



An Independent Licensee of the Blue Cross and Blue Shield Association

P.O. Box 860 Honolulu, Hawaii 96808-0860

## HMSA's **Away From Home Care-Guest Membership Program** offers nationwide coverage to give you peace of mind when you're traveling or living on the mainland.

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As an HMO member, you can take advantage of the Away From Home Care Program, which ensures you're covered when traveling for extended periods or temporarily living on the mainland.

Under the program, you can enroll as a guest member under a Blue Cross Blue Shield HMO plan in another state. Applying is easy, and coverage usually begins 10 to 15 days after we've accepted your guest membership application.

If you need urgent or emergency services, you don't have to wait for your guest membership to kick in. You can get those services immediately.

Guest membership is available in most places. But you won't be able to enroll in the program if you can't get access to in-network providers. We'll let you know if guest membership isn't offered in your area.

### **+ Who can apply?**

- Long-term travelers who plan to be on the road for 90 to 180 days
- Covered spouses and dependents living away from home for 90 days to 1 year
- Students who are attending school out of state

### **+ Getting care as a guest member**

Once you're enrolled as a guest member, you might be required to select a Primary Care Provider (PCP). You also might be assigned to a PCP. Your host plan will let you know how you'll get a PCP.

It's a good idea to contact your new PCP as soon as possible to establish a good relationship. Your new PCP can refer you to specialists if necessary, just like your primary doctor would in Hawaii.

When you get services you don't have to worry about filing a claim. Your host state plan will handle all of that for you.

### **+ How to renew**

Staying on the mainland longer? You can renew your guest membership. Just contact us 30 days before your membership is set to expire.

To renew, you'll need to fill out a new application and send it to us.



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## Ready to get started? You can apply for this program at any time. We'll determine if you're eligible and if guest membership is available in the area where you'll be.

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Send us your application by email, fax or mail. Once we process it and confirm your coverage, we'll send your information to your host state plan.

Away From Home Care covers medical services only. It doesn't apply to prescription drug coverage. But if you have an HMSA drug plan in Hawaii, your drug coverage will follow you to your mainland destination. Just remember to carry your HMSA card with you, and present it when filling prescriptions.

Here's how to apply:

**1. Complete the Guest Member and Subscriber sections of the guest membership application.**

If you don't fill out these sections, you might run into processing delays.

**2. Sign the form.**

The subscriber's signature is required. If the guest member isn't the plan subscriber, the guest member also must sign.

**3. Return your completed application to us.**

- By mail: Use the postage-paid envelope provided.
- By fax to: (808) 948-6433.
- By email to: [customer-service@hmsa.com](mailto:customer-service@hmsa.com). Put "Away From Home Care" in the subject line.

If you're eligible for the program, you'll get membership information from the local Blue Cross and/or Blue Shield in your area. If guest membership isn't available in your area, we'll contact you.

### + Need more information?

We're here to help. Call us at (808) 948-6466 with any questions. We're available weekdays, from 8 a.m. to 4 p.m., Hawaii Standard Time. You can also learn more about guest membership at our Help Center at [hmsa.com](http://hmsa.com).

You can also contact via social media. Send us a message @AskHMSA on Twitter, or check us out at [www.facebook.com/myhmsa](https://www.facebook.com/myhmsa).

# Away From Home Care<sup>®</sup> Guest Membership Application



**BlueCross<sup>®</sup>  
BlueShield<sup>®</sup>**

Application UID: _____	Office use only
Application Status: _____	
Application Start Date: ____ / ____ / ____ (mm/dd/yyyy)	Application End Date: ____ / ____ / ____ (mm/dd/yyyy)

## Guest Member Information Person who is applying for Guest Membership

_____ Guest Member Name	Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)
_____ Away From Home Address: Street/Apt.#	Gender: <input type="checkbox"/> <input type="checkbox"/> Male Female
_____ City State ZIP Code	_____ Relationship to Subscriber
_____ Away From Home Telephone: (____) ____ - ____	

## Subscriber Information

_____ Subscriber Name	Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)
_____ Subscriber Address: Street/Apt.#	Gender: <input type="checkbox"/> <input type="checkbox"/> Male Female
_____ City State ZIP Code	_____ Subscriber ID
_____ Primary Telephone: (____) ____ - ____	
_____ Work Telephone: (____) ____ - ____	

## Membership Details

Type of Guest Membership: _____ (Student/Long-Term Traveler/Families Apart)
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I hereby certify that all information stated in the Guest Membership Application is truthful and correct to the best of my knowledge. I acknowledge that the benefit program providing coverage to myself or eligible dependents as Guest Members of the Host Plan may vary from the benefit program at my Home Plan. I understand that as a Guest Member, the Host Plan benefit program's scope and levels of coverage apply.

\_\_\_\_\_  
Subscriber Signature Date

I hereby authorize my Home Plan and the Host Plan, identified in this application, to exchange medical information about me.

\_\_\_\_\_  
Guest Member Signature (Parent/guardian for minor) Date