Plan Year 2026-2027

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.

Visit **accesshma.com** to log in to your HMA account

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ME-H-006-v2-26

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

Connect to your prescription drug plan

Find in-network doctors or hospitals and verify coverage for services

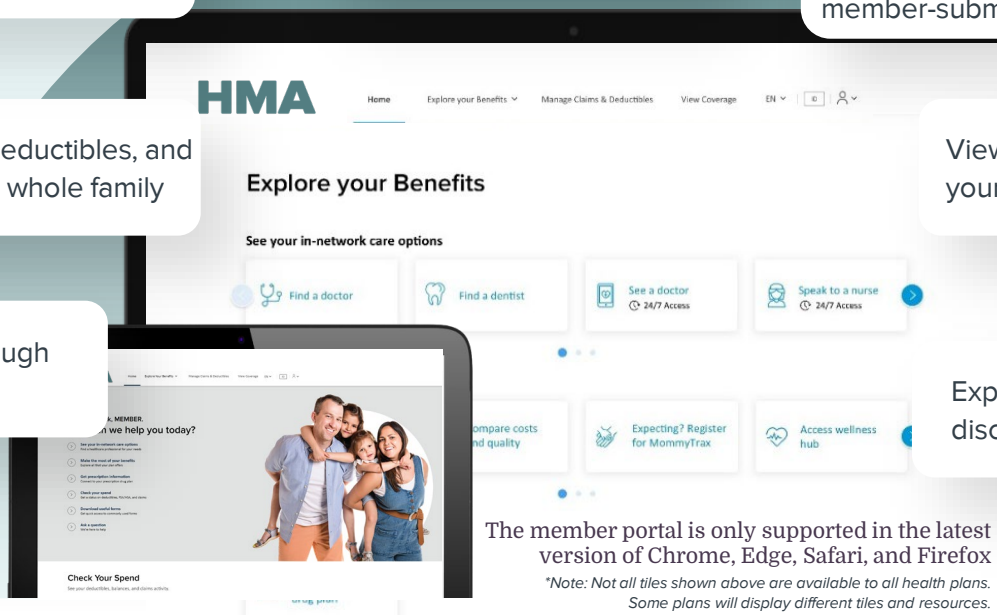
Select Email explanation of benefits (EOB) to allow electronic reimbursement for member-submitted claims

Access claims, deductibles, and spending for the whole family

View, print, or share your Member ID card

Ask questions through email or live chat

Explore exclusive discounts and more



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.*

Access the member portal

Scan Here

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

Already have an account? You're all set!

Members aged 13 and older must provide consent for their parents or guardians to access their personal health information.

Creating an account for the first time?

Before you start, you will need either your employee ID number (found on your Member ID card) or the last four digits of your social security number (SSN).

1. To create an account, visit **accesshma.com**. Select the button "HMA Member Login" at the top of your screen.
2. On the login page, select "Create an Account Now" and follow the steps. Use your employee ID or the last four digits of your social security number (SSN) to register.
3. Confirm your email address using the verification code that was sent to you.

You're ready to use the member portal!

Need help? Call our HMA Customer Care Team at the number on your Member ID card (Monday–Friday, 5:00 AM–6:00 PM PT), or sign in to the member portal for live chat support. We're here to assist you.

Visit **accesshma.com** to log in to your HMA account

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Welcome to the HMA Mobile App

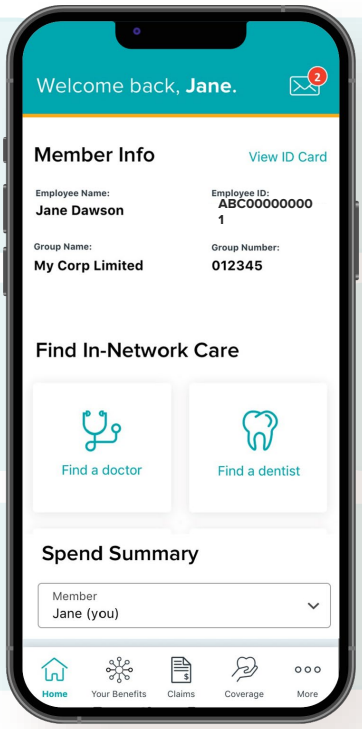
Quickly and securely access your benefits and services at home or on the go.

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.

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

Click to Connect:
Connect with Customer Care by call or live chat right in the app.



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

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

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

If you need to create an account:

1. Go to **accesshma.com** to create a new account. *(You can only create an account on the website)*
2. After creating your account, download the HMA mobile app.
3. Open the app and tap the "HMA Member Login" button at the top of the screen.
4. Enter your Employee ID number from your Member ID card to log in.

