HAWAIʻI MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

# PLATINUM PPO

## SUMMARY OF CHANGES EFFECTIVE JANUARY 1, 2027

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

Please note that the below summary is as of the date of receipt – any mandated changes identified before the end of calendar year 2026 will be communicated via an updated document. Should no mandated changes be assessed, this notice will be considered final and you will not receive another.

This notice contains a summary of the changes identified thus far 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 2027 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 2027 Guide to Benefits or plan certificate, the 2027 Guide to Benefits or plan certificate takes precedence.

## BENEFIT CHANGES

- **Annual Physical Exam.** The Annual Preventive Health Evaluation benefit is changing to an Annual Physical Exam benefit. Coverage includes one preventive visit per calendar year for ages 22 and older and optional blood count and comprehensive metabolic panel screening tests. A physical exam from a participating provider is covered at 100% of Eligible Charges, with no member copayment.
- **In-State Limitation.** Plan benefits are limited to care received in the State of Hawaii. The only exceptions to this are benefits for out-of-state:
  - emergency services,
  - urgent care, or
  - pre-approved services not available in the State of Hawaii.
- **Maternity Care - Postpartum Visits.** The postpartum visit limit will be removed.
- **Standard Fertility Preservation.** Standard fertility preservation will be covered, including retrieval of oocytes, sperm, or biological tissue, if a medically necessary cancer treatment may cause infertility.
- **Surgery.** Cutting and Non-cutting Surgery benefits will be combined into one Surgery benefit. The benefits will be the same as current Cutting Surgery benefits.
- **Summary of Benefits and Your Payment Obligations.** The following will change:

| | 2026 | 2027 |
|---|---|---|
| Annual Copayment Maximum | $5,200 per person<br>$10,400 per family | $5,900 per person<br>$11,800 per family |

| | 2026 | | 2027 | |
|---|---|---|---|---|
| | **Participating Provider** | **Nonparticipating Provider** | **Participating Provider** | **Nonparticipating Provider** |
| Ambulatory Surgical Center and Outpatient Facility | $150 | 30% | $250 | 30% |
| Extended Care Facility | $150 per admission | 30% | $250 per admission | 30% |
| Hospital and Room and Board | $350 per admission | 30% | $400 per admission | 30% |
| Emergency Room | $100 | $100 | $250 | $250 |
| Consultation Services | $20 | 30% | $40 | 30% |
| Physician Visits – Primary Care Provider | $10 | 30% | $20 | 30% |
| Physician Visits – Specialty Provider | $20 | 30% | $40 | 30% |
| Physician Visits – Urgent Care Provider | $15 | 30% | $30 | 30% |
| Physician Visits – Emergency Room | $20 | $20 | $40 | $40 |
| Surgical Services | $150 | 30% | $250 | 30% |
| Testing, Laboratory and Radiology – Outpatient | $30 | 30% | $60 | 30% |
| Habilitative and Rehabilitative Therapy – Outpatient | $10 | 30% | $20 | 30% |
| Prostate Specific Antigen (PSA) Test (screening) | $30 | 30% | $60 | 30% |
| Behavioral Health – Hospital and Facility Services – Inpatient | $350 per admission | 30% | $400 per admission | 30% |
| Behavioral Health – Physician Services – Outpatient | $10 | 30% | $20 | 30% |
| **Prescription Drugs and Supplies** | | | | |
| Tier 1 | $5 | $5 plus 20% of remaining eligible charge | $10 | $10 plus 20% of remaining eligible charge |

