

Your Guide to Better Healthcare with HMA

Thank you for being a member of Healthcare Management Administrators (HMA). Whether you are new to HMA or have been a member for years, we want to make sure you have the tools and resources you need to make the most of your health plan.

Your healthcare journey is a very personal experience. At times, it can seem rather confusing and complicated. HMA is here to make it easy to find the answers you need to guide you in making more informed healthcare decisions. Whether you need to find a doctor, know what's covered on your plan, or need simple explanations of confusing healthcare terms, HMA is here to help you understand your benefits so that you can stay healthy and save money.

About This Guide

Please take a few minutes to review this guide. It provides information about how to use your health plan benefits including:



How to find an in-network healthcare provider



How to submit a claim



How to understand your explanation of benefits (EOB) statements



Online tools and resources available to help you along the way



Additional programs and services offered as a complement to your health plan



This booklet is meant to be a summary of member services only. Benefits and coverage levels vary by plan and are explained in more detail in your Summary Plan Description and other formal plan documents. Please refer to those documents for details on your medical coverage including deductibles, co-payments, co-insurance, and covered services.

Healthcare Management Administrators provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.



Visit accesshma.com to log in to your HMA account

Welcome to the HMA Member Portal

Healthcare Management Administrators (HMA) is pleased to be your health plan administrator! We are here to help you create a healthier future by making the most of your benefits.

Quickly and easily access your benefits and services in one place using our secure member portal.

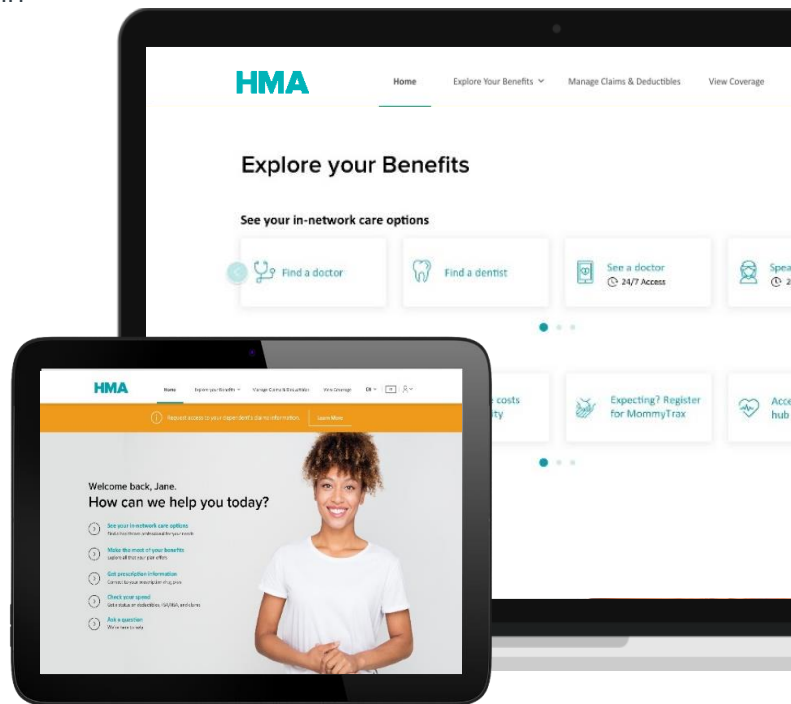
Connect to Your Health Plan

- Access claims, deductibles, and spending for the whole family
- Find in-network doctors or hospitals in your area
- Connect to your prescription drug plan
- View, print, or share your ID card
- Verify your coverage for services
- Explore exclusive discounts and more

Creating an account for the first time?

Before you start, you will need your Employee ID number located on your Member ID card. *If you don't have your Employee ID number, please call our Customer Care number at the bottom of the page.*

1. Visit accesshma.com. Then select the button “HMA Member Login” at the top of your screen.
2. On the log in page, select “Create an Account Now” and follow the directions by entering your full name, Employee ID, and date of birth as shown on your Member ID card.
3. Confirm your email address using the verification code that was sent to you. You're ready to use the member portal!



The member portal is only supported in the latest version of Chrome, Edge, Safari, and Firefox

**Note: Not all tiles shown above are available to all health plans. Some plans will display different tiles and resources.*

Already have an account?

You are ready. Log in to the member portal using your usual email address and password.



Scan this QR code

If you have any questions or need help, contact our **HMA Customer Care Team** by calling the number on the back of your Member ID card Monday-Friday 6:00 am– 6:00 pm PT.



Welcome to the HMA Mobile App

Quickly and securely access your benefits and services at home or on the go.

Use the HMA mobile app to access helpful tools such as:

Find an In-Network Provider or Hospital: With one click, take the guesswork out of finding a doctor, hospital, or clinic in your plan's network

Access Claims and Benefits: Check the status of open claims, view yearly deductibles, copays, and out-of-pocket maximums for the entire family

View Your Digital Member ID Card: Never misplace your Member ID card again!

Manage Your Message Center: Send and receive secure messages to and from our dedicated Customer Care Team

Click to Call: Get connected at the touch of a button to speak with our Customer Care Team

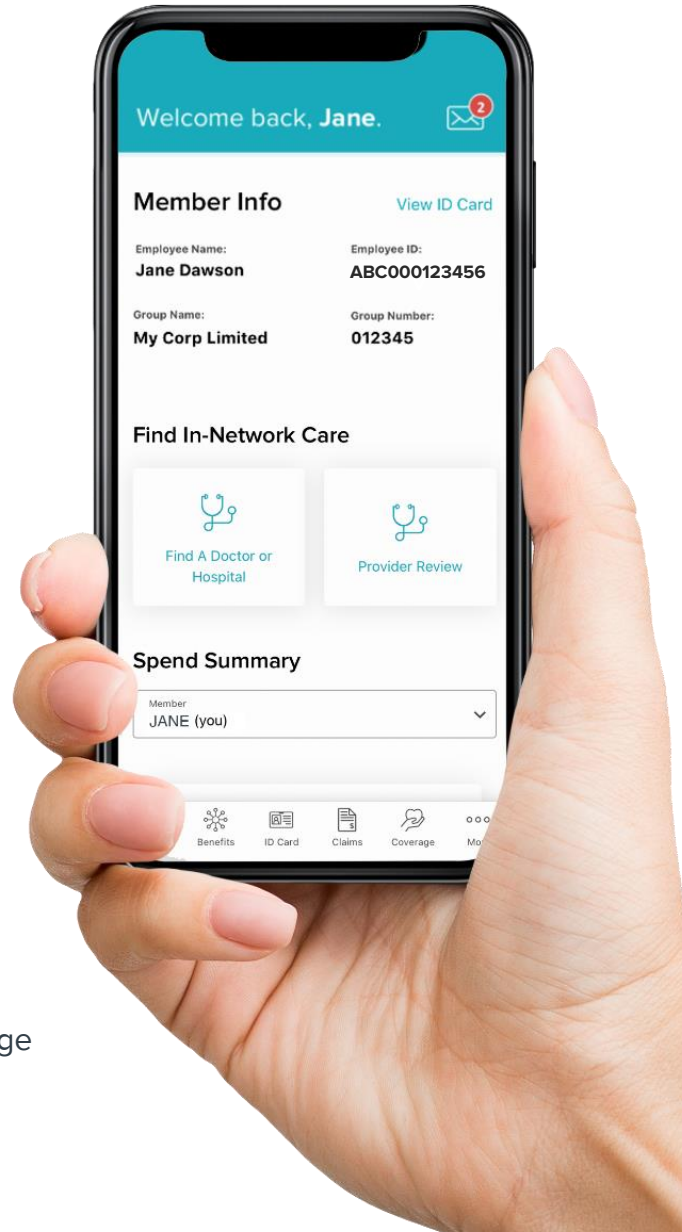
Connect to More: Keep services and discounts offered by your plan at your fingertips

Get Started

Download for free on Apple and Google Play Stores



After downloading the HMA mobile app, sign in with your existing account or create your account at accesshma.com. Then select the button "HMA Member Login" at the top of your screen. Use your Employee ID number found on your Member ID card and follow the directions from the log in page to create your account.



