

Member Guide

Using Your HMA Healthcare Benefits
Health Plan Basics | Additional Programs & Services

HMA

Your Guide to Better Healthcare with HMA

Welcome to Healthcare Management Administrators. Whether you're a new member or have been with us for years, our goal is to give you the tools and resources to make the most of your health plan benefits. As a valued member, we're committed to providing you with the support you need to navigate the complex world of healthcare. Our team is always just a phone call or click away, ready to assist you with finding doctors, understanding your coverage, or explaining unfamiliar healthcare terms. We are here to help you understand your care options and save money along the way.

About This Guide

Take a few minutes to review this guide for information on 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 statements

Online tools and resources available to help you along the way

Additional programs and services provided with 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. You can refer to those documents for more 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.

Welcome to the Member Portal

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

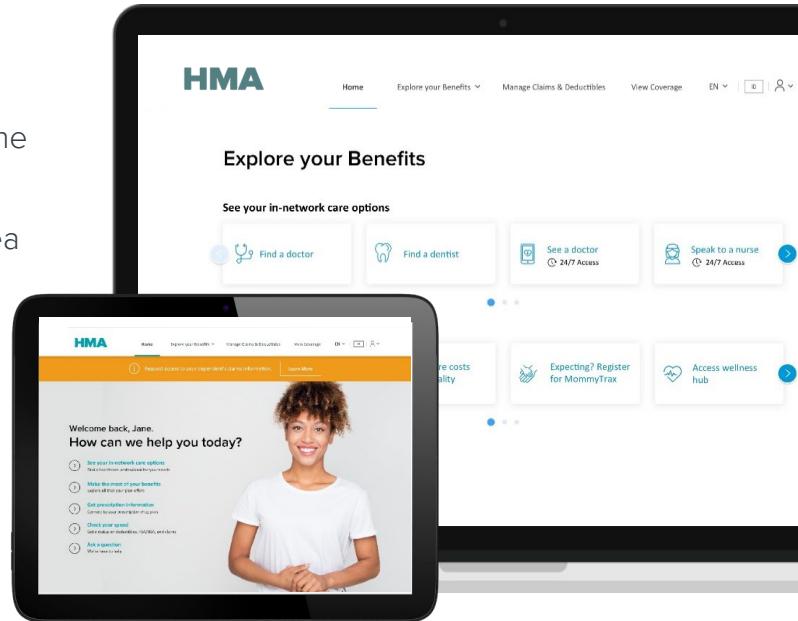
Connect to Your Health Plan

- 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 Member ID card
- Verify your coverage for services
- Explore exclusive discounts and more

Access the member portal



Scan Here



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.

Log in to the member portal using your email address and password.

Already have an account? You're all set!

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. Select the button "HMA Member Login" at the top of your screen.

2 On the log in page, click "Create an Account Now" and follow the directions by entering your full name, Employee ID, and date of birth.

3 Confirm your email address using the verification code that was sent to you.
You're ready to use the member portal!

For additional 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

Welcome to the HMA Mobile App

HMA

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.

