ALOHACARE ADVANTAGE PLUS (HMO SNP)

2020 SUMMARY OF BENEFITS

JANUARY 1, 2020 - DECEMBER 31, 2020

This booklet gives you a summary of what we cover and what you pay. It doesn’t list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the “Evidence of Coverage.”
SUMMARY OF BENEFITS
AlohaCare Advantage Plus (HMO SNP)

H5969, Plan 002

This is a summary of drug and health services covered by AlohaCare Advantage Plus (HMO SNP).

January 1, 2020 – December 31, 2020

AlohaCare Advantage Plus (HMO SNP) is an HMO SNP plan with a Medicare contract and a contract with the Hawaii Medicaid Program. Enrollment in AlohaCare Advantage Plus depends on contract renewal.

This plan is available to anyone who has both Medical Assistance from the State and Medicare. To join AlohaCare Advantage Plus (HMO SNP), you must meet the Medicaid eligibility criteria applicable to Dual Eligible Special Needs Plans (D-SNPs), which include being entitled to Medicare Part A, be enrolled in Medicare Part B and QUEST Integration Program (Medicaid), and live in our service area. Our service area includes the following counties in Hawaii: Hawaii, Honolulu, Kalawao, Kauai, and Maui.

You must continue to pay your Medicare Part B premium. Please note that premiums, copayments, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

As a member of AlohaCare Advantage Plus, you must use network providers to get your medical care and services. Network providers are the doctors and other health care professionals, medical group, durable medical equipment suppliers, hospitals and other health care facilities that have an agreement with us to accept our payment and any plan cost-sharing as payment in full. We have arranged for these providers to deliver covered service to members in our plan. An out-of-network provider should be used only in specific cases, such as emergencies, or when authorized by the plan. Please call Member Services at the phone numbers listed below for more information.

AlohaCare offers supplemental benefits in addition to Part C and Part D benefits. The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. This information is not a complete description of benefits. Call Member Services for more information at 973-6395, toll free 1-866-973-6395 or TTY/TDD at 1-877-447-5990.

To get a complete list of services we cover, please request the AlohaCare Advantage Plus “Evidence of Coverage”. You can view the Evidence of Coverage at our website (www.alohacare.org/Medicare/MemberDocuments). Or, call us and we will send you a copy of the Evidence of Coverage.

Please note: Services with an * may require a prior authorization.
### Monthly Premium, Deductible, and Maximum Out-of-Pocket

<table>
<thead>
<tr>
<th>Monthly Plan Premium</th>
<th>You pay $0.</th>
<th>You must continue to pay your Medicare Part B Premium.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>You pay nothing.</td>
<td>This plan does not have a deductible.</td>
</tr>
<tr>
<td><strong>Maximum Out-of-Pocket Responsibility</strong></td>
<td>$6,700 annually</td>
<td>The most you pay for copays, coinsurance and other costs for medical services for the year.</td>
</tr>
<tr>
<td><em>(Note: Does not include the Part D deductible for Prescription Drugs)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Services that are covered for you

<table>
<thead>
<tr>
<th>Inpatient Hospital Coverage*</th>
<th>You pay nothing.</th>
<th>Plan covers 90 days each benefit period. Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Hospital Coverage*</td>
<td>You pay nothing.</td>
<td>We cover medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.</td>
</tr>
<tr>
<td>Ambulatory Surgery Center*</td>
<td>You pay nothing.</td>
<td></td>
</tr>
<tr>
<td>Doctor Visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician (PCP)</td>
<td>You pay nothing.</td>
<td></td>
</tr>
<tr>
<td>Specialists</td>
<td>You pay nothing.</td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>You pay nothing.</td>
<td>Any additional preventive services approved by Medicare during the contract year will be covered.</td>
</tr>
</tbody>
</table>