If you have any questions or need any help, contact our **HMA Customer Care Team** by calling the number on the back of your Member ID card Monday-Friday 6:00 am– 6:00 pm PT.

Understanding Your HMA Member ID Card

Learn about your HMA Member ID card. Your card provides you with more personalized information about your cost-sharing responsibilities related to your health plan.

Information on Your Member ID Card:

- 1 The employee name listed here is for the subscribing member of the health plan. All dependents enrolled on the plan use this employee ID number.*
- 2 Pharmacy information, if applicable
- 3 Your in-network deductibles, out-of-network deductibles, and out of pocket maximums**
- 4 Your group ID number
- 5 Personalized information about your benefits**
- 6 Identifies your health plan administrator as **Healthcare Management Administrators**
- 7 Information for your provider or facility to submit claims
- 8 HMA Member portal to access your member account
- 9 Important telephone numbers for your plan**

Front of the ID card

HMA **ABC COMPANY, INC.**

1 Employee Name: JOHN SMITH Employee ID: 9HP000123456	Dependent(s): SALLY SMITH ROY SMITH	4
2 ABC COMPANY, INC. Group Number: 020112 RxID 000123456 RxBIN 123456 RxPCN ABC RxGRP ABC	Ge Generic Rx \$10 PRe Preferred Rx \$20 No Non-Preferred Rx \$40 Office Visit \$25	5
3 Medical Deductible In-Network \$750/\$2000 Out-Network \$3000/\$5000 Medical/Rx OOP \$4000/\$10000 \$8000/\$20000	iPHCS	

*Some ID cards list the names of dependents. Some ID cards list only the name of the employee. Listing names of dependents on cards is an employer's choice. Either way, the benefits on ID cards are for the employee named on the left of the card. Dependents on the employee's plan may have different coverage than the employee. Always verify your personal plan benefits before receiving services.

Back of the ID card

8 **Find a provider and access Customer Care at: www.accesshma.com**

6 Healthcare Management Administrators, Inc. (HMA)	Customer Care: 800-869-7093	9
Important - Preauthorization may be a plan requirement. To avoid potential benefit penalties, call Customer Care.	CVS Caremark: 866-885-4944	
7 Please submit EDI claims to Avality, using payer ID: HMA01 . Please submit paper claims to the address below: HMA PO Box 85008 Bellevue, WA 98015	MDLive Telehealth: 877-596-0967	
This card is not an authorization for services or a guarantee of payment.	Telehealth HMA Preferred provides network access in Washington, Oregon, Idaho, and Utah. PHCS provides network access in all other states.	
iPHCS Out of Area	CVS caremark	Pharmacy benefits administrator

**Note: Not all benefit details above apply to all health plans. ID cards will display different information based on your health plan.

HMA



View your member ID card on your HMA member portal. Log in by visiting accesshma.com or scan the QR code to the left.

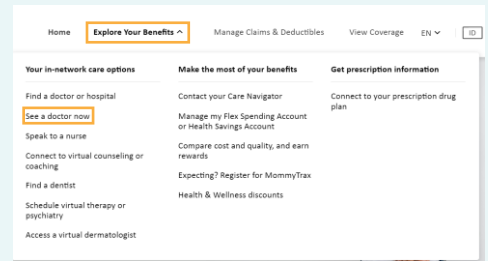
Find a Doctor or Hospital in the HMA Network

Your plan gives you access to the largest healthcare provider networks in the Pacific Northwest and a large provider network when you travel within the U.S. Choose in-network providers for quality care at the best price, and the best protection from balance billing.

Connect through your HMA member portal


Visit accesshma.com and select the HMA Member Login button on the top of the page for access to the full search experience.

- 1 After logging in to your HMA account, select “Explore Your Benefits,” and then choose “Find a Doctor or Hospital.”

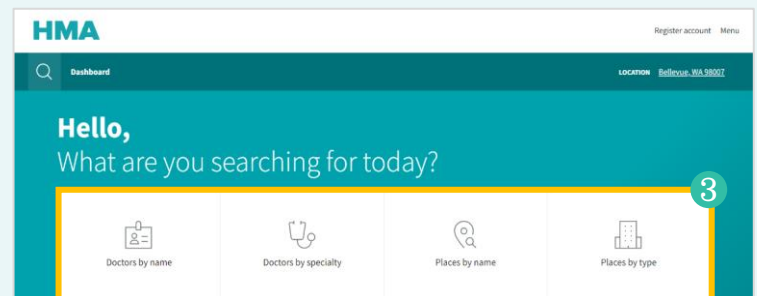


- 2 Enter a location. You can also switch to your current location by 

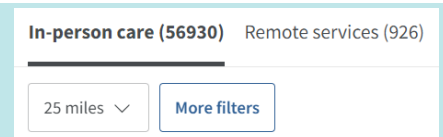


- 3 On the main screen, select one of the category boxes and enter the required information and click on the  to generate results

- **Doctors by name:** search by a specific doctor.
- **Doctors by specialty:** search doctors who specialize in a certain condition.
- **Places by name:** search by hospital name
- **Places by type:** search by labs, hospitals, urgent care facility or emergency services.



- 4 Refine your search results by using the “More Filters,” on the left side of the screen or view doctors that provide telemedicine by clicking on the “Remote Services,” tab on the top left.



Disclaimer: Always call the provider AND facility to verify in-network status before scheduling and before receiving services. Not all services performed by in-network providers are covered. Please review your Summary Plan Documents (Click View Coverage tab and Click on Benefit Plan Details) for more information about covered and excluded services.

If you have any questions or need any help, contact our HMA Customer Care Team by calling the number on the back of your Member ID card Monday-Friday 6:00 am– 6:00 pm PT.

Visit accesshma.com to log in to your HMA account



Buyer Beware – The Risks of Choosing an Out-Of-Network (OON) Provider

Important Out-of-Network Benefit Notice

What is a Network?

A network is a group of doctors, hospitals, and other healthcare providers. In-network refers to a health care provider that has a contract to provide your health plan health care services to its plan members at a pre-negotiated rate. Out-of-network refers to a health care provider who does not have a contract.

In-Network Providers	Out-of-Network Providers
Will not bill you for charges over the contracted rate	Can bill you however much they want to charge
Usually covered at a higher percentage by your plan	Usually covered at a lower percentage by your plan
Applies to your standard deductible	May have a separate deductible
Applies to your standard out-of-pocket maximum	May have separate out-of-pocket maximum
File claims for you	Will require you to submit claims on your own
Meets our quality standards	We have not reviewed their quality
	Can require pre-payment

How Your Plan Pays OON Services

Out-of-Network Pricing

Because OON providers can bill you whatever price they want, your plan looks at the average regional price for the service you are receiving (using Medicare rates as a benchmark, which is typically significantly lower than an in-network contracted rate). This is called the **Maximum Allowable Amount**, and then pays a percentage based on your plan’s benefit coverage design.

Out-of-Network Balance Bill Risk Warning!