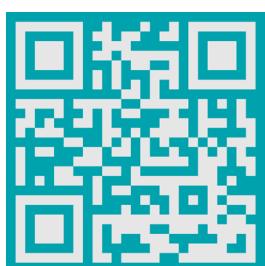
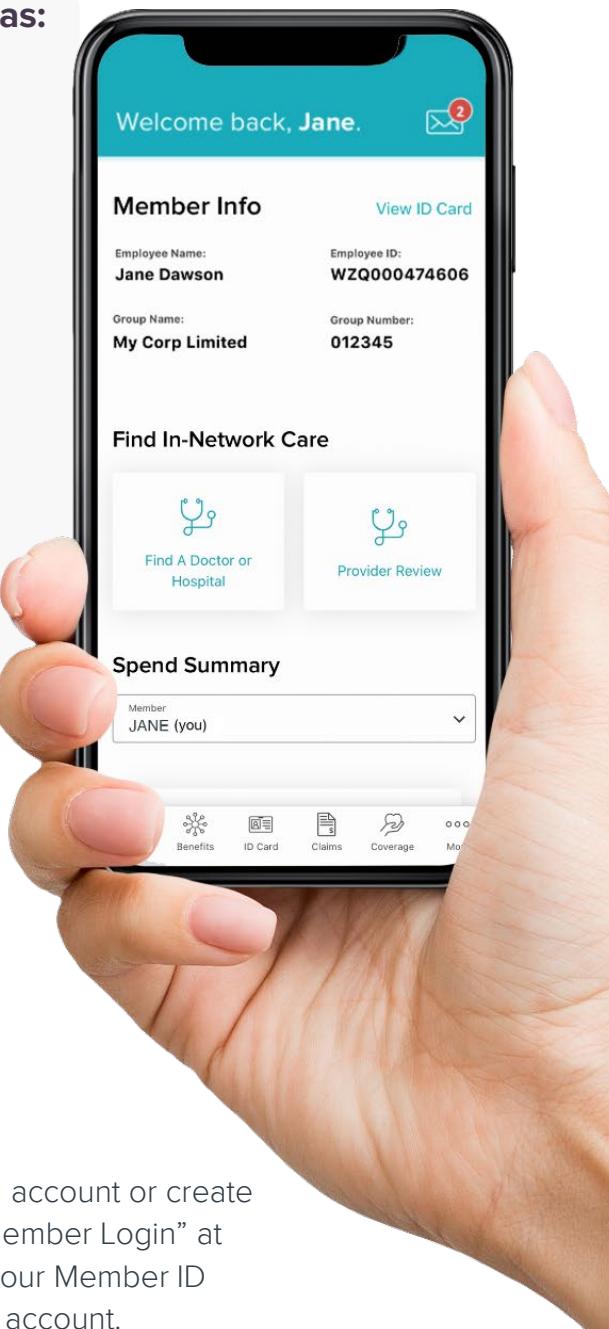
Access Claims and Benefits: Check the status of open claims, view yearly deductibles, copays, and out-of-pocket maximums for the entire family.

View Your Digital Member ID Card: Say goodbye to the worry of misplacing your Member ID card!

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.

Get More Benefits: Gain access to a wide range of services and discounts offered by your plan, right at your fingertips.



Get Started

Download the free HMA Mobile App in the Apple or Google Play Stores



Scan Here

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.

Visit accesshma.com to log in to your HMA account
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Transitioning Your Care to HMA

Welcome to HMA! Our Care Management team is here to help.

Help transition your care to HMA

As your new health benefits administrator, Healthcare Management Administrators (HMA), we want to make sure your transition to your new health plan goes smoothly! We are gathering information about any ongoing medical services, upcoming surgeries, or procedures that were previously covered by your previous insurance, including any prior authorizations you may have already in place with your healthcare provider(s). If we can't get this information from your previous health insurance plan, we have a dedicated Customer Care Team and processes in place to help ensure a smooth transition of your care. Contact HMA's Customer Care Team if you would like to confirm services, pre-authorizations, or have any questions regarding your transition of care. You can find the Customer Care phone number on the back of your Member ID card.

- Inpatient hospital admissions and outpatient surgeries
- Home health care and hospice care
- Radiation therapy (other than conformal radiation therapy)
- Durable medical equipment (DME) and prosthetics
- Infusions, injection drug therapy, and chemotherapy
- Inpatient acute rehabilitation and skilled nursing facility admissions
- Residential treatment programs, partial-hospital programs, and intensive outpatient rehabilitation programs
- Kidney dialysis
- Blood/marrow and solid organ transplants
- Formula for PKU or other inborn errors of metabolism
- Non-Urgent ambulance or cabulance services
- Gene therapy and adoptive cellular therapy
- Genetic testing

We use published evidence-based medical guidelines and the specific provisions documented in your Summary Plan Document (SPD) to make determinations on your benefits. We will review claims for these services prior to payment to ensure terms of the plan are met. We recommend that you secure prior-authorization with your healthcare provider.

While your HMA Care Manager may assist you in identifying appropriate medical services, as always, the final decisions regarding your health care remains between you and your healthcare providers.

