


C. HMSA Plans for Federal Employees

Fed Plan 87, F27, F29, and F34 are HMSA's Federal Plan for employees who are eligible to participate in the Federal Employees Health Benefits (FEHB) Program. Please visit the **U.S. Office of Personnel Management webpage** for more information on the FEHB Program.

Important Note: We use assigned subscriber identification numbers in place of Social Security numbers. Be sure to use the member's current identification number when submitting claims (excluding the first three alpha characters) to avoid delays in payment and comply with HIPAA.

For federal plans, the group is identified as FED. To identify HMSA Federal member's plan, look at the 3-digit code next to DENTAL. They offer standard options (F27/F34) or high options (F87/F29) to their employees. Please review the benefits on MyDentalCoverage or call dental customer service at **808-948-6440**, or toll free **1-800-792-4672**.

Member ID Card – Standard Option

 <p style="text-align: right;">Postal Service Standard Option</p> <p>Subscriber Name JOE KING</p> <p>Subscriber ID HFPF00008888888</p> <p>Group FED ←</p> <p>→ MEDICAL 454 DENTAL F34 VISION OJG</p> <p>Generated 12-28-2024</p> 	 <p>hmsa.com Customer Service (808) 948-6499 or 1 (800) 776-4672 TTY 711</p> <p>For services rendered in Hawaii, mail claims to: HMSA - CLAIMS P.O. Box 860 Honolulu, HI 96808-0860</p> <p>For services rendered out of state, mail claims to the local Blue Cross/Blue Shield of the service area.</p> <p>For care when traveling out of state, call: Blue Card 1 (800) 810-BLUE</p> <p>Dental Help Desk 1 (800) 792-4672</p> <hr/> <p>Blue Cross and Blue Shield of Hawaii 818 Keeaumoku St. Honolulu, HI 96814-2365</p> <p>An Independent Licensee of the Blue Cross and Blue Shield Association</p> <p>Call center hours: Monday-Friday 8 a.m.-5 p.m.</p>
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Member ID Card – High Option

 <p style="text-align: right;">Postal Service High Option</p> <p>Subscriber Name JOE KING</p> <p>Subscriber ID HFPF00008888888</p> <p>Group FED ←</p> <p>→ MEDICAL 452 DRUG 154 DENTAL F29 RXBIN 004336 VISION OJD RXPCN ADV RXGRP RX3994</p> <p>Generated 12-28-2024</p> 	 <p>hmsa.com Customer Service (808) 948-6499 or 1 (800) 776-4672 TTY 711</p> <p>For prescription drug benefit claims, mail to: Pharmacy Claims P.O. Box 52136 Phoenix, AZ 85072-2136</p> <p>For all other services rendered in Hawaii, mail claims to: HMSA - CLAIMS P.O. Box 860 Honolulu, HI 96808-0860</p> <p>For services rendered out of state, mail claims to the local Blue Cross/Blue Shield of the service area.</p> <p>For care when traveling out of state, call: Blue Card 1 (800) 810-BLUE</p> <p>Pharmacy Help Desk 1 (800) 364-6331</p> <p>Dental Help Desk 1 (800) 792-4672</p> <hr/> <p>Blue Cross and Blue Shield of Hawaii 818 Keeaumoku St. Honolulu, HI 96814-2365</p> <p>An Independent Licensee of the Blue Cross and Blue Shield Association</p> <p>Call center hours: Monday-Friday 8 a.m.-5 p.m.</p>
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NOTE: These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.

D. Hawaii General Excise Tax Reimbursements

Effective November 22, 2019, for Federal Plans, Hawaii general excise tax (GET) is calculated and paid when tax procedure code D9985 is submitted on a claim. The GET displays on the explanation of benefits (EOB) and is included with the claim payment. This process applies to both paper and electronic claims.

Here are some key points to know:

1. GET is only covered for FED 87, FED 29, FED 34, and FED 27 plans.
2. Billing providers must be participating with HMSA to receive GET payment.
3. GET is calculated based on the performing provider's location.
4. GET processing applies to all claim submission types (paper and electronic).
5. GET is calculated when the tax procedure code D9985 is submitted on the claim.
 - a. If there are multiple dates of service on a claim, D9985 must be submitted per date of service.
 - b. If the D9985 is omitted in error on a claim form, the providers' office will need to call HMSA Dental customer service at 948-6440 or 1 (800) 792-4672 to have the procedure code D9985 added to their claim and include the provider's charge.
6. GET is calculated based on allowance of taxable services and not the provider's charge for D9985.
7. GET payment will not exceed the provider's charge for D9985.
8. GET will not be payable on non-covered/ineligible services.
9. If D9985 is submitted on a predetermination, GET will be calculated.
 - a. If all services from the predetermination are subsequently submitted with the same date of service (for payment), the GET will apply to all services.
 - b. If services from the predetermination are subsequently submitted with different dates of service (for payment), the GET will only apply to one date of service. To obtain GET payment for the other dates of service, submit the procedure codes and D9985 on a new claim form or call HMSA Customer Service to request to have the D9985 added to the claim.

E. Comparison of Benefits

The table below shows the dental provider network a member can use for dental services covered under HMSA's dental insurance plans.

NOTE: These CDT Procedure Guidelines are to be used as a reference for claim submission based on the level of benefits for each subscriber's plan. Particular details will vary from plan to plan. Verification of eligibility and individual plan benefits is required to determine the specific level of benefit coverage.