# Plan Certificate

## Vision Care Rider

## January 2026

0GA

hmsa
An Independent Licensee of the Blue Cross and Blue Shield Association

# Discrimination is against the law

HMSA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). HMSA does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

## Services HMSA provides

HMSA offers the following services to support people with disabilities and those whose primary language is not English. There is no cost to you.

- Qualified sign language interpreters are available for people who are deaf or hard of hearing.
- Large print, audio, braille, or other electronic formats of written information is available for people who are blind or have low vision.
- Language assistance services are available for those who have trouble with speaking or reading in English. This includes:
  - Qualified interpreters.
  - Information written in other languages.

If you need modifications, appropriate auxiliary aids and services, or language assistance services, please call 1 (800) 776-4672. TTY users, call 711.

## How to file a grievance or complaint

If you believe HMSA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

- Phone: 1 (800) 462-2085
- TTY: 711
- Email: appeals@hmsa.com
- Fax: (808) 952-7546
- Mail: HMSA Member Advocacy and Appeals
  P.O. Box 1958
  Honolulu, HI 96805-1958

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1 (800) 368-1019, 1 (800) 537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.

This notice is available at HMSA's website: https://hmsa.com/non-discrimination-notice/.

(continued on next page)

An Independent Licensee of the Blue Cross and Blue Shield Association

1020-1276050 6.25 LE

Commercial/ACA/Medicare
H3832_1020_1276050_L3G4AH716_26_C
S3994_1020_1276050_L3G4AH717_26_C
H8481_1020_1276050_L3G4AH718_26_C

ATTENTION: If you don't speak English, language assistance services are available to you at no cost. Auxiliary aids and services are also available to give you information in accessible formats at no cost. QUEST members, call 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, or speak to your provider. Medicare Advantage and commercial plan members, call 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

**'Ōlelo Hawai'i**
NĀ MEA: Inā 'a'ole 'oe 'ōlelo Pelekania, loa'a nā lawelawe kōkua 'ōlelo iā 'oe me ka uku 'ole. Loa'a nā kōkua kōkua a me nā lawelawe no ka hā'awi 'ana iā 'oe i ka 'ike ma nā 'ano like 'ole me ka uku 'ole. Nā lālā QUEST, e kelepona iā 1 (800) 440-0640 me ka uku 'ole, TTY 1 (877) 447-5990, a i 'ole e kama'ilio me kāu mea ho'olako. 'O nā lālā Medicare Advantage a me nā lālā ho'olālā kalepa, e kelepona iā 1 (800) 776-4672 a i 'ole TDD/TTY 1 (877) 447-5990.

**Bisaya**
PAHIBALO: Kung dili English ang imong pinulongan, magamit nimo ang mga serbisyo sa tabang sa pinulongan nga walay bayad. Ang mga auxiliary nga tabang ug serbisyo anaa sab aron mohatag og impormasyon kanimo sa daling ma-access nga mga format nga walay bayad. Mga membro sa QUEST, tawag sa 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, o pakig-istorya sa imong provider. Mga membro sa Medicare Advantage ug commercial plan, tawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

**繁體中文**
請注意：如果你不諳英文，我們將為您提供免費的語言協助服務。輔助支援和服務也能免費以無障礙的方式為您提供資訊。QUEST 會員請致電免費熱線 1 (800) 440-0640、聽障熱線 (TTY) 1 (877) 447-5990 或與您的服務提供者聯絡。Medicare Advantage 及商業計劃會員請致電 1 (800) 776-4672 或聽障／語障熱線 (TDD/TTY) 1 (877) 447-5990。

**简体中文**
注意：如果您不会说英语，我们可以免费为您提供语言协助服务。同时，我们还配备辅助工具和相关服务，免费为您提供无障碍格式的信息。QUEST 会员请拨打免费电话 1 (800) 440-0640，TTY 1 (877) 447-5990，或咨询您的医疗服务提供者。Medicare Advantage 和商业计划会员请致电 1 (800) 776-4672 或 TDD/TTY 1 (877) 447-5990。

**Ilokano**
BASAEN: No saanka nga agsasao iti Ingles, mabalinmo a magun-odan ti libre a serbisio a tulong iti lengguahe. Adda met dagiti kanayonan a tulong ken serbisio a makaited kenka iti libre nga impormasion iti nalaka a maawatan a pormat. Dagiti miembro ti QUEST, tawaganyo ti 1 (800) 440-0640 a libre iti toll, TTY 1 (877) 447-5990, wenno makisaritaka iti provider-yo. Dagiti miembro ti Medicare Advantage ken plano a pang-komersio, tawaganyo ti 1 (800) 776-4672 wenno TDD/TTY 1 (877) 447-5990.