Help for you and your family

If you or your dependents experience a serious illness, high medical bills, a long hospital stay, or a complex medical condition, our Care Management team is here to help. We'll coordinate your care, provide information about your health plan, and assist you in reaching our support team for guidance. Additional intervention beyond Utilization Management might not be required in all cases.

Help you get the right care in the right setting

HMA's Care Management Team helps you avoid unexpected out-of-pocket expenses by making sure you receive the right care at the right setting. They work with you and your healthcare providers to review services for medical necessity, appropriateness of setting, and benefits coverage.

“Our Care Manager really helped make a very, very difficult time much easier by her support. She helped ease the way with getting needed equipment, helping to correct bills and acting as my advocate in every way. She also gave me emotional support and encouragement to help me through the rough spots. I don't know how I would have made it through all this without her help. Thank you!



Understanding Your Member ID Card & the HMA Network

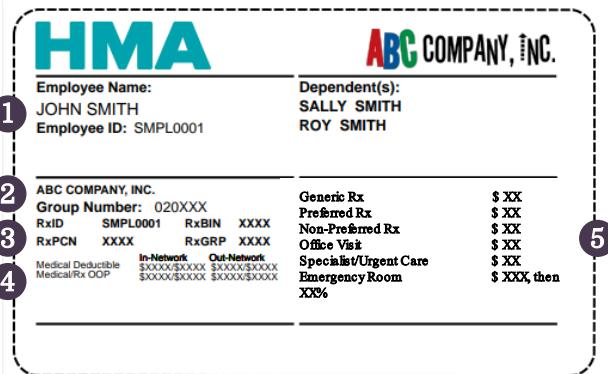
Learn about your HMA Member ID card and the HMA network configuration. This information can be shared with your doctor's office if they are not recognizing HMA.

Information on Your Member ID Card:

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

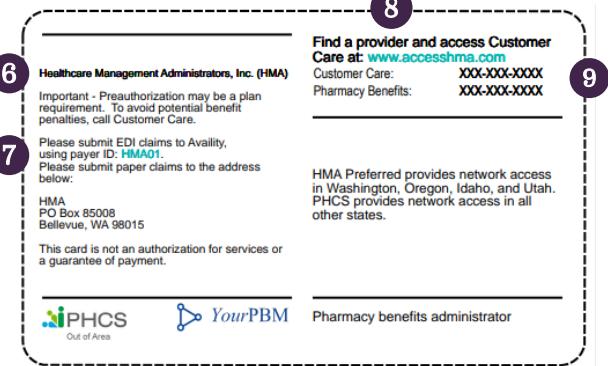
- 1 The employee name listed here is for the subscribing member of the health plan. All dependents enrolled on the plan use this employee ID number*
- 2 Your group ID number
- 3 Your Pharmacy information, if applicable
- 4 Your in-network deductibles, out-of-network deductibles, and out of pocket maximums**
- 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



*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



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

The HMA Network:

The HMA Network configuration includes 3 component networks: Regence, Asuris, and PHCS (MultiPlan). To assist with network recognition, you may let your provider know that HMA has access to the Regence Network of providers in Western WA, ID, OR, and UT. In Eastern Washington, HMA has access to the Asuris Network of providers and everywhere else in the U.S., HMA has access to the PHCS (MultiPlan) network of providers.

All claims should be submitted to the HMA claims Payer ID (HMA01) displayed on the member ID card.

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.

Buyer Beware of 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
Usually covered at a higher percentage	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 Out-of-Network Services

Out-of-Network Pricing

Because out-of-network 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**. It then pays a percentage based on your plan's benefit coverage design.

Warning: Out-of-Network Balance Bill Risk

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.**

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

You choose an In-Network Provider	You choose an Out-of-Network 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).