You may be billed for the remaining balance for anything above the Maximum Allowable Amount even if your benefit shows Out-of-Network coverage at 100%.¹ In this instance, **the Plan will pay 100% of the maximum allowable amount, not 100% of the charges billed by the provider.**

In-Network vs Out-of-Network Surgery Cost Example

You choose an INN Provider	You choose an OON Provider
Provider charges \$20,000 for a surgery	Provider charges \$45,000 for a surgery
Plan covers \$15,000, the pre-negotiated rate amount	Plan covers \$10,000, 100% of the maximum allowed amount
Provider is not allowed to bill you for the difference	Provider may bill you for the \$35,000 difference






1. Depending on the type of service, you may have balance billing protections under the Transparency in Coverage (Tic).

Visit accesshma.com to log in to your HMA account

Network Extenders: Digital Health Providers

The following **digital only** offerings are an extension of your provider network and are available in Oregon, Utah, Idaho and select counties in Washington.*

Providers	Focus	Offering	Get Started*
	General Mental Health	Talkspace offers a range of virtual mental health treatment options to choose from, including online therapy, coaching, self-help tools, psychotherapy, and medication management. For members ages 13 and older.	Register at www.talkspace.com/partnerinsurance
	Obsessive Compulsive Disorder (OCD)	NOCD provides therapy for OCD through live sessions with a licensed, specialized therapist. For members ages 6 and older.	Visit www.nocd.com Call (312)- 766-6780
Boulder	Substance Use Disorders: <ul style="list-style-type: none"> • Opioid Use Disorder (OUD) • Alcohol Use Disorder (AUD) 	Boulder care offers virtual treatment for substance use disorders, including medication-assisted treatment, peer coaching, care coordination and other recovery tools. For members ages 18 and older.	Visit start.boulder.care Call (866) 347 -9635
	General Mental Health	AbleTo Therapy+ provides mental health care through an eight-week online therapy program. Sessions are one-to- one with a licensed therapist, and digital tools give you extra support. For members ages 18 and older.	Visit www.ableto.com Call (866) 287-1802






General Mental Health may include stress, anxiety, depression, eating disorders, substance use, sleep, identity struggles, chronic issues, trauma and grief, relationships, healthy living.



Visit accesshma.com to log in to your HMA account

Network Extenders: Digital & In-Person Providers

The following digital and in-person offerings are an extension of your provider network. In-patient and residential treatment may require a prior-authorization.

Providers	Focus	Offering	Get Started*
	<ul style="list-style-type: none"> Substance Use Disorder General Mental Health 	Eleanor Health provides virtual and in-person support including medication-assisted treatment, psychiatry, therapy and counseling, and recovery coaching. For members ages 18 and older.	<p>Call 1-866-323-2596</p> <p>Visit www.eleanorhealth.com</p> <p>State(s) Available: WA</p>
	<ul style="list-style-type: none"> Trauma Substance Use Disorder LBTQ Support Intensive Outpatient Dialectical Behavioral Therapy 	Charlie Health offers virtual and in-person intensive outpatient treatment. For members ages 12-30.	<p>Call 1-866-540-1828</p> <p>Visit www.charliehealth.com</p> <p>State(s) Available: WA, OR, ID, UT</p>
	<ul style="list-style-type: none"> Substance Use Disorder Mental Health Treatment 	Hazelden Betty Ford offers in-person and virtual therapy, high-intensity outpatient programs and medication-assisted treatment. For members ages 18 and older.	<p>Call 1-877-361-9611</p> <p>Visit www.hazeldenbettyford.org</p> <p>State(s) Available: WA, OR</p>
	<ul style="list-style-type: none"> Primary Care Urgent Care Specialty Care 	Zoomcare offers same day video or in-person options in select metro markets. Website and app available for members ages 13 and older.	<p>Visit www.zoomcare.com/schedule or download the iOS or Android App</p> <p>State(s) Available: WA, OR, ID</p>
	<ul style="list-style-type: none"> Urgent Care House Calls 	DispatchHealth provides urgent care house calls 7 days/week. For members ages 3 months and older.	<p>Visit www.dispatchhealth.com</p> <p>State(s) Available: WA</p>

*May not be available in all state counties. Standard deductibles and copay apply. Charlie Health, Eleanor Health, Hazelden Betty Ford, Zoomcare, And DispatchHealth are separate companies.

Visit accesshma.com to log in to your HMA account



Nationwide Coverage for Members in Every State

When you're a Healthcare Management Administrators (HMA) member, you have the peace of mind knowing that wherever you are, you are able to access your health plan benefits.

Coverage across the country

No matter where you are in the United States, you will be covered under your HMA Plan. If you are temporarily in or reside outside of the Pacific Northwest (Washington, Oregon, Idaho, and Utah), you have access to the network and savings discounts negotiated with healthcare providers in each state.

Around the world

Coverage terms with non-US providers may be different. Before leaving the United States, verify your international benefits with HMA's Customer Care Team at **1-800-869-7093** available 6 am – 6 pm PT, Monday – Friday.

How to access your national coverage:

- ✓ Always carry your current HMA member ID card with you.
- ✓ To find in-network doctors and hospitals, log in to the HMA member portal at accesshma.com and select "Find a doctor or hospital."
- ✓ Click on the image of the state or region where you would like to search.
- ✓ Enter the city, state, and zip code where you would like to search.
- ✓ Call HMA's Customer Care Team at **1-800-869-7093** available 6 am – 6 pm PT, Monday – Friday for any required pre-certification or pre-authorization.
- ✓ When you arrive at the in-network doctor's office or hospital, show them your HMA member ID card. On the back of the card, the provider can find the information and contact details to inquire about your benefit coverage and to find out how to submit the claim.

In an emergency, go directly to the nearest hospital.



Visit accesshma.com to log in to your HMA account

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Nationwide Coverage for Members in Every State

When you're a Healthcare Management Administrators (HMA) member, you have the peace of mind knowing that wherever you are in the United States, you can access your health plan benefits.

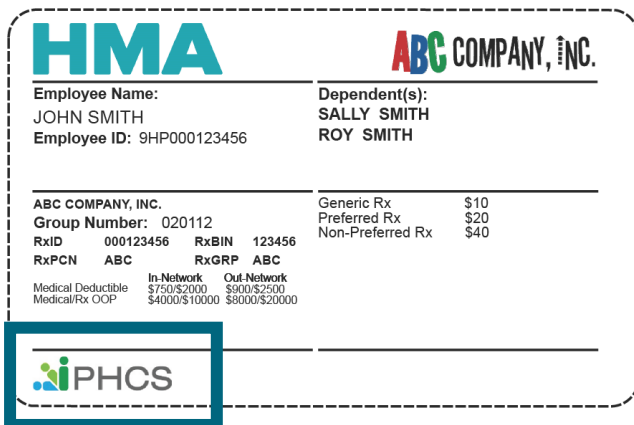
Overview of Private Healthcare Systems Network Services

HMA members have access to one of two PHCS networks for in-network healthcare when they live or are temporarily outside our primary coverage states of Washington, Idaho, Oregon, and Utah.

	PHCS NETWORK	PHCS NETWORK FOR OUT OF AREA (OOA) ACCESS
Network Type:	Primary PPO	Extended PPO
For:	Members who live outside of Washington, Idaho, Oregon, or Utah.	Members who live in Washington, Idaho, Oregon, or Utah but need to access care while temporarily in other states (e.g. vacation, college).

Identify Your PHCS Network

PHCS Network members will see a PHCS logo on the **front** of the member ID card.