If you do not have an account:

1. Download the HMA mobile app.
2. Sign in using your existing account.
3. Tap the "HMA Member Login" button at the top of the screen.
4. Enter your Employee ID number from your Member ID card to log in.

Get Started

Have a member portal account already? Download the free HMA Mobile App in the Apple or Google Play Stores

Download on the App Store

GET IT ON Google Play

Need help? Live chat or call our **Customer Care Team** using the number on the back of your Member ID card, Monday–Friday, 5:00 am–6:00 pm PT.

Visit **accesshma.com** to log in to your HMA account

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Understanding Your Member ID Card & the HMA Network

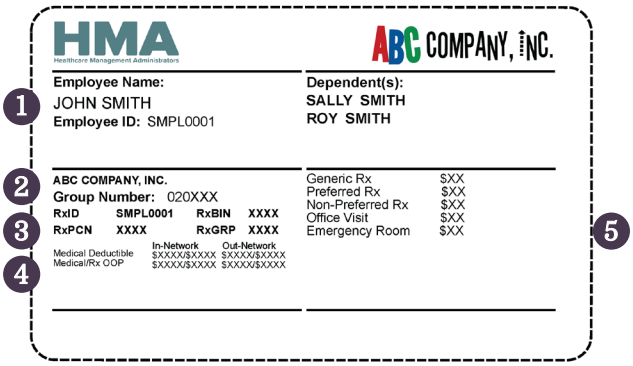
Learn about your HMA Member ID card and the HMA network configuration. This information can be shared with your doctor's office if they are not recognizing HMA.

Information on Your Member ID Card:

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

Front of the ID card

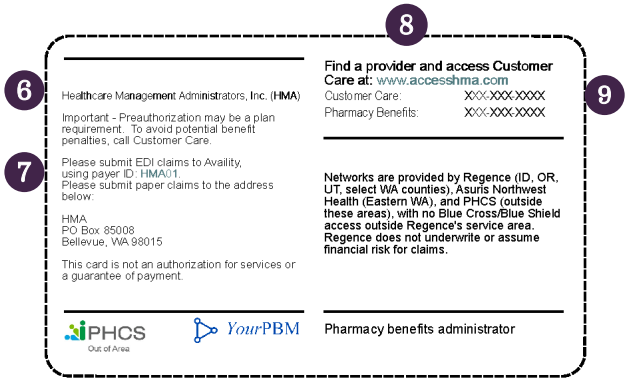
1. The employee name listed here is for the subscribing member of the health plan. All dependents enrolled on the plan use this employee ID number*
2. Your group ID number
3. Your Pharmacy information, if applicable
4. Your in-network deductibles, out-of-network deductibles, and out of pocket maximums**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



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

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**



***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 Northwest Health (Asuris), and PHCS.
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 and PHCS Out-o-f Area network of providers**. All claims should be submitted to the HMA claims Payer ID (HMA01) displayed on the member ID card.**

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

Visit **accesshma.com** to log in to your HMA account

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Find a Provider or Hospital in WA,OR, ID, UT

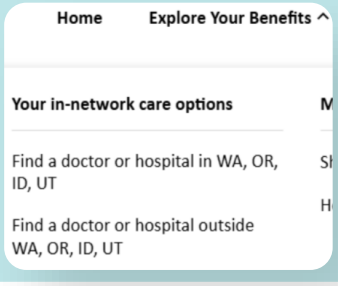
Your plan gives you access to the largest healthcare provider network in the Pacific Northwest. When you travel within the U.S., you also have access to a wide provider network (PHCS/PHCS OOA). Find in-network providers for high-quality care at the best price.

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.

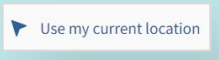
01

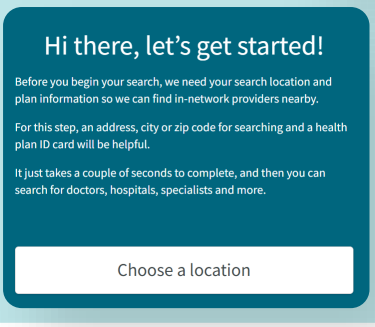
After logging in to your HMA account, select "Explore Your Benefits," and then choose "Find a Doctor or Hospital in WA, OR, ID, UT."



02

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

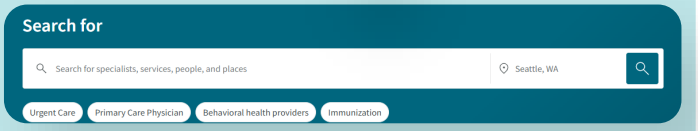




03

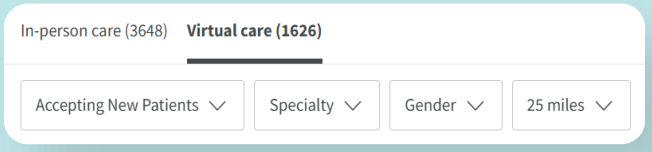
On the main screen, type what you are searching for in the search bar or select one of the shortcuts below the search bar.