**日本語**
注意：英語を話されない方には、無料で言語支援サービスをご利用いただけます。また、情報をアクセシブルな形式で提供するための補助ツールやサービスも無料でご利用いただけます。QUESTプログラムの加入者の方は、フリーダイヤル1 (800) 440-0640までお電話ください。TTYをご利用の場合は1 (877) 447-5990までお電話いただくか、担当医療機関にご相談ください。Medicare Advantageプランおよび民間保険プランの加入者の方は、1 (800) 776-4672までお電話いただくか、TDD/TTYをご利用の場合は1 (877) 447-5990までお電話ください。

**한국어**
주의: 영어를 사용하지 않는 경우, 무료로 언어 지원 서비스를 이용할 수 있습니다. 무료로 접근 가능한 형식으로 정보를 받기 위해 보조 지원 및 서비스 역시 이용할 수 있습니다. QUEST 가입자는 수신자 부담 전화 1 (800) 440-0640, TTY 1 (877) 447-5990 번으로 전화하거나 서비스 제공자와 상의하십시오. Medicare Advantage 및 민간 플랜 가입자는 1 (800) 776-4672 또는 TDD/TTY 1 (877) 447-5990번으로 전화하십시오.

**ພາສາລາວ**
ເຊີນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍ່ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພື່ອໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ ເຂົ້າເຖິງໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ເສຍຄ່າໄດ້ທີ່ເບີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ປຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. ສະມາຊິກແຜນປະກັນ Medicare Advantage ແລະ ຊັ້ນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.


(continued on next page)

**Kajin Majōļ**
KŌJELLA: Ñe kwōjab jelā kenono kajin Belle, ewōr jibañ in ukok ñan kwe im ejellok wonnen. Ewōr kein roñjak im jibañ ko jet ñan wāween ko kwōmaron ebōk melele im ejellok wonnen. Armej ro rej kōjrbal QUEST, kall e 1 (800) 440-0640 ejellok wonnen, TTY 1 (877) 447-5990, ñe ejab kenono ibben taktō eo am. Medicare Advantage im ro rej kōjerbal injuran ko rej make wia, kall e 1 (800) 776-4672 ñe ejab TDD/TTY 1 (877) 447-5990.

**Lokaiahn Pohnpei**
Kohdo: Ma ke mwahu en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. Me mwengei en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. QUEST mwengei, kohdo mwengei 1 (800) 440-0640, TTY 1 (877) 447-5990, me mwengei en kaiahn Pohnpei. Medicare Advantage me mwengei en kaiahn Pohnpei, kohdo mwengei 1 (800) 776-4672 me TDD/TTY 1 (877) 447-5990.

**Gagana Sāmoa**
FAASILASILAGA: Afai e te lē tautala le faa-Igilisi, o loo avanoa mo oe e aunoa ma se totogi auaunaga fesoasoani i le gagana. O loo maua fo'i fesoasoani faaopo'opo ma auaunaga e tuuina atu ai iā te oe faamatalaga i auala eseese lea e maua e aunoa ma se totogi. Sui auai o le QUEST, valaau aunoa ma se totogi i le 1 (800) 440-0640, TTY 1 (877) 447-5990, pe talanoa i lē e saunia lau tausiga. Sui auai o le Medicare Advantage ma sui auai o peleni inisiua tumaoti, valaau i le 1 (800) 776-4672 po o le TDD/TTY 1 (877) 447-5990.