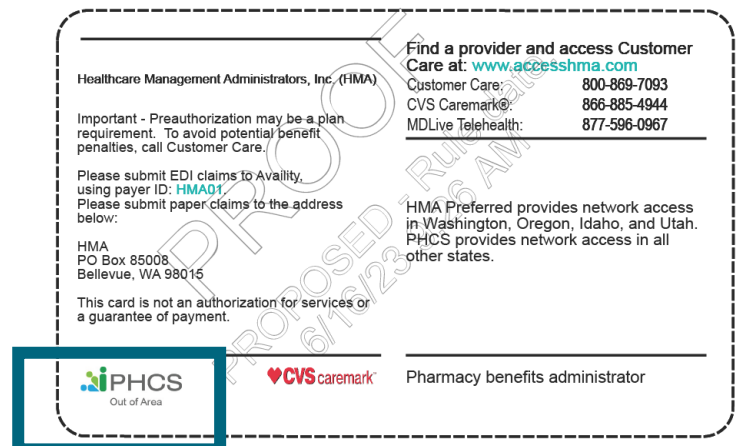


To access the PHCS Primary Network, a member's address in our system must be in one of the 46 non-primary states.

It is important to keep your address information current with HMA so claims can get processed correctly.

To confirm provider is in-network, verify which PHCS network you are asking about.

PHCS OOA Network members will see a PHCS logo with "Out of Area" on the **back** of the member ID card.



To access the PHCS OOA Network, a member's address in our system must be within our four primary states (WA, ID, OR, or UT).




Visit accesshma.com to log in to your HMA account

Getting Started with Your HMA Dental Plan

Know what's covered

Access your dental benefits online from the HMA member portal.

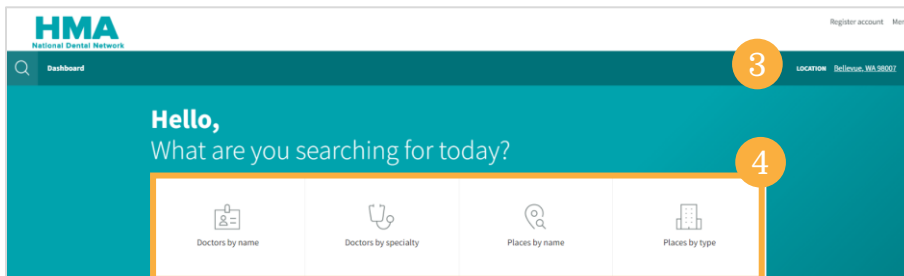
- 1 Go to accesshma.com. **If this is your first time on the member portal, you will need to register and create an account. Have your HMA member ID card available.*
- 2 Select the HMA Member Login button on the top of the page.

- 3 After logging in to the member portal, select the “View Coverage” tab in the top navigation bar of on your screen.
- 4 Then click on “Benefit Plan Details” and open your “Dental Benefits Summary.”

Find a Dentist

Log in to the HMA member portal to find a dentist in the HMA dental network.

Note: By selecting in-network dental providers, you can reduce out-of-pocket expenses and pay less than with non-network providers.

- 1 Visit accesshma.com. Then select the HMA Member Login button on the top of the page.
- 2 After logging in to the HMA member portal, scroll down to “Explore My Benefits.” Select the tile “Find a dentist.”
- 3 Enter a location. You can also switch to your current location by selecting the arrow.
- 4 In the field next to the category menu, you have the option to enter a specialty type (for example: orthodontics, pediatric dentistry, etc.) or a specific dentist’s name. You can also leave it blank.
- 5 Refine your search results by using the filters on the left side of the screen.



Disclaimer: Always call the provider AND facility to verify in-network status before scheduling and before receiving services. Not all services performed by in-network providers are covered. Please review your Summary Plan Documents (Click View Coverage tab and Click on Benefit Plan Details) for more information about covered and excluded services.



You can always call HMA's Customer Care Team with questions, Monday-Friday from 6 am to 6 pm PT at 1-800-869-7093.


Visit accesshma.com to log in to your HMA account

Getting Started with Your HMA Vision Plan

Know what's covered

Access your vision benefits online from the HMA member portal.

**If this is your first time on the member portal, you will need to register and create an account. Be sure to have your HMA member ID card available.*

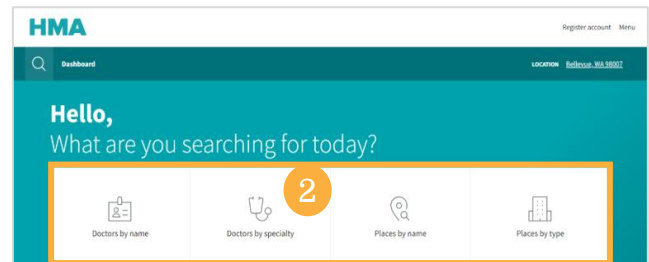
- 1 Go to accesshma.com.
- 2 Select the Login button at the top of the page.

- 3 Once logged in, you can select "View Coverage" in the top navigation bar.
- 4 Then click on "Benefit Plan Details" and open your "Vision Benefits Summary."

Find a Provider For Your Eye Exam

Log in to the HMA member portal to find a vision care provider in the HMA network.

Note: The advantage of using an in-network provider is that they will bill HMA on your behalf.

- 1 After logging in, under "Explore Your Benefits," select "Find a Doctor."
- 2 Click the box "Doctors by specialty", and enter optometry, ophthalmology, or search by "Doctors by name," for a specific provider.



Submit Your Vision Claim

If you received an eye exam from an out-of-network vision care provider or purchased hardware (glasses or contact lenses), you need to submit a claim in order to get reimbursed.

Collect and include receipts that indicate who the provider was and what service was performed (including Diagnosis and CPT codes). Make sure that your provider won't bill HMA.

To submit your claim on the member portal:

- 1 Log in to the member portal and select "Manage Claims and Deductibles" in the top navigation bar. From this screen, scroll down and select the "Submit a claim" button.
- 2 Complete and submit the digital claim form and upload your itemized receipts using the step-by-step instructions on the screen.

The HMA Customer Care Team is available for questions, Monday through Friday from 6 am to 6 pm PT at 1-800-869-7093.

Disclaimer: Always call the provider AND facility to verify in-network status before scheduling and before receiving services. Not all services performed by in-network providers are covered. Please review your Summary Plan Documents (Click View Coverage tab and Click on Benefit Plan Details) for more information about covered and excluded services.



Visit accesshma.com to log in to your HMA account

Prescription and Pharmacy Helpful Hints

If your pharmacy is not able to fill your prescription or process your pharmacy benefits, refer to these questions to help you determine the source of the problem and possible solution.

Does the pharmacy have your most up-to-date information?

Make sure to show your current HMA member ID card each time you fill a prescription. The pharmacy may have an incorrect or old ID card on file. Also, be sure the pharmacy is using the RxID number on the front of your ID card and not your Employee ID number. If the pharmacy needs assistance, it can contact the Pharmacy Benefits number on the back of your ID card.

Does the prescription require a prior authorization?

Your doctor may prescribe a medication that requires prior authorization due to your plan's formulary (list of covered drugs). In those cases, your doctor will need to request a prior authorization, either by phone or by fax.

We will notify you and your doctor after the information provided is reviewed to determine if the medication meets the criteria for coverage by your plan. If the prior authorization is approved, the pharmacy will fill your prescription.

If your doctor changes the dosage or frequency of your prescription, or increases the number of refills, your doctor may need to re-authorize your prescription before the pharmacy can fill it.

Is the prescription covered under your plan?