Click on the to generate results



04

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 "Virtual Care," tab on the top left.



05

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

Helpful reminders:

- ✓ Show 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.

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.

If you or your doctor's office have any questions about your member benefits, plan coverage, pre-certification, or pre-authorization, contact HMA Customer Care by calling the number on the back of your Member ID card, Monday-Friday, 5:00 AM-6:00 PM PT.

Visit accesshma.com to log in to your HMA account

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Find a Doctor or Hospital Outside WA,OR, ID, UT

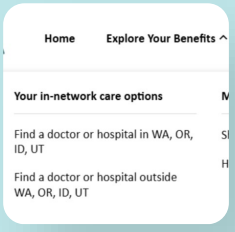
Your plan gives you access to the largest healthcare provider network in the Pacific Northwest. When you travel within the U.S., you also have access to a wide provider network (PHCS/PHCS OOA). Find in-network providers for high-quality care at the best price.

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.

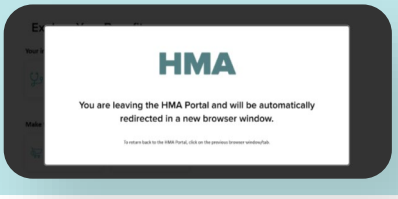
01

After logging in to your HMA account, select "Explore Your Benefits," and then choose "Find a Doctor or Hospital outside WA, OR, ID, UT."



02

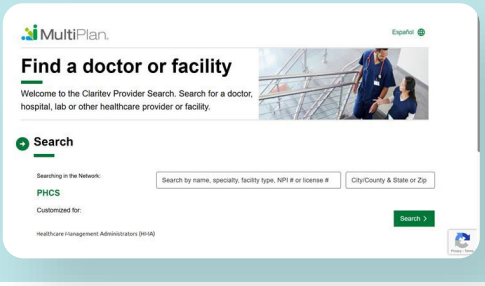
You will be redirected to another site.



03

Enter a location.

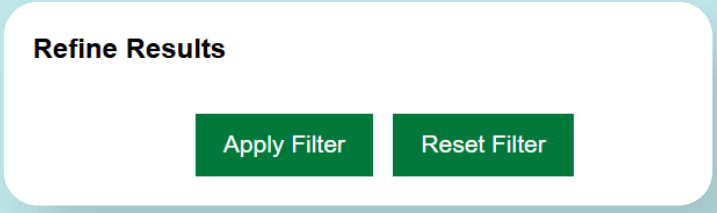
On the main screen, type what you are searching for in the search bar. Click on the green search to generate results.



04

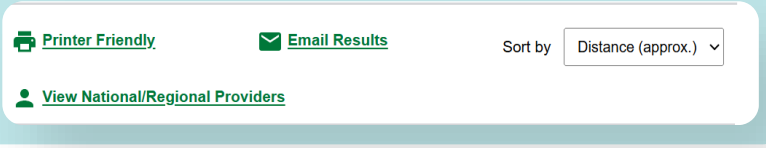
Refine your search results by using the "Apply Filter," on the left side of the screen.

Sort by Distance, A.



05

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



Helpful reminders:

- ✓ Show 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.

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.

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, 5:00 AM-6:00 PM PT.

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ME-H-006-v2-26

How to Tell Your Doctor's Office About HMA

As your new health benefits administrator, we want to make sure you have the support you need to make the most out of your plan. Starting with how to tell your doctor's office about HMA.

Why does this matter to me?

Your doctor's office might mistakenly contact another HMA and be told you are not showing up as a member. This error can occur because there are other companies with the acronym "HMA." If your claim is sent to the wrong carrier, it may result in denied care or delayed or denied payment of claims.

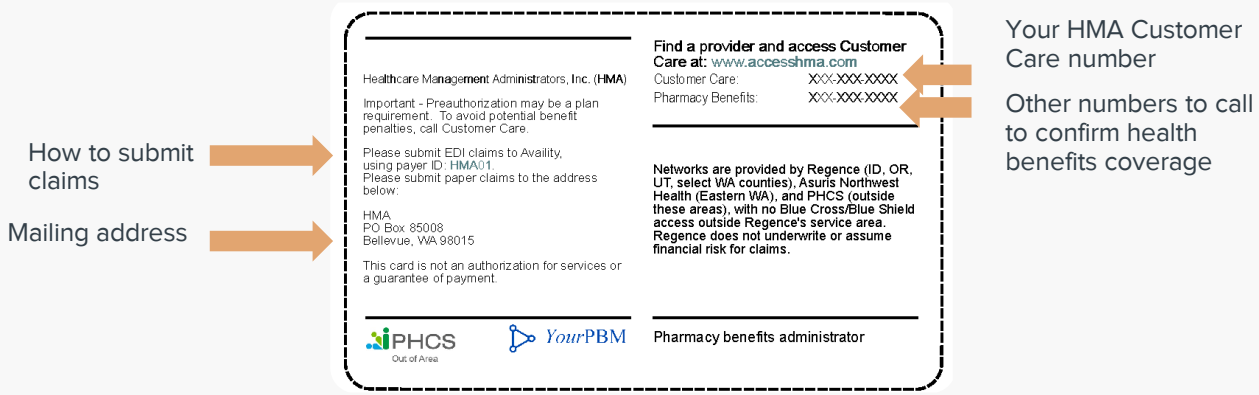
Make sure they contact **Healthcare Management Administrators**.

