

HAWAI'I MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

INDIVIDUAL BUSINESS PLAN – PREFERRED PROVIDER PLAN OPTION

SUMMARY OF CHANGES EFFECTIVE JANUARY 1, 2018

HMSA periodically reviews your health plans to ensure that they are in compliance with state and federal laws and are structured to best manage health care costs.

This notice contains a summary of the changes that will be made to your plan. Please use this document for general information only. It should not be used as the certificate for the plan. The 2018 *Guide to Benefits* or plan certificate will contain complete information on these changes as well as other benefits and applicable exclusions and limitations of your plan. In the case of a discrepancy between this summary and the language contained in the 2018 *Guide to Benefits* or plan certificate, the 2018 *Guide to Benefits* or plan certificate takes precedence.

LANGUAGE CLARIFICATIONS

- **Tuberculin Test.** Tuberculosis (TB) screening test has been added to the U.S. Preventive Services Task Force (USPSTF) list of grade B recommendations. Therefore, to comply with federal law, TB screenings will be covered at the same benefit as other USPSTF screenings, which is at no cost when obtained from a participating provider.
- **Drug Categories.** Drug category names will be changed to match the pharmaceutical industry. The following changes will be made:

| <u>Current</u> | <u>New</u> |
|---------------------------------|--|
| Other Brand Name Drug | Non-Preferred Formulary Drug |
| Other Brand Name Specialty Drug | Non-Preferred Formulary Specialty Drug |
| Preferred Drug | Preferred Formulary Drug |
| Preferred Specialty Drug | Preferred Formulary Specialty Drug |