Some prescriptions may be excluded from your plan — even ones you've filled before if there has been a change on a formulary or list of covered drugs. Call the Pharmacy Benefits number on the back of your ID card to determine if your prescription is currently covered. If not, a generic equivalent or similar drug may be available for you to fill. In some cases, a new prescription from your doctor may be required.

If you are still experiencing a problem, or if you need a prescription immediately and your benefits are being denied at the pharmacy, **contact our Customer Care Team** by calling the number on the back of your Member ID card. We're available 6 am – 6 pm PT, Monday – Friday.



Visit accesshma.com to log in to your HMA account

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Specialty Medications

If you are taking or are prescribed a specialty medication, a member of our Specialty Medication Support team may reach out to help you receive the medication at a lower cost.

Specialty Medication Steerage Program

Our Specialty Medication Support Team works to transition specialty medications to a lower level of care where and when it is safe to do so.

Transitioning to a lower level of care means you will receive the same treatment, with appropriate clinical support, at a lower cost — and often at a more convenient location, such as a freestanding infusion site or your home.

While not all medications are appropriate for this program, our team continuously looks for ones that are. If there is an opportunity to transition your care to a lower level, our Specialty Medication Support team will coordinate with both you and your provider so that your treatment is not interrupted.



What is a specialty medication?

Specialty medications are given as an infusion or injection and are used to treat complex and chronic conditions. While there are not that many of them, they can be expensive, as they require special handling and careful oversight from a trained healthcare provider.

How to Sign-Up for Electronic EOBs

The Explanation of Benefits (EOB) is a document that is generated when HMA processes a claim submitted by you or your healthcare provider. EOBs can help you better understand how your health plan works. You may receive these in the mail, but you can also access them electronically.

Go Paperless

- 1 Visit accesshma.com and select the HMA Member Login button on the top of the page.
- 2 Log in to the member portal and select the profile icon located on the top right.
- 3 Select “Communication Preferences” from the drop-down menu.
- 4 Select “Email” under EOB communication preferences.
- 5 Once signed up, you will start receiving EOB notices in your email following the complete processing of your health care service claim. They will be from Healthcare Management Administrators with the subject line “New Explanation of Benefits Available to View.” This email is only a notification that you have an EOB available to view in your member portal.

Access Your EOBs Online

- 1 Visit accesshma.com and select the HMA Member Login button on the top of the page
- 2 Log in to your member portal and select “Manage Claims & Deductibles” located on the top navigation bar
- 3 Scroll down and click on a claim number with a claim status of “Complete: Paid”
- 4 Select “Download Explanation of Benefit”
- 5 A PDF version will download.



Visit accesshma.com to log in to your HMA account

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Understanding Your Explanation of Benefits (EOB)

What is an Explanation of Benefits?

Commonly referred to as an “EOB,” the Explanation of Benefits document is generated when HMA processes a claim submitted by you or your healthcare provider. The EOB is not a bill, it simply explains how your health plan benefits were applied to that particular claim.

What should I do with this information?

Each time you receive an EOB, review it closely, and compare it to the bill or statement from your healthcare provider. If you have any questions, HMA’s contact information can be found on the first page of every EOB. Information on your appeal rights is included at the end of the document.

How to Read Your EOB

A lot of information is packed into an EOB. An EOB contains three important parts:

1 A summary of activity shows the claims processed between the date(s) of treatment, discounts and adjustments, amounts not covered, what the plan paid, amount owed, and the amount saved.

Page 2 of 4
THIS IS NOT A BILL

SUMMARY OF ACTIVITY

This covers claims processed between 05/12/2023 – 06/13/2023

Total Billed Amount	\$614.00	This is the total amount of charges during this period.
Discount & Adjustments	\$262.15	Sample Plan Administrators negotiates discounts with health care professionals and facilities to help you save money

2 An easy-to-read claims breakdown section shows detailed explanations and reason codes. Here you will see more information on what was paid, any copays, and what may be your responsibility to pay.

Page 3 of 4
THIS IS NOT A BILL

DETAILED CLAIM BREAKDOWN FOR JOHN SAMPLE

Provider: FIRST CARE SEATTLE
Claim #: 600000000

Date & Type of Service	Amount Billed	Member Discount	Amount Not Covered	Reason Code	Amount Covered	Other Insurance Paid	Paid		Patient Responsibility		
							Paid At	What Your Plan Paid	Deductible Amount	Co-Insurance Amount	Co-pay Amount
05/12-06/13/2023 PHYSICIAN VISIT	\$266.00	\$96.82	\$0.00	RE	\$197.18	\$0.00	100%	\$172.18	\$0.00	\$0.00	\$25.00
05/12-06/13/2023 SURGEON/OFFICE	\$147.00	\$50.02	\$0.00	RE	\$96.98	\$0.00	100%	\$0.00	\$96.98	\$0.00	\$0.00
05/12-06/13/2023 SURGEON/OFFICE	\$133.00	\$86.04	\$0.00	RE	\$43.96	\$0.00	100%	\$0.00	\$43.96	\$0.00	\$0.00
05/12-06/13/2023 INJECTIONS	\$38.00	\$24.27	\$0.00	RE	\$13.73	\$0.00	100%	\$0.00	\$13.73	\$0.00	\$0.00
TOTALS	\$614.00	\$262.15	\$0.00		\$381.85	\$0.00			\$154.67	\$0.00	\$25.00
Claim Received Date: 05/12/2023							COB Credit: \$0.00				
Claim Finalized Date: 06/13/2023							Adjustments: \$0.00				
							Plan Paid: \$172.18		Amount You May Owe: \$179.67		

Reason Code/Description
RE REGENCE BLUESHIELD PROVIDER DISCOUNT. THE PATIENT IS NOT RESPONSIBLE FOR THIS AMOUNT.

3 The last sections, My Spend and Family Spend, display how much of the claim was applied toward your deductible. It also shows the remaining amount needed to meet your deductible, as well as how close you are to your out-of-pocket maximum for the year.

MY SPEND

Deductible Medical - In-Network			TOTAL AMOUNT:
2023	\$263.75 Used	\$136.25 Remaining	\$400.00
Out-of-Pocket Dental			TOTAL AMOUNT:
2023	\$706.00 Used	\$1204.00 Remaining	\$2,000.00
Out-of-Pocket Medical/Rx - In-Network			TOTAL AMOUNT:
2023	\$542.87 Used	\$1457.13 Remaining	\$2,000.00

FAMILY SPEND

Deductible Medical - In-Network			TOTAL AMOUNT:
2023	\$263.75 Used	\$936.25 Remaining	\$1,200.00
Out-of-Pocket Dental			TOTAL AMOUNT:
2023	\$706.00 Used	\$1204.00 Remaining	\$2,000.00
Out-of-Pocket Medical/Rx - In-Network			TOTAL AMOUNT:
2023	\$542.87 Used	\$5457.13 Remaining	\$6,000.00

For current and up-to-date accumulators, please visit the member portal online!



Visit accesshma.com to log in to your HMA account

How to Submit a Claim to HMA

If you receive medical, dental or vision services from an out-of-network provider (OON), you may be asked to pay the charges upfront. In some cases, the OON health care professional will file the claim for you; however, they are not required to do so.

If the procedure/service is covered under your Plan's available out-of-network benefits (subject to any applicable deductibles or copay), you may be eligible for reimbursement.