How can I help clear the confusion?

1. When showing your HMA member ID card to your doctor's office, make sure to tell them that you are with Healthcare Management Administrators.

HMA
Healthcare Management Administrators

2. Point out the different phone numbers, mailing address, and claims payer ID on the back of your member ID card.



If either you or your doctor's office have any questions about your member benefits or plan coverage, contact HMA at **1-800-869-7093** or visit **accesshma.com**

ME-H-003-026

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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	May require you to submit claims on your own
Meets our quality standards	We have not reviewed their quality
	May 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).

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 are able to access your health plan benefits.

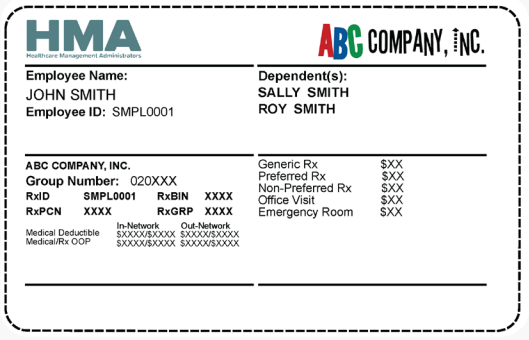
Overview of PHCS Network Services

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).

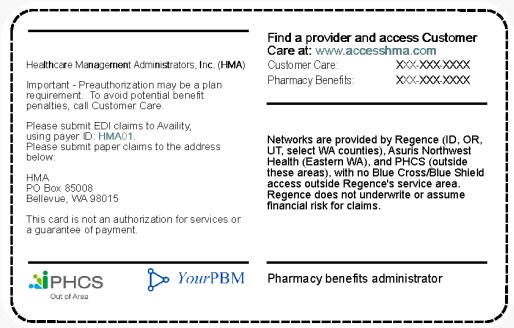
Identify Your PHCS Network

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.

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).

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.

Visit **accesshma.com** to log in to your HMA account

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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.*

AbleTo

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 (877) 622-0013

bend

General Mental Health*

Bend Health is a virtual-only specialized pediatric and young adult behavioral health program providing comprehensive mental health services. Offering routine and urgent appointments, Neuropsychological Testing and Intensive Outpatient Program (IOP). For ages 1-25.

Visit www.bendhealth.com Call (800) 516-0975

Boulder

Substance Use Disorders*

- **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 18+. Also supports adolescents in Washington state with OUD.

Visit start.boulder.care Call (866) 347-9635

charlie health

General Mental Health*

Charlie Health offers virtual Intensive Outpatient Program (IOP) for people who need more than once-weekly therapy. For ages 8-64.

Visit www.charliehealth.com Call (986) 206-0414 State(s) Available: WA, OR, ID, UT

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

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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.*

eleanor health

- **Substance Use Disorder***
- **General Mental Health***

Eleanor Health provides virtual support including medication-assisted treatment, psychiatry, therapy and counseling, and recovery coaching. For members ages 18 and older.

Visit www.eleanorhealth.com Call (877) 759-5017 State(s) Available: WA, ID

Equip

Virtual Eating Disorder Treatment

Equip provides evidence-based, virtual treatment for eating disorders. Equip treats patients of all ages and all eating disorder diagnoses.

Visit www.equip.health Call (855) 387-4378

meru health

General Mental Health*

Meru Therapy offers members two distinct programs. Meru Therapy is therapist guided support for mild to moderate life changes for members aged 13+. Meru Advanced is a specialized program offering support for severe, complex or treatment-resistant conditions for members 18+.

Visit www.meruhealth.com Call (833) 940-1385

nocd

Obsessive Compulsive Disorder (OCD)

NOCD provides therapy for OCD through live video sessions with a with a licensed ERP trained therapist. For ages 5+.

Visit www.nocd.com Call (312) 766-6780

talkspace

General Mental Health*

Talkspace provides mental health support privately and conveniently online. Receive therapy, psychiatry, or couples counseling from highly qualified licensed providers. Therapy is offered for ages 13+ and psychiatry/medication management for ages 18+.