| | 2026 | | 2027 | |
|---|---|---|---|---|
| | **Participating Provider** | **Nonparticipating Provider** | **Participating Provider** | **Nonparticipating Provider** |
| Tier 1 Contraceptives | None | $5 plus 20% of remaining EC | None | $10 plus 20% of remaining EC |
| Tier 2 and Tier 2 Contraceptives | $10 | $10 plus 20% of remaining EC | $20 | $20 plus 20% of remaining EC |
| Tier 3 and Tier 3 Contraceptives | $25 plus $25 Tier 3 Cost Share | $25 plus $25 Tier 3 Cost Share and 20% of remaining EC | $30 plus $30Tier 3 Cost Share | $30 plus $30 Tier 3 Cost Share and 20% of remaining EC |
| Tier 4 | $150 | Not Covered | $250 | Not Covered |
| Tier 5 | $150 | Not Covered | $250 | Not Covered |
| 90-Day at Retail Network or Mail Order – Tier 1 (84-90 Days) | $10 | Not Covered | $20 | Not Covered |
| 90-Day at Retail Network or Mail Order – Tier 2 and Tier 2 Contraceptives (84-90 Days) | $20 | Not Covered | $40 | Not Covered |
| 90-Day at Retail Network or Mail Order – Tier 3 and Tier 3 Contraceptives (84-90 Days) | $50 plus $50 Tier 3 Cost Share | Not Covered | $60 plus $60 Tier 3 Cost Share | Not Covered |
| Contraceptive – Over-the-counter (OTC) | None | $5 plus 20% of remaining EC | None | $10 plus 20% of remaining EC |
| Other Supplies | $25 plus $25 Tier 3 Cost Share | $25 plus $25 Tier 3 Cost Share and 20% of remaining eligible charge | $30 plus $30 Tier 3 Cost Share | $30 plus $30 Tier 3 Cost Share and 20% of remaining eligible charge |
| 90-Day at Retail Network or Mail Order –Other Supplies (84 – 90 Days) | $50 plus $50 Tier 3 Cost Share | Not Covered | $60 plus $60 Tier 3 Cost Share | Not Covered |

**LANGUAGE CHANGES**

- **Immunizations**. Immunizations are covered in accord with the HMSA Immunizations List which can be found at www.hmsa.com.
- **Immunizations Definition**. The definition of Immunizations will be updated to reflect current healthcare advancements, ensuring coverage of modern vaccines.
- **Non-Formulary Exceptions**. Non-Formulary Exceptions will be updated to clarify benefits for exceptions. If a Non-Formulary Exception is approved, Tier 3 benefits apply for Non-Specialty drugs or Tier 5 benefits apply for Specialty drug.

# Discrimination is against the law

HMSA complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). HMSA does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

## Services HMSA provides

HMSA offers the following services to support people with disabilities and those whose primary language is not English. There is no cost to you.

- Qualified sign language interpreters are available for people who are deaf or hard of hearing.
- Large print, audio, braille, or other electronic formats of written information is available for people who are blind or have low vision.
- Language assistance services are available for those who have trouble with speaking or reading in English. This includes:
  - Qualified interpreters.
  - Information written in other languages.

If you need modifications, appropriate auxiliary aids and services, or language assistance services, please call 1 (800) 776-4672. TTY users, call 711.

## How to file a grievance or complaint

If you believe HMSA 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:

- Phone: 1 (800) 462-2085
- TTY: 711
- Email: appeals@hmsa.com
- Fax: (808) 952-7546
- Mail: HMSA Member Advocacy and Appeals
  P.O. Box 1958
  Honolulu, HI 96805-1958

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:

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

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

Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.

This notice is available at HMSA's website: https://hmsa.com/non-discrimination-notice/.

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Commercial/ACA/Medicare
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H3832_1300_N7KJ3109_27_C
H8481_1300_N7KH3108_27_C
H2561_1300_N7KG3107_27_C

ATTENTION: If you don't speak English, language assistance services are available to you at no cost. Auxiliary aids and services are also available to give you information in accessible formats at no cost. QUEST members, call 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, or speak to your provider. Medicare Advantage and commercial plan members, call 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

**'Ōlelo Hawai'i**
NĀ MEA: Inā 'a'ole 'oe 'ōlelo Pelekania, loa'a nā lawelawe kōkua 'ōlelo iā 'oe me ka uku 'ole. Loa'a nā kōkua kōkua a me nā lawelawe no ka hā'awi 'ana iā 'oe i ka 'ike ma nā 'ano like 'ole me ka uku 'ole. Nā lālā QUEST, e kelepona iā 1 (800) 440-0640 me ka uku 'ole, TTY 1 (877) 447-5990, a i 'ole e kama'ilio me kāu mea ho'olako. 'O nā lālā Medicare Advantage a me nā lālā ho'olālā kalepa, e kelepona iā 1 (800) 776-4672 a i 'ole TDD/TTY 1 (877) 447-5990.