To submit a claim for reimbursement, choose the option below that is best suited for you:



Option 1: Electronic Submission

A DocuSign

- 1 Go to <https://www.accesshma.com/news-and-resources/member-forms>
- 2 Scroll to **Member Reimbursement Claim Form** and click **Complete Online**
- 3 Complete and submit the form and a copy of your itemized receipt, bill, and/or invoice through DocuSign

- OR -

B HMA Member Portal

- 1 Login to the member portal:
<https://memportal.accesshma.com/login>
- 2 In the member portal, click on **Manage Claims & Deductibles**, click on **Submit a Claim**, and follow the prompts - be sure to also upload a copy of your itemized receipt, bill, and/or invoice



Option 2: Paper Submission

- 1 Go to <https://www.accesshma.com/news-and-resources/member-forms>
- 2 Scroll to **Member Reimbursement Claim Form** and click **Download pdf**
- 3 Fill out the form in compatible PDF software like Adobe Reader or Acrobat
- 4 Use one of the submission options below:

A Fax the completed form and a copy of your itemized bill and/or receipt to: **866-458-5488**

- OR -

B Mail the completed form with a copy of your itemized receipt, bill, and/or invoice to:
HMA
Attn: Claims Department
PO Box 85008
Bellevue, WA 98015-5008

IMPORTANT:

Remember your claim submission must include the following codes in order to prevent delays or denial. This data can often be located on the provider billing statement:

- Procedure or Service Codes (CPTs or HCPCs)
- Diagnosis Codes (in ICD format)
- Provider's NPI Number
- Provider's Tax ID Number (TIN)

Note: Claims may take up to 25 days to appear in your HMA portal.

All claims for reimbursement must be submitted within one year of the date the service was provided.



Visit [accesshma.com](https://www.accesshma.com) to log in to your HMA account



Member Deals and Discounts

As an HMA member, you have access to many discounts on programs, products, and services to help support you and your family's health and well-being. Below are some examples.



Fitness Discounts

Access a gym membership program as low as \$28 per month through Active & Fit Direct that includes digital on-demand workouts too.



Fertility Services

Save between 10%-40% on fertility services, including IUI and IVF treatments, genetic testing services and fertility medications.



Meal Planning Services

Complimentary shipping (\$14.95 value), fresh-made meals prepared for yourself or your loved one with Mom's Meals NourishCare®.



Vision Care & LASIK

Save on laser vision correction, contact lenses, and eyeglasses with QualSight LASIK, and Zenni Optical.



Funeral Planning Service

\$50 off enrollment fee for Everett's suite for funeral planning services.



Student Loan Refinancing

Comprehensive solution to help borrowers reduce their debt by refinancing and consolidating their student loans.



Hearing Aids

Discounts on hearing aids through TruHearing and Amplifon.



Walgreens Smart Saving

Access 20% smart saver discount on eligible Walgreens brand over-the-counter health and wellness products.



Allergy Relief Products

20% off products for non-drug allergy relief (such as pillows, air filters, cleaning products, and personal care products) from National Allergy Supply.



Fitbit Product Store

Save up to 30% on Fitbit devices, accessories, and Fitbit Premium.



Pet Wellness Plans

No enrollment fee for Optimum Wellness Plans at Banfield Pet Hospitals (inside PetSmart).

How to access your deals and discounts?

Go to accesshma.com and select the HMA Member Login button on the top of the page. After logging in to your HMA account, select "Explore Your Benefits" then select "Health & Wellness Discounts."



Visit accesshma.com to log in to your HMA account

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PDDMDH-08112023

These value-added programs offer great savings on the health-related products and services you need most. The programs are not insurance—they're offered in addition to your plan in order to help you take charge of your health. This discount program is offered to you at no additional cost, may include separate fees.

The deals and discounts are provided by separate companies to HMA members.

Telehealth with MDLIVE

Medical | Behavioral Health



Connect with a medical doctor, therapist, or psychiatrist on your schedule, anytime, anywhere.

Consult with a board-certified medical doctor 24 hours a day, 7 days a week by phone, secure video, or through the MDLIVE App. Therapy and psychiatry appointments can be scheduled days in advance instead of months in advance with most providers.

When you're not feeling well, making your way into a doctor's office can be a real pain...from missing work or getting off the couch, to getting stuck in a waiting room. With your telehealth benefit, you can save time and money by seeing an MDLIVE doctor for non-emergency conditions. MDLIVE doctors can even send a prescription to your nearest pharmacy (if needed). Below are some of the things that MDLIVE doctors can treat.

Common medical conditions include:

- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Headache
- Insect bites
- Nausea / Vomiting
- Pink eye
- Rash
- Sore throats
- Urinary problems / UTI

Behavioral Health and Psychiatry:

- Addictions
- Anxiety
- Child and Adolescent Issues
- Depression
- Coping with Loss & Grief
- Parenting Counseling & Advice
- Panic Disorders

Get Started with MDLIVE

Register with the HMA Member Portal

1. Visit accesshma.com.
2. Select the HMA Member Login button at the top of your screen
3. Log in to your member portal or create an account by selecting "Create an account" on the bottom of the login page.
4. Once logged in, scroll down your home dashboard to "Explore Your Benefits" and select the tile labeled "See a doctor now" to access MDLIVE.

Or Register with a Virtual Health Assistant



Meet Sophie, your virtual health assistant! Sophie makes creating an account quick and easy using your smartphone. See a doctor in minutes – anytime, anywhere!

Text Sophie at **HMA to 635483** and follow the link to register. You can also activate your account or talk to a doctor now at www.mdlive.com/hma or by calling **877-596-0967**.

HMA

Visit accesshma.com to log in to your HMA account

MDLIVE is a separate company that provides telehealth services for HMA members.

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PMBGSH-05102023

MDLIVE may not be available in certain states and is subject to state regulations. MDLIVE does not replace the primary care physician, is not an insurance product and may not be able to substitute for traditional in person care in every case or for every condition. MDLIVE does not prescribe DEA controlled substances and may not prescribe non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE does not guarantee patients will receive a prescription. Healthcare professionals using the platform have the right to deny care if based on professional judgment a case is inappropriate for telehealth or for misuse of services. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit <https://www.mdlive.com/terms-of-use/>.

Personalized Healthcare Shopping Experience

Shop and compare procedure costs



Where you seek care matters. We help you make informed decisions about your healthcare choices. You don't have to overpay for quality care.

Your Plan provides free access to Healthcare Bluebook making it easy to compare estimated procedure costs between facilities including what your personal deductible and out-of-pocket cost share will look like.

In minutes, you can find hundreds to thousands of dollars in savings with a simple search of over 500 services (all shoppable services will be included 1/1/2024) and receive your personalized benefits and out-of-pocket estimate tailored to your health plan.

What is a Fair Price?

A Fair Price is the reasonable amount you should expect to pay for a procedure or medical service.

COST RATINGS	\$	\$\$	\$\$\$
	At or Below Fair Price	Slightly Above Fair Price	Highest Price

Healthcare Bluebook uses the green, yellow and red color signs to guide you to Fair Price™ (green) facilities.

Easy to Understand Cost Estimate

View the example on the next page of a dramatic price difference and out-of-pocket cost estimate.



Visit accesshma.com to log in to your HMA account

Healthcare Bluebook is a separate company that provides quality and cost navigation services for HMA members

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PBBSEH-05162023

Use Healthcare Bluebook and Know Where to Go

Search for your procedure in Healthcare Bluebook, use a Fair Price™ facility, and save big bucks on care.



Information shown is for example purposes only.