Register at www.talkspace.com

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

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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.

dispatchhealth

- **Urgent Care**
- **House Calls**

DispatchHealth provides urgent care house calls 7 days/week. For members ages 3 months and older.

Visit www.dispatchhealth.com

State(s) Available: WA, OR

growtherapy

- **Virtual and In-person Outpatient Mental Health Care**

Grow connects members to virtual and in person providers within their networks. Both therapy and psychiatry/medication management is offered. For ages 6+

Visit www.growtherapy.com

Call (646) 687-9932

State(s) Available: WA, OR, ID, UT

Hazelden Betty Ford Foundation

- **Substance Use Disorder**
- **Mental Health Treatment**

Hazelden Betty Ford offers prevention, early identification, and treatment of mental health and substance use disorders, including medication assisted therapy and high-intensity outpatient programs. Limited virtual services are available. For members ages 18 and older.

Visit www.hazeldenbettyford.org Call (877) 361-9611

State(s) Available: WA, OR

*May not be available in all state counties. Standard deductibles and copay apply. DispatchHealth, Grow Therapy, and Hazelden Betty Ford are separate companies.

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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.

Headway

- **Virtual and In-person Outpatient Mental Health Care**

Headway connects members to virtual and in person providers within their networks. Both therapy and psychiatry/medication management is offered. For ages 1+.

Visit www.headway.com

Call (646) 941-7645

State(s) Available: WA, OR, ID, UT

Rula

General Mental Health

Rula is a mental health provider group enabled by technology serving ages 5+ for therapy and 13+ for medication management and psychiatry.

Register at www.rula.com

State(s) Available: WA, OR, ID, UT

zoomcare

- **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.

Visit www.zoomcare.com/schedule or download the iOS or Android App

State(s) Available: WA, OR, ID

*May not be available in all state counties. Standard deductibles and copay apply. Headway, Rula and Zoomcare are separate companies.

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Vision Benefits + Medical Eye Care

Your plan may cover eye-related services in two different ways:

- Vision benefits are typically for routine eye exams and vision hardware (like glasses or contacts).
- Medical eye care is for diagnosing or treating eye conditions and may be covered under your medical plan.

Know what's covered

Access your vision benefits online from the HMA member portal by following the steps below:

1. Select "View coverage" tab
2. Click on "Benefit Plan Details"
3. Open "Vision Benefits Summary"

Medical Eye Care

To find a provider for Medical Eye Care in the HMA network, log into the HMA portal and follow the steps below:

1. After logging in, select "Find a Doctor" on your home dashboard
2. Enter a location. You can also switch to your current location by selecting the arrow.
3. Use the single search bar to search for optometry, ophthalmology, or by specific provider.

Routine Visit & Vision Hardware (Vision Plan)

Your vision coverage is an indemnity vision plan, which means you may visit any licensed eye care professional. You may be asked to pay at time of service and submit your vision claim for reimbursement.

Submit Your Vision Claim

What you will need to submit your claim:

- Keep your receipts for all services you paid for out of pocket.
- Make sure your receipt includes the diagnosis and CPT codes.
- Confirm your provider won't bill for services. This will prevent duplicate claims.

To submit your claim on our 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 blue "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.

If you have any questions, HMA's Customer Care Team is available to help.
Monday-Friday from **5 am to 6 pm PT** at **1-800-869-7093**.

Disclaimer: Always call the provider AND facility to verify in-network status for Medical Eye Care 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

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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 get the medication at a lower cost.

Specialty Medication Steerage Program

Our Specialty Medication Support Team works to transition specialty medication injections and infusions out of a hospital setting, and into an alternative site of care, when it is safe to do so.

Transitioning to an alternative site 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 an alternative site, 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.

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ME-H-006-v2-26

HMA

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/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://www.accesshma.com/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 the HMA portal.

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

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

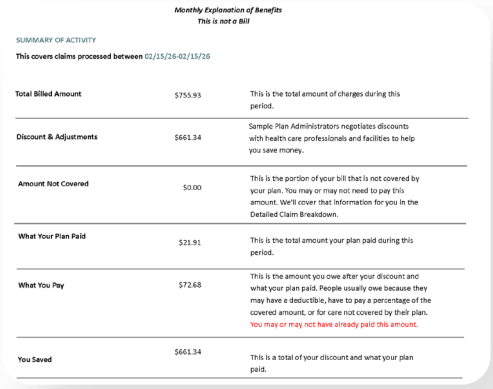
What should I do with this information?

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.

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.