**Español**
ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia con el idioma. También están disponibles ayuda y servicios auxiliares para brindarle información en formatos accesibles sin costo alguno. Los miembros de QUEST deben llamar al número gratuito 1 (800) 440-0640, TTY 1 (877) 447-5990 o hablar con su proveedor. Los miembros de Medicare Advantage y de planes comerciales deben llamar al 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

**Tagalog**
PAUNAWA: Kung hindi ka nakapagsasalita ng Ingles, mayroon kang makukuhang mga serbisyo sa tulong sa wika nang libre. Mayroon ding mga auxiliary na tulong at serbisyo para bigyan ka ng impormasyon sa mga naa-access na format nang libre. Sa mga miyembro ng QUEST, tumawag sa 1 (800) 440-0640 nang toll-free, TTY 1 (877) 447-5990, o makipag-usap sa iyong provider. Sa mga miyembro ng Medicare Advantage at commercial plan, tumawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

**ไทย**
โปรดให้ความสนใจ: หากท่านไม่พูดภาษาอังกฤษ เรามีบริการให้ความช่วยเหลือทางภาษาแก่ท่านโดยไม่มีค่าใช้จ่าย และยังมีความช่วยเหลือและบริการเสริมเพื่อให้ข้อมูลแก่ท่านในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่าย สำหรับสมาชิก QUEST โปรดโทรไปที่หมายเลขโทรฟรีที่หมายเลข 1 (800) 440-0640, TTY 1 (877) 447-5990 หรือพูดคุยกับผู้ให้บริการของคุณ สำหรับสมาชิก Medicare Advantage และแผนเชิงพาณิชย์ โปรดโทรไปที่หมายเลข 1 (800) 776-4672 หรือ TDD/TTY 1 (877) 447-5990

**Tonga**
FAKATOKANGA: Kapau óku íkai keke lea Faka-Pilitania, óku í ai e tokotaha fakatonulea óku í ai ke tokonií koe íkai ha totongi. Óku í ai mo e kulupu tokoni ken au óatu e ngaahi fakamatala mo e tokoni íkai ha totongi. Kau memipa QUEST, ta ki he 1 (800) 440-0640 taé totongi, TTY 1 (877) 447-5990, pe talanoa ki hoó kautaha. Ko kinautolu óku Medicare Advantage mo e palani fakakomesiale, ta ki he 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

**Foosun Chuuk**
ESINESIN: Ika kese sine Fosun Merika, mei wor aninisin fosun fonu ese kamo mi kawor ngonuk. Mei pwan wor pisekin aninis mi kawor an epwe esinei ngonuk porous non och wewe ika nikinik epwe mecheres me weweoch ngonuk ese kamo. Chon apach non QUEST, kekeri 1 (800) 440-0640 namba ese kamo, TTY 1 (877) 447-5990, ika fos ngeni noumw ewe chon awora aninis. Medicare Advantage ika chon apach non ekoch otot, kekeri 1 (800) 776-4672 ika TDD/TTY 1 (877) 447-5990.

**Tiếng Việt**
CHÚ Ý: Nếu quý vị không nói được tiếng Anh, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các phương tiện và dịch vụ hỗ trợ cũng có sẵn để cung cấp cho quý vị thông tin ở các định dạng dễ tiếp cận mà không mất phí. Hội viên QUEST, xin gọi số miễn cước 1 (800) 440-0640, TTY 1 (877) 447-5990, hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị. Hội viên Medicare Advantage và chương trình thương mại, xin gọi số 1 (800) 776-4672 hoặc TDD/TTY 1 (877) 447-5990.

## SECTION 1 — Eligibility

This Rider provides coverage which is supplementary to coverage provided under HMSA's medical plan. Your coverage under this Rider starts and ends on the same dates as your medical plan coverage.

## SECTION 2 — Provisions of the Medical Plan Applicable

All definitions, provisions, limitations, exclusions, and conditions of HMSA's Guide to Benefits shall apply to this Rider, except as specifically modified in this Rider.

## SECTION 3 — Definitions

**Ophthalmologist (M.D.)**

A physician who is appropriately licensed to practice by the proper government authority and who renders services within the lawful scope of such license.

**Optician**

A person who fits, adjusts and dispenses glasses and other optical devices, on the written prescription of a licensed physician or optometrist.

**Optometrist (O.D.)**

A person who is appropriately licensed to practice optometry by the proper government authority and who renders services within the lawful scope of such license.

**Participating Provider**

A provider of services who agrees with HMSA to collect not more than:
- a specified amount paid by HMSA and
- your Copayment.