### What you must pay when you get these services

<p>| Inpatient Hospital Coverage* | You pay nothing. |
| Outpatient Hospital Coverage* | You pay nothing. |
| Ambulatory Surgery Center* | You pay nothing. |
| Doctor Visits | Primary Care Physician (PCP) | You pay nothing. |
|                   | Specialists | You pay nothing. |
| Preventive Care | You pay nothing. |</p>
<table>
<thead>
<tr>
<th>Services that are covered for you</th>
<th>What you must pay when you get these services</th>
<th>What you should know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Care</strong></td>
<td>You pay nothing.</td>
<td>A medical emergency is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.</td>
</tr>
<tr>
<td></td>
<td><strong>World-Wide Benefit</strong></td>
<td>You pay $0 copay and any amounts over $1,000.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An annual maximum benefit limit of $1,000 is covered for emergency or urgent care services you receive outside of the U.S. You will have to pay the facility or provider for services. Receipts must be in English with billed charges in U.S. dollars. AlohaCare Advantage Plus will reimburse you up to your benefit limit.</td>
</tr>
<tr>
<td><strong>Urgently Needed Services</strong></td>
<td>You pay nothing.</td>
<td>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Urgently needed services may be furnished by network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible.</td>
</tr>
<tr>
<td></td>
<td><strong>World-Wide Benefit</strong></td>
<td>You pay $0 copay and any amounts over $1,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An annual maximum benefit limit of $1,000 is covered for emergency or urgent care services you receive outside of the U.S. You will have to pay the facility or provider for services. Receipts must be in English with billed charges in U.S. dollars. AlohaCare Advantage Plus will reimburse you up to your benefit limit.</td>
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</tr>
<tr>
<td><strong>Diagnostic Services/Labs/Imaging</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td>You pay nothing.</td>
<td>Diagnostic Radiology Services (such as MRIs, CT scans)</td>
</tr>
<tr>
<td><em>(Costs for these services may vary by service provider.)</em></td>
<td></td>
<td>Diagnostic Tests and Procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lab Services</td>
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<tr>
<td></td>
<td></td>
<td>Outpatient X-Rays</td>
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<tr>
<td></td>
<td></td>
<td>Therapeutic Radiology Services (such as radiation treatment for cancer)</td>
</tr>
<tr>
<td><strong>Hearing Services</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td>You pay nothing.</td>
<td>Exam to diagnose and treat hearing and balance issues</td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td>$0 copay for Preventive Dental Benefits.</td>
<td>Preventive Dental Benefits:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Cleaning (for up to 2 every year)</td>
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<tr>
<td></td>
<td></td>
<td>- Dental X-Ray(s) (for up to 2 every year)</td>
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<tr>
<td></td>
<td></td>
<td>- Oral exam (for up to 2 every year)</td>
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<tr>
<td></td>
<td></td>
<td>- Fluoride treatment (for up to 2 every year)</td>
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<tr>
<td></td>
<td>$0 copay for Comprehensive Dental Benefits.</td>
<td>Comprehensive Dental Services:</td>
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<tr>
<td></td>
<td></td>
<td>- Endodontics (root canals)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Extractions (removal of teeth)</td>
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<tr>
<td></td>
<td></td>
<td>- Prosthodontics (dentures)</td>
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<tr>
<td></td>
<td></td>
<td>- Periodontics (deep cleaning and periodontal maintenance)</td>
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<tr>
<td></td>
<td></td>
<td>- Restorative (fillings and crowns)</td>
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<tr>
<td></td>
<td></td>
<td>- Other (oral/maxillofacial surgery)</td>
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<tr>
<td></td>
<td>$2,000 plan coverage limit for preventive and comprehensive dental services each year</td>
<td></td>
</tr>
<tr>
<td><strong>Vision Services</strong></td>
<td>You pay nothing.</td>
<td>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</td>
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<tr>
<td></td>
<td></td>
<td>Eyeglasses or contact lenses after cataract surgery</td>
</tr>
<tr>
<td>Services that are covered for you</td>
<td>What you must pay when you get these services</td>
<td>What you should know</td>
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<td>----------------------------------</td>
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</tr>
<tr>
<td>Mental Health Services*</td>
<td>You pay nothing.</td>
<td><em>Inpatient Visit:</em></td>
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<tr>
<td></td>
<td></td>
<td>Plan covers up to 190-day lifetime limit for inpatient services in a psychiatric hospital. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. The 190-day limit does not apply to mental health services provided in a psychiatric unit of a general hospital.</td>
</tr>
<tr>
<td>Outpatient Group Therapy Visit</td>
<td>You pay nothing.</td>
<td><em>Outpatient Visit:</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered services include Mental Health Services provided by a State-Licensed Psychiatrist or Doctor, Clinical Psychologist, Clinical Social Worker, Clinical Nurse Specialist, Nurse Practitioner, Physician Assistant, or other Medicare-Qualified Mental Health Care Professional as allowed under applicable state laws.</td>
</tr>
<tr>
<td>Outpatient Individual Therapy Visit</td>
<td>You pay nothing.</td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)*</td>
<td>You pay nothing.</td>
<td>Our plan covers up to 100 days in a SNF.</td>
</tr>
<tr>
<td>Physical Therapy*</td>
<td>You pay nothing.</td>
<td>Outpatient Rehabilitation Services includes physical therapy, occupational therapy, and speech and language therapy.</td>
</tr>
<tr>
<td>(Outpatient Rehabilitation Services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services that are covered for you</td>
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</tr>
<tr>
<td>Ambulance*</td>
<td>You pay nothing.</td>
<td>Covered Ambulance Services include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care only if they are furnished to a member whose medical condition is such that other means of transportation could endanger the person’s health or if authorized by the plan. Non-emergency transportation by ambulance is appropriate if it is documented that the member’s condition is such that other means of transportation could endanger the person’s health and that transportation by ambulance is medically required.</td>
</tr>
<tr>
<td>Transportation</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Medicare Part B Drugs*</td>
<td>You pay nothing.</td>
<td>For Part B drugs such as chemotherapy drugs. Other Part B drugs</td>
</tr>
<tr>
<td>Foot Care (Podiatry Services)*</td>
<td>You pay nothing.</td>
<td>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: $0 copay for each Medicare-covered podiatry visit $0 copay for up to 8 supplemental routine podiatry visit(s) every year. Medicare-covered podiatry benefits are for medically necessary foot care.</td>
</tr>
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<td>Services that are covered for you</td>
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<td>What you should know</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Over-the-Counter Items</td>
<td>You pay nothing.</td>
<td>The plan provides $75 credit every three months.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delivery services may be available when medically necessary and prior authorized.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Please visit our website to see our list of covered over-the-counter items, or call AlohaCare Member Services for more information.</td>
</tr>
<tr>
<td>Acupuncture and Other Alternative Therapies benefit*</td>
<td>You pay nothing.</td>
<td>$0 copay for up to 15 visit(s) for acupuncture and other alternative therapies every year.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,000 plan coverage limit for acupuncture and other alternative therapies every year.</td>
</tr>
<tr>
<td>Nurse Advice Line</td>
<td>You pay nothing.</td>
<td>Nurse Advice Line Phone Number: 1-855-690-5930</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call 24 hours a day, 7 days a week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Get advice on when to seek urgent or emergency care and general information about your illness or medication.</td>
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</tbody>
</table>
### Prescription Drug Benefits