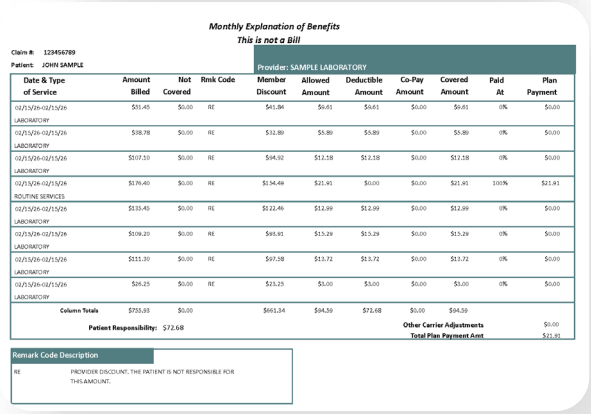
Monthly Explanation of Benefits
This is not a Bill

SUMMARY OF ACTIVITY

This covers claims processed between 02/15/26-02/15/26

Total Billed Amount	$755.93	This is the total amount of charges during this period.
Discount & Adjustments	$661.34	Sample Plan Administrators negotiates discounts with health care professionals and facilities to help you save money.
Amount Not Covered	$0.00	This is the portion of your bill that is not covered by your plan. You may or may not need to pay this amount. We'll cover that information for you in the Detailed Claim Breakdown.
What Your Plan Paid	$21.91	This is the total amount your plan paid during this period.
What You Pay	$72.68	This is the amount you owe after your discount and what your plan paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. You may or may not have already paid this amount.
You Saved	$661.34	This is a total of your discount and what your plan paid.

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.



Monthly Explanation of Benefits
This is not a Bill

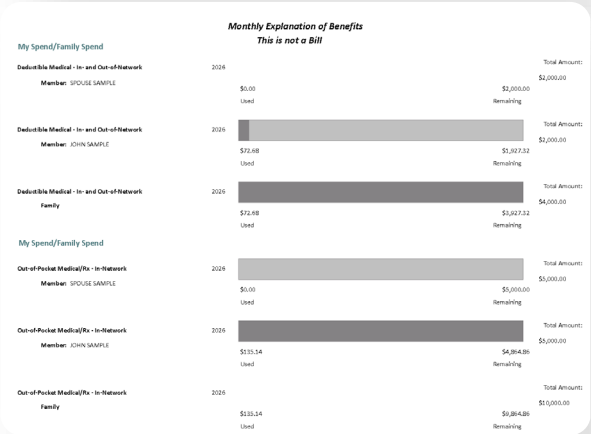
Claim #: 123456789
Patient: JOHN SAMPLE

Provider: SAMPLE LABORATORY

Date & Type of Service	Amount Billed	Not Covered	Rmk Code	Member Discount	Allowed Amount	Deductible Amount	Co-Pay Amount	Covered Amount	Paid At	Plan Payment
02/15/26-02/15/26 LABORATORY	$51.45	$0.00	RE	$41.84	$9.61	$9.61	$0.00	$9.61	0%	$0.00
02/15/26-02/15/26 LABORATORY	$38.78	$0.00	RE	$32.89	$5.89	$5.89	$0.00	$5.89	0%	$0.00
02/15/26-02/15/26 LABORATORY	$107.50	$0.00	RE	$94.92	$12.58	$12.58	$0.00	$12.58	0%	$0.00
02/15/26-02/15/26 ROUTINE SERVICES	$176.40	$0.00	RE	$154.49	$21.91	$0.00	$0.00	$21.91	100%	$21.91
02/15/26-02/15/26 LABORATORY	$133.45	$0.00	RE	$122.46	$12.99	$12.99	$0.00	$12.99	0%	$0.00
02/15/26-02/15/26 LABORATORY	$109.20	$0.00	RE	$93.91	$15.29	$15.29	$0.00	$15.29	0%	$0.00
02/15/26-02/15/26 LABORATORY	$111.30	$0.00	RE	$97.58	$13.72	$13.72	$0.00	$13.72	0%	$0.00
02/15/26-02/15/26 LABORATORY	$26.25	$0.00	RE	$23.25	$3.00	$3.00	$0.00	$3.00	0%	$0.00
Column Totals	$755.93	$0.00		$661.34	$94.59	$72.68	$0.00	$94.59		
Patient Responsibility: $72.68								Other Carrier Adjustments		$0.00
								Total Plan Payment Amt		$21.91

Remark Code	Description
RE	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.