As an exception, a Participating Provider does not agree to limit charges for contact lenses or frames. Benefit payment for these services will not exceed the amount specified in Section 4. You are responsible for all charges in excess of HMSA's benefit payment. For a current list of participating providers, call us at one of the phone numbers listed on the back cover of this Rider or visit www.hmsa.com.

## SECTION 4 — Summary of Benefits and Your Payment Obligations

**About this Chart**

This benefit and payment chart:
- Is a summary of covered services and supplies. It is not a complete description of benefits. For coverage criteria, other limitations of covered services, and excluded services, be sure to read *Section 5: Description of Benefits* and *Section 6: Services Not Covered.*
- Gives you the page number where you can find more details about the service or supply.

Tells you what the copayment percentage or fixed dollar amount is for covered services and supplies.

***Please note*:** Special limits may apply to a service or supply listed in this benefit and payment chart. Please read the benefit details on the page referenced.

* = An asterisk next to a service or supply means either:
- A service dollar maximum may apply.
- You may owe amounts in addition to your copayment.

Please read the benefit details on the page referenced.

Vision care services are covered only when services are rendered in connection with an eye exam for correction of a visual defect and when the frame or lenses are required as a result of such exam and as described in Section 5. Pediatric vision services are covered when provided to children through age 18.

| * = **see page** 1 | more info. on page: | Copayment Is (Percentage copayments are based on eligible charges, except where noted) | |
|---|---|---|---|
| | | **Participating** | **Nonparticipating** |
| **Vision Care Services for Adults** | | | |
| Adult Routine Vision Exam | 3 | $10 | All charges over $35 |
| **Vision Care Services for Adults - Appliances** | **You may choose either prescription contact lenses or frames, subject to the limits described in Section 5.2** | | |
| * Adult Contact Lenses | 3 | All charges over $110* | All charges over $55 |
| * Adult Frames | 3 | All charges over $110* | All charges over $55 |
| Adult Standard Size Lenses - Bifocal | 3 | $25 | All charges over $40 |
| Adult Standard Size Lenses - Single Vision | 3 | $25 | All charges over $25 |
| Adult Standard Size Lenses - Trifocal or Lenticular | 3 | $25 | All charges over $55 |
| **Pediatric Vision Care Services** | | | |
| Pediatric Routine Vision Exam | 3 | $10 | All charges over $35 |
| **Pediatric Vision Care Services - Appliances** | **You may choose either prescription contact lenses or frames, subject to the limits described in Section 5.4** | | |
| * Pediatric Contact Lenses | 3 | All charges over $110* | All charges over $88 |
| * Pediatric Frames | 4 | All charges over $110* | All charges over $55 |
| Pediatric Standard Size Lenses - Bifocal | 4 | $25 | All charges over $40 |
| Pediatric Standard Size Lenses - Single Vision | 4 | $25 | All charges over $25 |
| Pediatric Standard Size Lenses - Trifocal or Lenticular | 4 | $25 | All charges over $55 |
| **Pediatric Vision Care Services - Other Services** | **Services below are covered in addition to covered prescription glasses or contact lenses** | | |
| Pediatric Standard Polycarbonate Lenses | 4 | None | All charges over $5 |

| **SECTION 5** | **Description of Benefit** |
|---|---|
| | Vision care services are covered only when services are rendered in connection with an eye exam for correction of a visual defect and when the frame or lenses are required as a result of such exam and as described in this Rider. |

| SECTION 5.1 | Vision Care Services for Adults |
|---|---|
| | Adult vision care services are covered, but only as described in the *Vision Care Services for Adults* sections.<br><br>Vision care services for children through age 18 are covered only as specified in Sections 4 and 5 under *Pediatric Vision Care Services* sections.<br><br>Benefits for Vision Care Services for Adults (routine vision exam, frames, and lenses) will not be available in the same calendar year you received similar benefits allowed under the *Pediatric Vision Care Services* sections. |
| **Adult Routine Vision Exam** | Covered, but limited to one exam per calendar year |