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yearly Deductible Stage</td>
<td>Initial Coverage Stage</td>
<td>Coverage Gap Stage</td>
<td>Catastrophic Coverage Stage</td>
</tr>
<tr>
<td>Because there is no deductible for the plan, this payment stage does not apply to you.</td>
<td>You begin in this stage when you fill your first prescription of the year.</td>
<td>Because there is no coverage gap for the plan, this payment stage does not apply to you.</td>
<td>During this stage, the plan will pay all of the costs of your drugs for the rest of the calendar year (through December 31, 2020).</td>
</tr>
<tr>
<td>If you receive “Extra Help” (Low-Income Subsidy) to pay your prescription drugs, this payment stage does not apply to you.</td>
<td>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</td>
<td>You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach $6,350.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard retail Cost-Sharing (In- Network Only; Up to a 30-Day Supply)</th>
<th>Mail-Order Cost-Sharing (Up to a 90-Day Supply)</th>
<th>Long-term care (LTC) Cost-Sharing (Up to a 31-Day Supply)</th>
<th>Out-of-Network Cost-Sharing (Coverage is limited to certain situations; Up to a 30-Day Supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost-Sharing Generic Drugs</td>
<td>$0 copay or $1.30 copay or $3.60 copay</td>
<td>$0 copay or $3.90 copay or $10.80 copay</td>
<td>$0 copay or $1.30 copay or $3.60 copay</td>
</tr>
<tr>
<td>Cost-Sharing Brand Drugs</td>
<td>$0 copay or $3.90 copay or $8.95 copay</td>
<td>$0 copay or $11.70 copay or $26.85 copay</td>
<td>$0 copay or $3.90 copay or $8.95 copay</td>
</tr>
</tbody>
</table>

As shown above, the cost share for a Part D prescription drug differs for a generic versus a brand name drug. Based on your Part D prescription drug, your cost share is limited to the amounts shown above, as long as you obtain your medications from an AlohaCare participating pharmacy and you have not reached the Catastrophic Coverage Stage. Call Member Services at the numbers listed on the following page for more information.