Monthly Explanation of Benefits
This is not a Bill

My Spend/Family Spend

Deductible Medical - In- and Out-of-Network — Member: SPOUSE SAMPLE — 2026 — $0.00 Used — $2,000.00 Remaining — Total Amount: $2,000.00

Deductible Medical - In- and Out-of-Network — Member: JOHN SAMPLE — 2026 — $72.68 Used — $1,927.32 Remaining — Total Amount: $2,000.00

Deductible Medical - In- and Out-of-Network — Family — 2026 — $72.68 Used — $3,927.32 Remaining — Total Amount: $4,000.00

My Spend/Family Spend

Out-of-Pocket Medical/Rx - In-Network — Member: SPOUSE SAMPLE — 2026 — $0.00 Used — $5,000.00 Remaining — Total Amount: $5,000.00

Out-of-Pocket Medical/Rx - In-Network — Member: JOHN SAMPLE — 2026 — $135.14 Used — $4,864.86 Remaining — Total Amount: $5,000.00

Out-of-Pocket Medical/Rx - In-Network — Family — 2026 — $135.14 Used — $9,864.86 Remaining — Total Amount: $10,000.00

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How to Sign Up for Electronic Explanation of Benefits (EOB) and Reimbursements

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. To receive electronic reimbursements, you must sign up for electronic EOBs.

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? Securely access important documents anytime, anywhere, and enjoy the convenience of electronic claim reimbursement options.

1	Select “Communication Preferences” from the drop-down menu.
2	Select “Email” as your preferred EOB communication method. **To receive claim reimbursements electronically, you must set your EOB preferences to email.***
3	Once signed up, you will start receiving EOB notices in your email once your healthcare service claim is completely processed. Notice 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.

*If you don’t choose email for your EOBs, you’ll receive a paper check mailed to the address we have on file.

Visit **accesshma.com** to log in to your HMA account

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Choose Your Claims Reimbursement Preferences – Electronic or Paper Check

To get electronic reimbursements for claims you submit, you must have a member portal account and choose email as your delivery method for explanation of benefits (EOB). You can receive reimbursements through direct deposit to your bank account, Zelle, or digital check.

Access Electronic

1

Visit **accesshma.com** and select the HMA Member Login button on the top of the page to log into the member portal.

2

Click on the profile icon 

to make changes to your account preferences and select "Choose Communication Preferences."

3

Change Explanation of Benefits (EOB) from Paper to Email and click save.

4

After updating your preferences, you'll get an email from SelectPay. Open the email and click the link to choose how you want to get paid—by debit card, direct deposit, Zelle, or eCheck. If you do not change your preferences, a paper check will be mailed to the address we have on file.

IMPORTANT:

If you do not complete the above steps, you can expect a paper check mailed to the address we have on file in about three weeks. To receive claim reimbursements electronically, you must also set your EOB preferences to email.

Visit **accesshma.com** to log in to your HMA account

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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.

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.
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.
Pet Wellness Plans	No enrollment fee for Optimum Wellness Plans at Banfield Pet Hospitals.
Vision Care & LASIK	Save on laser vision correction, contact lenses, and eyeglasses with QualSight LASIK, and Zenni Optical.
Fitbit Product Store	Save on devices that help you track progress on reaching your fitness goals. Includes discounts on top manufacturers like FitBit and Garmin.
Health & Wellness Products	Discounts on products like aromatherapy, air health, light therapy lamps, massage therapy devices, and more.
Meal Planning Services	Complimentary shipping ($14.95 value), fresh-made meals prepared for yourself or your loved one with Mom's Meals NourishCare®.
Student Loan Refinancing	Comprehensive solution to help borrowers reduce their debt by refinancing and consolidating their student loans.
Walgreens Smart Saving	Access 20% smart saver discount on eligible Walgreens brand over-the-counter health and wellness products.

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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ME-H-006-v2-26

MD Live® Virtual Care

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.

HMA

See a doctor anytime, anywhere.

Consult with a board-certified doctor 24-hours a day, 7 days a week by phone, secure video, E-Treatment or through the MDLIVE App.



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" 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 **1-877-596-0967**.

MDLIVE, Inc. 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/.

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HMA

Price Comparison Tool

Powered by **Valenz Bluebook**

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

Your Plan provides you access to Valenz 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.

Valenz 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



1. Log in to your member portal by navigating to **accesshma.com**
2. Click "Explore Your Benefits", "Shop and compare procedure costs" and, follow the steps below
3. Search for the medical procedure and the location where you want to seek care.
4. Get an instant estimate of your out-of-pocket cost based on your coverage.
5. 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.

Valenz 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 5:00 a.m. – 6:00 p.m. PT.