| SECTION 5.2 | Vision Care Services for Adults – Appliances |
|---|---|
| | You may choose either contact lenses or frames, subject to the limits described in this section. |
| **Adult Contact Lenses** | Covered, but limited to one of the following per calendar year:<br>• One pair of non-disposable contact lenses from a participating provider up to $110, or<br>• Disposable contact lenses from a participating provider up to $110.<br><br>***Please note***: If benefits for a frame have already been paid, no benefits are payable for contact lenses in the same calendar year. |
| **Adult Frames** | Covered, but limited to one frame every other calendar year, up to $110 from a participating provider. Charges for repair or replacement of a portion of the frame or cost of accessories are not covered.<br><br>***Please note***: If benefits for contact lenses have already been paid, no benefits are payable for frames in the same calendar year. |
| **Adult Standard Size Lenses** | Covered, but limited to one pair per calendar year for standard size single vision or multifocal lenses. |

| SECTION 5.3 | Pediatric Vision Care Services |
|---|---|
| | Vision care services for children through age 18 are covered but only as described in the *Pediatric Vision Care Services* sections. |
| **Pediatric Routine Vision Exam** | Covered, but limited to one exam per calendar year. |

| SECTION 5.4 | Pediatric Vision Care Services - Appliances |
|---|---|
| | You may choose either contact lenses or frames, subject to the limits described in this section. |
| **Pediatric Contact Lenses** | Covered, but limited to one of the following per calendar year:<br>• One pair of non-disposable contact lenses from a participating provider up to $110, or<br>• Disposable contact lenses from a participating provider up to $110.<br><br>***Please note:*** If benefits for a frame have already been paid, no benefits are payable for contact lenses in the same calendar year. |

| | |
|---|---|
| **Pediatric Frames** | Covered, but limited to one frame every other calendar year, up to $110 from a participating provider. Charges for repair or replacement of a portion of the frame or cost of accessories are not covered.<br><br>***Please note:*** If benefits for contact lenses have already been paid, no benefits are payable for frames in the same calendar year. |
| **Pediatric Standard Size Lenses** | Covered, but limited to one pair per calendar year for standard size single vision or multifocal lenses. |

## SECTION 5.5 Pediatric Vision Care Services – Other Services

| | |
|---|---|
| | Payments for services in this section are made in addition to the benefit payment for covered lenses described in Section 5.4. |
| **Pediatric Standard Polycarbonate Lenses** | Covered, but limited to one pair of standard polycarbonate lenses per calendar year. |

## SECTION 6 Services Not Covered

**Eyeglasses and Contacts**

Except as described in Sections 4 and 5, you are not covered for:

- Contact lens fitting and follow-up visits.
- Contact lenses following cataract surgery.
- Lenses including:
  - Nonstandard items for lenses including:
    - anti-reflective coating,
    - scratch-resistant coating,
    - tinting,
    - UV treatment, and
    - blending.
  - Oversized lenses.
  - Invisible bifocals or trifocals.
  - Progressive lenses.
  - Polycarbonate lenses.
  - Telescopic lenses.
  - Low vision lenses.
  - Corrective low vision lenses.
- Nonprescription industrial safety goggles.
- Prescription inserts for diving masks or other protective eyewear.
- Repair and replacement of frame parts and accessories.
- Sunglasses.

## SECTION 7 Coordination of Benefits

The coordination of benefits described in Chapter 9 of HMSA's Guide to Benefits in the section labeled "Coverage that Provides Same or Similar Coverage" is modified as follows:

You may have other benefit coverage that provides benefits that are the same or similar to this plan. No coordination rules apply to vision care services, except for routine vision exam benefits.

# Serving you

Meet with knowledgeable, experienced health plan advisers. We'll answer questions about your health plan, give you general health and well-being information, and more. Hours of operation may change. Please go to **hmsa.com/contact** before your visit.

### HMSA Center in Honolulu
818 Keeaumoku St.
Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–2 p.m.

### HMSA Center in Pearl City
Pearl City Gateway | 1132 Kuala St., Suite 400
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

### HMSA Center in Hilo
Waiakea Center | 303A E. Makaala St.
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

### HMSA Center in Kahului
Puunene Shopping Center | 70 Hookele St.
Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

### HMSA Center in Lihue
Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202
Monday–Friday, 8 a.m.–4 p.m

### Contact HMSA. We're here with you.
Call (808) 948-6111 or 1 (800) 776-4672.

**hmsa.com**

@hmsahawaii

Together, we improve the lives of our members and the health of Hawaii.
Caring for our families, friends, and neighbors is our privilege.

hmsa

**(00)** 4000-796102 PPO 10.23 LE