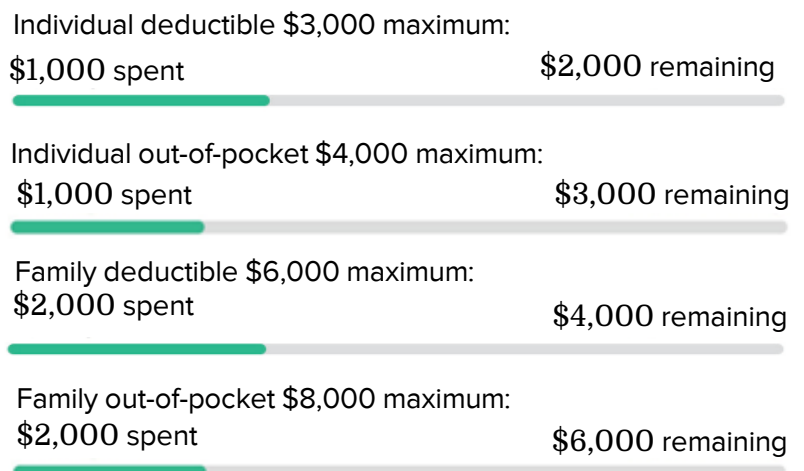
Example out-of-pocket cost estimate

The average price for Total Knee Replacement with these providers: **\$23,302**

ABC University Hospital

Your estimate out of pocket for this procedure: **\$3,000**

Out of Pocket Balances:





Visit accesshma.com to log in to your HMA account


Healthcare Bluebook is a separate company that provides quality and cost navigation services for HMA members


Scheduling a Procedure? Here's How to Make Sure You Don't Overpay


To get started:


- 


1 Log in to the HMA member portal by navigating to accesshma.com and select “HMA Member Login” at the top of your screen. Enter your credentials, or if you don’t have an account, click “Create an account now.”
- 

2 Click “Explore Your Benefits” in the dropdown menu at the top of your screen and click “Shop and compare procedure costs.” This will open a new tab and automatically take you to the Healthcare Bluebook comparison tool as a logged in member.
- 

3 Search for the medical procedure and the location where you want to seek care.
- 

4 See the Fair Price for that procedure for facilities in your area.
- 

5 Choose a Fair Price™ (green) provider and facility and get an instant estimate of your personal out-of-pocket cost for the procedure based on your actual benefit coverage.
- 

6 Schedule your procedure and verify in-network status with the provider
- 

7 Start saving money on your healthcare costs!

You can also access Healthcare Bluebook from the HMA member app or for access support contact Customer Care at 1-800-869-7093 Monday through Friday, between 6:00 a.m. – 6:00 p.m. PT.

Visit accesshma.com to log in to your HMA account

HMA

Healthcare Bluebook is a separate company that provides quality and cost navigation services for HMA members

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Know Where to Go

Save time and money by choosing the right location when the unexpected happens. More than half of visits to the emergency room are for non-emergencies.

Telehealth or Primary Care Provider



*ask if your primary care provider offers virtual care

Mild Fevers	Cough	Migraines	Sore Throat	Nausea, vomiting, and diarrhea	Animal or Insect Bites
Urinary Tract Infection	Cold, Flu, & Allergy Symptoms	Pink Eye	Rashes & Other Skin Conditions	Earache	Mental Health

Urgent Care



Minor Cuts & Stitches	Minor Burns	Sprains & Strains
-----------------------	-------------	-------------------

Emergency Room



Head Injuries	Chest Pain or Trouble Breathing	High Fever	Poisoning Or Drug Overdose	Severe Burns	Major Traumas
Open Wounds & Bleeding That Cannot Be Stopped	Confusion or Sudden Changes In Mental Status	Severe Abdominal (Stomach) Pain	Coughing Up or Vomiting Blood	Pregnancy-Related Problems & Infants With Fevers	Sudden Numbness, Weakness, Or Paralysis

Retail Walk-in Clinics

These are clinics set up inside retail stores and pharmacies. They offer limited services but can typically provide basic care for:

- Cold and flu symptoms
- Mild fever
- Minor cuts
- Skin conditions
- Sore throat

Utilizing Urgent Care

When accidents and illnesses arise, be prepared and know which Urgent Care providers are part of your network. Urgent care services are less costly than emergency room services and can provide spur-of-the-moment care, except for the most complex conditions. Please use the chart above for guidance in using the right level of care for your illness. Knowing which services are available to you in your community before you need it will allow you and your family to focus on getting the care you need to start feeling better.



Visit accesshma.com to log in to your HMA account

What You Need to Know About Paying for Your Healthcare

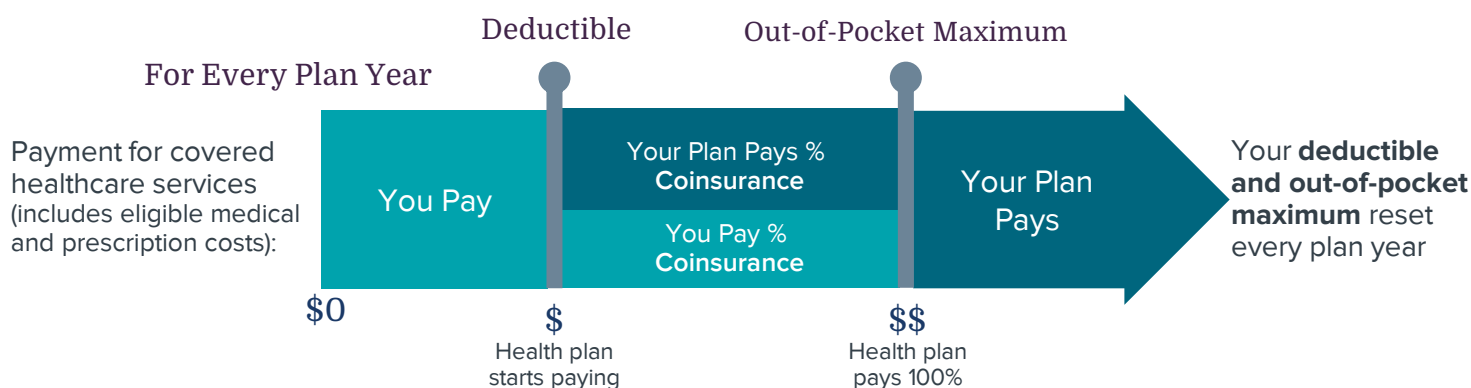
Key terms

Your **copay** is the fixed amount you pay for a covered healthcare service. This is usually paid at the time you receive the service. The dollar amount can vary by the type of service (doctor office visit vs. ER visit).

Your **out-of-pocket maximum** is the most you will pay for covered healthcare services in a given plan year.

Your **deductible** is the amount you pay for covered healthcare services before your health plan starts to chip in. *Note: Preventive care services such as wellness exams and preventive screenings are generally not subject to the deductible.*

Your **coinsurance** is the percentage you pay for covered healthcare services after your deductible has been met.



Joe's Healthcare Journey



Joe makes an appointment with his doctor for his annual wellness exam. Preventive services are covered at 100% (in-network) and the deductible is waived. That means Joe does not have to pay anything.



A few months later, Joe needs an X-ray. He has not yet met his **deductible** for the plan year so he has to pay the full amount.



It is flu season and Joe does not feel well. He makes an appointment with his doctor. When he checks into the office, he pays a **co-pay**.



Later in the year, Joe bursts his appendix and needs emergency surgery. He has already met his deductible, so he only has to pay his share of the **co-insurance** until he reaches the **out-of-pocket maximum**. From that point on, his health plan will pay the rest.



If Joe gets sick again before the end of the plan year, his health plan will pay 100% of the covered services.