Using the Plan's Mail Order Services: For certain kinds of drugs, you can use the plan’s network mail-order services. Generally, the drugs provided through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition.

To get order forms and information about filling your prescriptions by mail call 1-800-501-6763. TTY/TDD users call 1-800-716-3231. Or visit www.Express-Scripts.com.
If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**AlohaCare Advantage Plus (HMO SNP)** has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services. You can see our plan’s Provider & Pharmacy directory at our website (https://www.alohacare.org/ProviderFinder). Or, call us and we will send you a copy of the Provider & Pharmacy directory.

We cover Prescription Part D Drugs. In addition, we cover Prescription Part B Drugs such as chemotherapy and some administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, https://www.alohacare.org/Formulary. Or, call us and we will send you a copy of the formulary.

**AlohaCare Advantage Plus (HMO SNP) Phone Numbers and Website**

- 808-973-6395
- Toll-free 1-866-973-6395
- TTY/TDD users should call at 1-877-447-5990.
- Website: www.AlohaCare.org

**AlohaCare Advantage Plus (HMO SNP) Hours of Operation**

- From October 1 to March 31, you can call us 8:00 a.m. to 8:00 p.m. 7 days a week.
- From April 1 to September 30, you can call us 8:00 a.m. to 8:00 p.m. Monday through Friday.
The following section will describe benefits that you are entitled to as a recipient of Medicaid benefits, in the State of Hawaii.

Medicare members, who also qualify for Medicaid, are eligible for additional benefits, including assistance with paying for their Medicare premiums, deductibles and cost sharing, such as copays and coinsurance. The Medicaid benefits available to you are managed under the QUEST Integration Program. This document does not describe all of the details of your Medicaid benefits. Please contact your QUEST Integration plan for a complete listing.

As a QUEST Integration beneficiary, you can access these benefits through one of five health plans handbooks; AlohaCare, HMSA, Kaiser Foundation Health Plan, ‘Ohana Health Plan, or United Healthcare Community Plan. You can also get more information from Med-QUEST:

Med-QUEST Enrollment Services Section

Oahu: 524-3370
Neighbor Islands: 1-800-316-8005

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what QUEST Integration covers and what AlohaCare Advantage Plus covers. What you pay for covered services may depend on your level of Medicaid eligibility.

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Medicaid</th>
<th>AlohaCare Advantage Plus (HMO SNP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Premium and Other Important Information</strong></td>
<td>There are no co-pays and no coinsurance for this plan.</td>
<td>In-Network</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$0 monthly plan premium</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$6,700 out-of-pocket limit for Medicare-covered services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Once you have paid $6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</td>
</tr>
<tr>
<td>Benefit Category</td>
<td>Medicaid</td>
<td>AlohaCare Advantage Plus (HMO SNP)</td>
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<td>----------------------------------------</td>
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</tr>
<tr>
<td><strong>IMPORTANT INFORMATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor and Hospital Choice</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>(For more information, see Emergency Care and Urgently Needed Care.)</td>
<td></td>
<td></td>
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<tr>
<td><strong>Benefit Category</strong></td>
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</tr>
<tr>
<td>Additional Foot Care</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Dental Services</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Diabetes Supplies and Services</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Diagnostic Tests Lab and Radiology Services and X-Rays</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Doctor Office Visits</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Durable Medical Equipment</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Emergency Care</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Foot Care</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Hearing Services</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Home Health Care</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Hospice</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Inpatient Hospital Care</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Inpatient Mental Health Care</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Mental Health Care</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Outpatient hospital services</td>
<td>Covered</td>
<td>Covered</td>
</tr>
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<td>Benefit Category</td>
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<tr>
<td>Over-the-Counter Items</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Prescription Drug Benefits</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Prosthetic Devices</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Renal Dialysis</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>Covered</td>
<td>Covered</td>
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<tr>
<td>Urgently Needed Services</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Vision Services</td>
<td>Covered</td>
<td>Covered</td>
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</tbody>
</table>
AlohaCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AlohaCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AlohaCare provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact AlohaCare’s Compliance Officer.

If you believe that AlohaCare 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:

AlohaCare
Attn: Grievance and Appeals Department
1357 Kapiolani Blvd., Ste. 1250
Honolulu, HI 96814
Phone: 973-0712
Toll-free: 1-877-973-0712
TTY/TDD: 1-877-447-5990
Fax: 973-2140
Email: Compliance@alohacare.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, AlohaCare’s Grievance and Appeals Department is available to help you.

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 at:

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

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