Find a Doctor or Hospital in the HMA Network

HMA

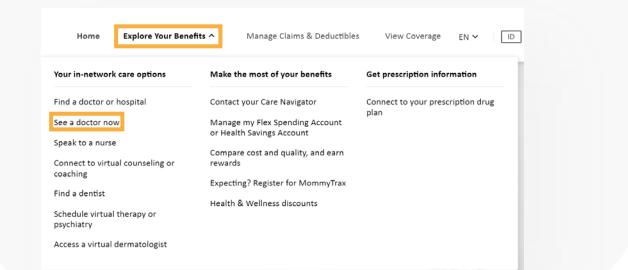
Your plan gives you access to the largest healthcare provider network in the Pacific Northwest. When you travel within the U.S., you also have access to a wide provider network. Find in-network providers for high-quality care at the best price.

Get started: log in to the HMA member portal

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

1

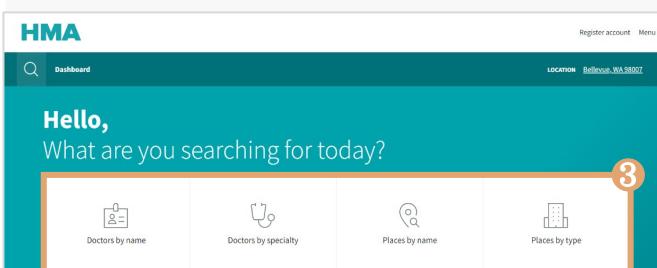
After logging in to your HMA account, select “Explore Your Benefits,” and then choose “Find a Doctor or Hospital.”



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.



If you or your doctor's office have any questions about your member benefits or plan coverage, contact HMA Customer Care 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
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2

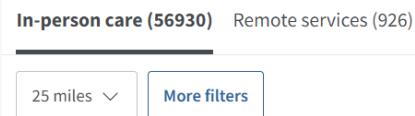
Enter a location. You can also switch to your current location by

 Use my current location



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.



5

Results can be viewed on a map by clicking the “Map,” button on the top right-hand side.

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

Network Extenders:

Digital Behavioral 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
  Boulder 	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
	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

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Network Extenders: Digital & In-person Providers

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

Providers	Focus	Offering	Get Started*
 eleanor health	<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 or visit www.eleanorhealth.com</p> <p>State(s) Available: WA</p>
 charlie health	<ul style="list-style-type: none"> • Trauma • Substance Use Disorder • LGBTQ 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 or visit www.charliehealth.com</p> <p>State(s) Available: WA, OR, ID, UT</p>
 Hazelden Betty Ford Foundation	<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 or visit www.hazeldenbettyford.org</p> <p>State(s) Available: WA, OR</p>
 zoomcare	<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>
 dispatchhealth	<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. CharlieHealth, Eleanor Health, Hazelden Betty Ford, Zoomcare, and DispatchHealth are separate companies.

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, you can 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.

How to access your national coverage:

1

Find in-network doctors and hospitals by logging in to the HMA member portal at accesshma.com

2

Once in, select “Find a doctor or hospital.”

3

Enter the city, state, or zip code where you would like to search.

Helpful reminders:

- ✓ Show them your HMA member ID card when you arrive at the doctor's office or hospital.
- ✓ Your provider can find coverage and claim information on the back of your member ID card.

For any required pre-certification or pre-authorization, call HMA's Customer Care Team at

1-800-869-7093

available 6 am – 6 pm PT,
Monday – Friday

In an emergency, go directly to the nearest hospital.

Prescription and Pharmacy Helpful Hints

If your pharmacy is unable to fill your prescription or process your pharmacy benefits, consider these questions to help figure out what might be causing the issue and find a 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.

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.

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.

Do you take medication daily?

Consider filling your prescription through your pharmacy benefits mail order program. Mail order can be a way to save time and money filling regular prescriptions.

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.

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 get the medication at a lower cost.

Specialty Medication Steerage Program

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

Transitioning to a more appropriate 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. Although they are not very common, they can be expensive because they require special handling and careful oversight from a trained healthcare provider.

How to Submit a Claim to HMA

If you receive medical, dental or vision services from an out-of-network (OON) provider, 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://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?context=hma>
- 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://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)
- Provider's NPI Number
- Diagnosis Codes (in ICD format)
- Provider's Tax ID Number (TIN)

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

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

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 explains how your health plan benefits were applied to the claim.

How to Read Your 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.

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.

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.