HMA

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PEGPHH-09152022

Preventive Care Basics for Children and Those Who Are or Who May Become Pregnant

Take charge of your health with preventive care benefits available through your primary care provider (PCP) usually at no cost-share.*

Preventive Services

Most health plans include coverage for certain preventive services when visiting an in-network provider. Preventive care benefits vary with age and personal health history. Use the charts below and on the next page to start a discussion with your doctor about which preventive services and screenings are right for you.*

General Preventive Care for Children**

Find an in-network pediatrician before baby's birth

Even when your child isn't sick, it's important for them to see their doctor for regular checkups.

Children may receive age-appropriate preventive exams and counseling, including:

- Well-child exams and vaccinations as shown on the next page
- Newborn hearing, jaundice, PKU, metabolic, and select other screenings (up to 62 days of age)
- Skin cancer counseling (ages 6 months-24 years for those with fair skin type)

- Dental cavities (up to age 6, starting with first tooth)
- Eye exam (ages 3-5)
- Obesity (starting at age 6)
- Anemia and lead poisoning screenings
- Anxiety, depression, abuse, suicide risk screenings
- Alcohol and drug misuse
- Sexually transmitted disease screenings
- Scoliosis, adolescent idiopathic
- Hepatitis B/C, HIV, and Cholesterol screening (if at risk)

Preventive Medications:

- Inhaled corticosteroids if diagnosed with asthma
- Insulin and other glucose lowering agents, A1c testing and glucometer

General Preventive Care for Those Who Are or Who May Become Pregnant**

Find an in-network primary care provider (PCP) and obstetrician/gynecologist (OB/GYN) before pregnancy

Screenings and counseling for:

- Gestational diabetes and anemia
- Hepatitis B and HIV
- Preeclampsia prevention
- Rh incompatibility
- Bacterial vaginosis
- Expanded tobacco use

- Healthy pregnancy weight
- Neural tube defects, ultrasound, and home uterine monitoring (if high risk)
- Breastfeeding support and counseling
- Maternal depression screenings for mothers at well-baby visits

Preventive Medications:

- Birth control
- Folic acid supplements

Procedures:

- Tubal Ligation

Refer to your summary plan document at accesshma.com to log in to your HMA account. Contact our Customer Care by calling the number on the back of your Member ID card, Mon-Fri 6am-6pm PT for more information on your preventive care benefits.

***Consult with your doctor to determine what preventive care is right for you based on your medical history. Not all services listed may qualify as a part of your preventive care benefits. Services performed to diagnose or treat symptoms or provide routine care for chronic conditions may be subject to separate charges. Always ask your doctor about the type of services being rendered at your visit. <http://health.gov/myhealthfinder> is also a great resource.**



**age recommended for those at regular risk as of May 25, 2023, by U.S. Preventive Service Task Force. Content Sourced from the Office of Disease and Prevention and Health Promotion at [Healthcare.gov](https://healthcare.gov), PublicHealth at PublicHealth.org, American Academy of Pediatrics, the Centers for Disease Control and Prevention (CDC), and the U.S. Preventive Services Task Force uspreventiveservicestaskforce.org.

Well-child exam and immunization schedule

Guidelines from the American Academy of Pediatrics and the Centers for Disease Control and Prevention (CDC)

2 to 5 Days Old	HepB ¹	15-18 Months	DTaP Any 12-month immunizations not already given	5-18 Years	Annual Flu shot
2 Months	HepB ² RV ¹ DTaP ¹ Hib ¹ PCV ¹ IPV ¹	24 Months	HepA Flu Shot	11 Years	DTaP booster Flu shot HPV ¹ MCV
4 Months	RV ² DTaP ² Hib ² PCV ² IPV ²	3 Years	Flu Shot	12 Years	HPV ² Flu Shot
6 Months	PVC ³ IPV ³ Flu Shot	4 Years	Vision screen Hearing screen Chickenpox Flu shot DTaP IPV MMR	13 Years	Chickenpox blood test
9-12 Months (1 year)	Hib ⁴			16 Years	MCV booster

IMMUNIZATION DEFINITIONS + KEY

Chickenpox: Varicella (Not before first birthday)

DTaP: Diphtheria, tetanus, acellular pertussis/whooping cough (3-dose series)

Flu shot: Influenza (Annual)

HepA: Hepatitis A

HepB: Hepatitis B (3-dose series)

Hib: Haemophilus influenza b (3- or 4-dose series)

HPV: Human papillomavirus (2-dose series)

IPV: Inactivated poliovirus (3-dose series)

PCV: Pneumococcal conjugate (4-dose series)

MCV: Meningococcal disease

MMR: Measles, mumps, rubella (After age 1)

RV: Rotavirus (3-dose series)

¹ First dose ² Second dose ³ Third dose ⁴ Fourth dose



Visit accesshma.com to log in to your HMA account

HEPCCIH-0515203

General Preventive Care for Adults

Take charge of your health with preventive care benefits available through your primary care provider (PCP) usually at no cost-share.*

All adults should find an in-network primary care doctor and use the chart below to start a discussion about which preventive services and screenings are right for you.*

Annual wellness physical exam

Screenings and/or counseling for:

- Blood pressure
- Diabetes
- Anemia
- Skin check
- Depression, suicide, family violence
- Hepatitis C, aged 18-79
- HIV, aged 15-65
- Sexually transmitted infection (STI)
- Dental and periodontal disease

Risk based screening and/or counseling for:

- Alcohol and drug misuse
- Tobacco use
- Obesity and diet
- Hepatitis B, Tuberculosis
- Cholesterol, lipid disorders
- Heart disease, statin use
- Type 2 diabetes
- Retinopathy if diabetic
- Dementia

Vaccinations:

- (link to full CDC schedule)
- Influenza- yearly

Preventive Medications:

- Inhaled corticosteroids if diagnosed with asthma
- Insulin and other glucose lowering agents, A1c testing and glucometer if diabetic
- ACE inhibitors, beta-blockers, aspirin if at high risk and meet specific criteria
- PrEP HIV prevention meds if meet certain criteria
- Statins if high risk and 40+

Additional Preventive Care to Discuss with Your Doctor Based on Age and Risk Factors**

Age 19-39, add:

Find an in-network primary care provider

Assigned female at birth

- Clinical breast exam
- Mammogram 1 baseline
- BCRA 1 and 2 testing if high risk
- Pelvic exam
- 1 pap test every 2 years

Assigned male at birth

- Testicular exam

Ages 40-64, add:

- Colon cancer screening, 45-75
- Lung cancer screening, 50-80
- Shingles vaccine, 50+

Assigned female at birth

- Mammogram, as recommended
- Bone density screening, if post menopausal

Assigned male at birth

- Prostate Cancer exam
- Testicular Exam

Age 65 and older, add:

- Fall prevention
- Glaucoma test
- Hearing impairment
- Pneumococcal vaccine

Assigned female at birth

- Pelvic exam and pap smear- if needed

Assigned male at birth

- Abdominal aortic aneurysm and under 75 and have smoked

Refer to your summary plan document at accesshma.com to log in to your HMA account. Contact our Customer Care by calling the number on the back of your Member ID card, Mon-Fri 6am-6pm PT for more information on your preventive care benefits.

***Consult with your doctor to determine what preventive care is right for you based on your medical history. Not all services listed may qualify as a part of your preventive care benefits. Services performed to diagnose or treat symptoms or provide routine care for chronic conditions may be subject to separate charges. Always ask your doctor about the type of services being rendered at your visit. [http://health.gov/myhealthfinder](https://health.gov/myhealthfinder) is also a great resource.**

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