage therapy techniques to the musculoskeletal soft tissue in various combinations. Massage Therapy Sessions must include the provision of application of massage therapy 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 or durable medical equipment.

(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.

(3) MASSAGE THERAPY EXCLUSIONS

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

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

(c) Adjunctive therapy whether or not associated with Massage Therapy 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 massage therapy 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.

- reviewed
1. Date of service and what services should be
 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.

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