What should I do with this information?

Each time you receive an Explanation of Benefits (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.

Page 2 of 3
THIS IS NOT A BILL

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

Total Billed Amount	\$193.52	This is the total amount of charges during this period.
Discount & Adjustments	\$85.09	Sample Plan Administrators negotiates discounts with health care professionals and facilities to help you save money.

Page 3 of 3
THIS IS NOT A BILL

DETAILED CLAIM BREAKDOWN FOR JOHN SAMPLE

Provider: DOCTOR DOCTOR MD
Claim #: 0000000-01

Date & Type of Service	Amount Billed	Member Discount	Amount Not Covered	Reason Code	Amount Covered	Other Insurance Paid	Paid At	What Your Plan Paid	Deductible Amount	Co-insurance Amount	Co-pay Amount
05/12/06/13/2023 LABORATORY	\$185.00	\$85.09	\$0.00	PD	\$99.91	\$0.00	80%	\$79.93	\$0.00	\$19.98	\$0.00
05/12/06/13/2023 ADMINISTRATION FEES	\$5.00	\$0.00	\$0.00	SF	\$5.00	\$0.00	100%	\$5.00	\$0.00	\$0.00	\$0.00
05/12/06/13/2023 ADMINISTRATION FEES	\$3.52	\$0.00	\$0.00	SF	\$3.52	\$0.00	100%	\$3.52	\$0.00	\$0.00	\$0.00
TOTALS	\$193.52	\$85.09	\$0.00		\$108.43	\$0.00			\$0.00	\$19.98	\$0.00

COB Credit: \$0.00
Adjustments: \$0.00
Plan Paid: \$88.45 Amount You May Owe: \$19.98

Reason Code/Description
PD PREFERRED PROVIDER DISCOUNT: THE PATIENT IS NOT RESPONSIBLE FOR THIS AMOUNT
SF BLUECARD ACCESS FEE. FOR INTERNAL USE ONLY.

My Spend

Out-of-Pocket Medical/Rx - In-Network
2023

	\$90.00	\$6260.00	TOTAL AMOUNT: \$6,350.00
Used			

My Spend

Deductible Medical - In-Network
2023

	\$237.55	\$762.45	TOTAL AMOUNT: \$1,000.00
Used			

Out-of-Pocket Medical/Rx - In-Network
2023

	\$1330.23	\$5019.77	TOTAL AMOUNT: \$6,350.00
Used			

Family Spend

Deductible Medical - In-Network
2023

	\$237.55	\$2762.45	TOTAL AMOUNT: \$3,000.00
Used			

Out-of-Pocket Medical/Rx - In-Network
2023

	\$1420.23	\$11279.77	TOTAL AMOUNT: \$12,700.00
Used			

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

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.

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 the 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.

Go Paperless

Why go paperless? Enjoy the convenience of viewing and managing your EOB without searching through the mail. Securely access important documents anytime, anywhere.

- 1** Select “Communication Preferences” from the drop-down menu.
- 2** Select “Email” under EOB communication preferences.
- 3** Once signed up, you will start receiving EOB notices in your email once your health care service claim is completely processed. 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.

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.

Fitness Discounts

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

Hearing Aids

Discounts on hearing aids through TruHearing and Amplifon.

Meal Planning Services

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

Walgreens Smart Saving

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

Vision Care & LASIK

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

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.

Funeral Planning Service

\$50 off the enrollment fee for Everest suite of funeral planning services

Fitbit Product Store

Save on Fitbit devices, accessories, and Fitbit Premium.

Student Loan Refinancing

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

Pet Wellness Plans

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

How to access your deals and discounts

1 Log in to the HMA Member Portal

2 Select "Explore Your Benefits"

3 Select "Health & Wellness Discounts"

The deals and discounts are provided by separate companies to HMA members. These companies do not provide HMA products or services and are solely responsible for their product or services.

Visit accesshma.com to log in to your HMA account

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EMDDH-001-024

Telehealth with MDLIVE

Medical Urgent Care |
Mental Health, Psychiatry |
Virtual Dermatology

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 conditions that MDLIVE doctors can treat.

