

HAWAII MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

PRESCRIPTION DRUG BENEFITS RIDER

SUMMARY OF CHANGES EFFECTIVE JANUARY 1, 2025

HMSA periodically reviews your health plans to ensure that they provide your employees with quality health plan benefits 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 2025 *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 2025 *Guide to Benefits* or plan certificate, the 2025 *Guide to Benefits* or plan certificate takes precedence.

BENEFIT CHANGES

- **Annual Copayment Maximum for Prescription Drugs and Supplies.** The annual copayment maximum for prescription drugs and supplies will change from \$5,650 per person/\$10,700 (maximum) per family to \$6,700 per person/\$10,900 (maximum) per family.
- **Summary of Benefits and Your Payment Obligations (Guide to Benefits Chapter 3).**

	Your Copayment Amount Is: (Percentage copayments are based on eligible charges)	
	Network Pharmacy	Non-Network Pharmacy
Prescription Drugs and Supplies		
Tier 3 and Contractive – Tier 3	\$40 plus \$40 \$50 plus \$50 Tier 3 Cost Share	You owe the entire charge and HMSA reimburses you 100% of the eligible charge after deducting \$40 plus \$40 \$50 plus \$50 Tier 3 Cost Share and 20% of remaining eligible charge
Tier 4	\$400 \$150	Not Covered
90-Day at Retail Network or Mail Order - Tier 3 and Contraceptive – Tier 3 (84 – 90 Days)	\$80 plus \$80 \$100 plus \$100 Tier 3 Cost Share	Not Covered
Oral Chemotherapy – Specialty Drugs	\$50 \$100 or 10% whichever is less	Not Covered