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

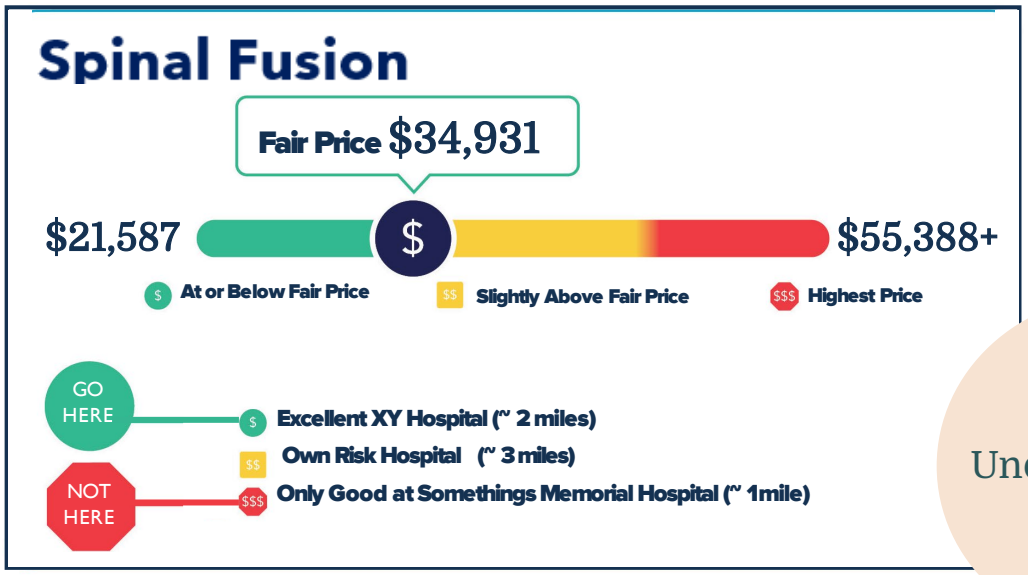
Visit **accesshma.com** to log in to your HMA account

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Price Comparison Tool
(continued)

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

Information shown is for illustrative purposes only.



Easy to Understand Cost Estimates

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

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

Visit **accesshma.com** to log in to your HMA account

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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
- → Mild fever
- → Skin conditions
- → Minor cuts
- → Cold and flu symptoms

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What You Need to Know About Paying for Your Healthcare

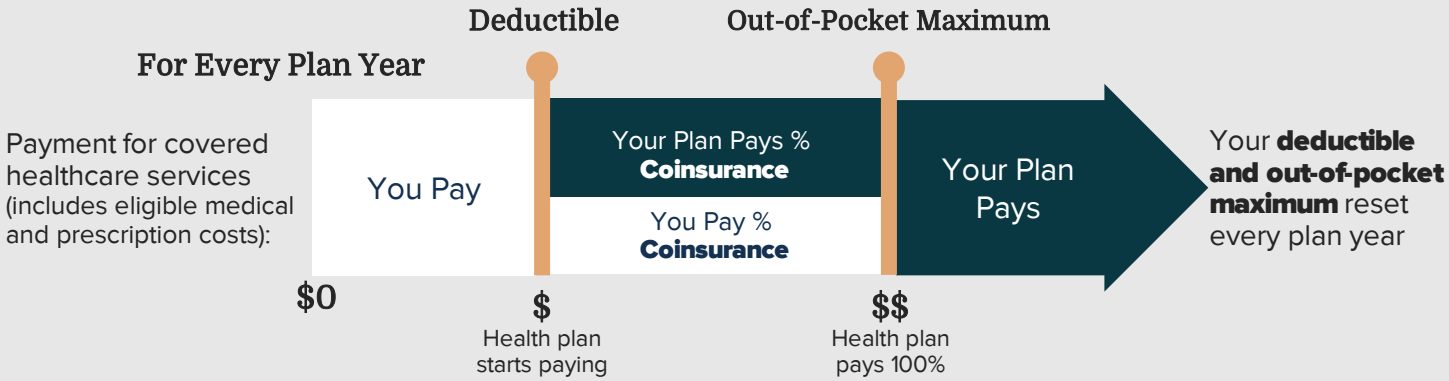
Key terms

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.



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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

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

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**

Assigned female at birth

Age 19-39:

- Clinical breast exam
- Mammogram 1 baseline
- BCRA 1 and 2 testing if high risk
- Pelvic exam
- 1 pap test every 3 years (starting at 21 until 65)

Age 40-74:

- 1 Pap test every 3 years (65+ stop if you've had 3 normal in a row the past 10 years
- Mammogram, as recommended
- Bone density screening, if post menopausal

Assigned male at birth

Age 19-39:

- Testicular exam

Age 40-64:

- Prostate Cancer exam
- Testicular Exam

All genders

Age 40-64:

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

Age 65 and older:

- 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 5am-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.

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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:	• 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:	• 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 5am-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, 2024, 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, American Academy of Pediatrics, the Centers for Disease Control and Prevention (CDC), and the U.S. Preventive Services Task Force uspreventiveservicestaskforce.org.

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Well-child Exam and Immunization Schedule

HMA

Guidelines from the Centers for Disease Control and Prevention (CDC)

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

**Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child.*

https://www.cdc.gov/vaccines/imz-schedules/index.html

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