Common conditions include:

- Allergies
- Cold/Flu/Cough
- Constipation
- Diarrhea
- Pink Eye
- Sore Throat
- Sinus Infections
- Urinary Problems

Dermatology:

- Acne
- Rashes
- Cold sores
- Dandruff
- Eczema
- Nail concerns
- Rosacea/Psoriasis



Mental 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 the 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.

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!

To access Sophie, text "HMA" to **635483** and follow the link to register or call **1-877-596-8826**.

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

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/>.

Visit accesshma.com to log in to your HMA account

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Price Comparison Tool

Powered by **Healthcare Bluebook**

Get cost estimates and find the best in-network medical care!

Your Plan provides you access to Healthcare Bluebook's Price Comparison Tool to find savings for all shoppable procedures.* This tool makes it easy to search for the Fair Price™ and compare estimated procedure costs between facilities including what your personal deductible and out-of-pocket cost share will look like.

What is a Fair Price™?

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

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

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

Spinal Fusion



Log in to your member portal by navigating to accesshma.com

Click "Explore Your Benefits", "Shop and compare procedure costs" and, follow the steps below

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

Get an instant estimate of your out-of-pocket cost based on your coverage.

Verify in-network status with the provider and schedule your procedure.

*shoppable procedures are services that are: able to be scheduled, are high volume, and have a high-cost variance. These include both in and outpatient procedures.
**Always check network status before receiving scheduled services.

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

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

Visit accesshma.com to log in to your HMA account

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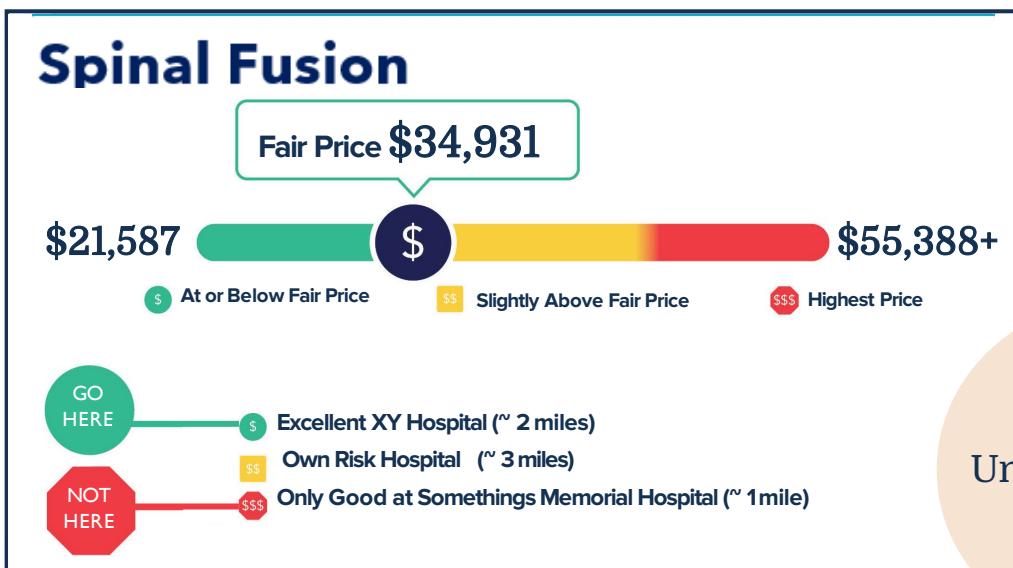
Price Comparison Tool

(continued)

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



Information shown is for illustrative purposes only.



Example out-of-pocket cost estimate

The average price for Spinal Fusion with these providers: **\$23,302**

ABC University Hospital

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

Out of Pocket Balances:

Individual deductible \$3,000 maximum:	
\$1,000 spent	\$2,000 remaining
Individual out-of-pocket \$4,000 maximum:	
\$1,000 spent	\$3,000 remaining
Family deductible \$6,000 maximum:	
\$2,000	\$4,000 remaining
Family out-of-pocket \$8,000 maximum:	
\$2,000 spent	\$6,000 remaining

Know Where to Go

Save time and money by choosing an in-network facility or the right location when the unexpected happens. More than half of visits to the emergency room are for non-emergencies. Knowing where to go for care helps you access the right care faster.

Use the charts below to choose the appropriate level of care to start feeling better.

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



Utilizing Urgent Care

Be prepared and know which urgent care providers are in your network for accidents and illnesses. Urgent care is cheaper than the emergency room and can provide immediate care, except for complex conditions.

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:

→ Sore throat

→ Minor cuts

→ Mild fever

→ Cold and flu symptoms

→ Skin conditions

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.



Example - Member Healthcare Journey

Meet Joe

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 must 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.



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 consult the chart below to start a discussion about which preventive services and screenings are right for you.*

Annual wellness physical exam	Vaccinations:	Influenza- yearly link to full CDC schedule
<p>Screenings and/or counseling for:</p> <ul style="list-style-type: none"> • 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 	<p>Risk based screening and/or counseling for:</p> <ul style="list-style-type: none"> • 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 	<p>Preventive Medications:</p> <ul style="list-style-type: none"> • 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**

Assigned female at birth	Assigned male at birth	All genders
<p>Age 19-39:</p> <ul style="list-style-type: none"> • Clinical breast exam • Mammogram 1 baseline • BCRA 1 and 2 testing if high risk • Pelvic exam • 1 pap test every 2 years <p>Age 40-64:</p> <ul style="list-style-type: none"> • Mammogram, as recommended • Bone density screening, if post menopausal 	<p>Age 19-39:</p> <ul style="list-style-type: none"> • Testicular exam <p>Age 40-64:</p> <ul style="list-style-type: none"> • Prostate Cancer exam • Testicular Exam 	<p>Age 40-64:</p> <ul style="list-style-type: none"> • Colon cancer screening, 45-75 • Lung cancer screening, 50-80 • Shingles vaccine, 50+ <p>Age 65 and older:</p> <ul style="list-style-type: none"> • Fall prevention • Glaucoma test • Hearing impairment • Pneumococcal vaccine

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. For additional resources: <http://health.gov/myhealthfinder>

**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, PublicHealth at PublicHealth.org, the Centers for Disease Control and Prevention (CDC), and the U.S. Preventive Services Task Force uspreventiveservicestaskforce.org.

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 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:	<ul style="list-style-type: none"> 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) Scoliosis, adolescent idiopathic Hepatitis B/C, HIV, and Cholesterol screening (if at risk) 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 		
Preventive Medications:	<ul style="list-style-type: none"> 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:	<ul style="list-style-type: none"> 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:	<ul style="list-style-type: none"> Birth control Folic acid supplements
Procedures:	<ul style="list-style-type: none"> 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.

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Well-child Exam and Immunization Schedule

HMA

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 ⁴ Any 12-month immunizations not already given HepB ³ VAR ¹	11 -12 Years	Tdap Flu shot HPV ¹ MCV
2 Months	HepB ² RV ¹ DTaP ¹ Hib ¹ PCV ¹ IPV ¹	24 Months	HepA Flu Shot	13-15 years	HPV ² Flu Shot
4 Months	RV ² DTaP ² Hib ² PCV ² IPV ²	3 Years	Flu Shot	16 years	MCV ² Chickenpox blood test
6 Months	PCV ³ DTaP ³ IPV ³ Flu Shot	4-6 Years	Vision screen Hearing screen Chickenpox Flu shot DTaP ⁵ IPV ⁴ MMR ² VAR ²	5-18 Years	Annual Flu shot
9-12 Months (1 year)	Hib ⁴ PCV ⁴ COVID-19				

IMMUNIZATION DEFINITIONS + KEY

Chickenpox: Varicella (Not before first birthday)

DTaP: Diphtheria, tetanus, acellular pertussis/whooping cough (5-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 (4-dose series)

PCV: Pneumococcal conjugate (4-dose series)

MCV: Meningococcal disease

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

RV: Rotavirus (3-dose series)

VAR: Varicella (2- dose series)

TDAP: Tetanus, Diphtheria, & acellular pertussis

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

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

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