**Bisaya**
PAHIBALO: Kung dili English ang imong pinulongan, magamit nimo ang mga serbisyo sa tabang sa pinulongan nga walay bayad. Ang mga auxiliary nga tabang ug serbisyo anaa sab aron mohatag og impormasyon kanimo sa daling ma-access nga mga format nga walay bayad. Mga membro sa QUEST, tawag sa 1 (800) 440-0640 toll-free, TTY 1 (877) 447-5990, o pakig-istorya sa imong provider. Mga membro sa Medicare Advantage ug commercial plan, tawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

**繁體中文**
**請注意：如果你不諳英文，我們將為您提供免費的語言協助服務。輔助支援和服務也能免費以無障礙的方式為您提供資訊。**QUEST **會員請致電免費熱線** 1 (800) 440-0640、**聽障熱線** (TTY) 1 (877) 447-5990 **或與您的服務提供者聯絡。**Medicare Advantage **及商業計劃會員請致電** 1 (800) 776-4672 **或聽障／語障熱線** (TDD/TTY) 1 (877) 447-5990。

**简体中文**
注意：如果您不会说英语，我们可以免费为您提供语言协助服务。同时，我们还配备辅助工具和相关服务，免费为您提供无障碍格式的信息。
QUEST 会员请拨打免费电话 1 (800) 440-0640，TTY 1 (877) 447-5990，或咨询您的医疗服务提供者。Medicare Advantage 和商业计划会员请致电 1 (800) 776-4672 或 TDD/TTY 1 (877) 447-5990。

**Ilokano**
BASAEN: No saanka nga agsasao iti Ingles, mabalinmo a magun-odan ti libre a serbisio a tulong iti lengguahe. Adda met dagiti kanayonan a tulong ken serbisio a makaited kenka iti libre nga impormasion iti nalaka a maawatan a pormat. Dagiti miembro ti QUEST, tawaganyo ti 1 (800) 440-0640 a libre iti toll, TTY 1 (877) 447-5990, wenno makisaritaka iti provider-yo. Dagiti miembro ti Medicare Advantage ken plano a pang-komersio, tawaganyo ti 1 (800) 776-4672 wenno TDD/TTY 1 (877) 447-5990.

**日本語**
**注意：英語を話されない方には、無料で言語支援サービスをご利用いただけます。また、情報をアクセシブルな形式で提供するための補助ツールやサービスも無料でご利用いただけます。QUESTプログラムの加入者の方は、フリーダイヤル**1 (800) 440-0640**までお電話ください。TTYをご利用の場合は**1 (877) 447-5990**までお電話いただくか、担当医療機関にご相談ください。**Medicare Advantage**プランおよび民間保険プランの加入者の方は、**1 (800) 776-4672**までお電話いただくか、TDD/TTYをご利用の場合は**1 (877) 447-5990**までお電話ください。**

**한국어**
주의: 영어를 사용하지 않는 경우, 무료로 언어 지원 서비스를 이용할 수 있습니다. 무료로 접근 가능한 형식으로 정보를 받기 위해 보조 지원 및 서비스 역시 이용할 수 있습니다. QUEST 가입자는 수신자 부담 전화 1 (800) 440-0640, TTY 1 (877) 447-5990 번으로 전화하거나 서비스 제공자와 상의하십시오. Medicare Advantage 및 민간 플랜 가입자는 1 (800) 776-4672 또는 TDD/TTY 1 (877) 447-5990 번으로 전화하십시오.

**ພາສາລາວ**
ຊຶ່ນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍ່ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພື່ອໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ ເຊົ້າເຖິງໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ເສຍຄ່າໄດ້ທີ່ ເບີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ປຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.ສະມາຊິກແຜນ ປະກັນ Medicare Advantage ແລະ ຊັ້ນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

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**Kajin Ṃajōḷ**
KŌJELLA: Ñe kwōjab jelā kenono kajin Belle, ewōr jibañ in ukok ñan kwe im ejellok wonnen. Ewōr kein roñjak im jibañ ko jet ñan wāween ko kwōmaron ebōk melele im ejellok wonnen. Armej ro rej kōjrbal QUEST, kall e 1 (800) 440-0640 ejellok wonnen, TTY 1 (877) 447-5990, ñe ejab kenono ibben taktō eo am. Medicare Advantage im ro rej kōjerbal injuran ko rej make wia, kall e 1 (800) 776-4672 ñe ejab TDD/TTY 1 (877) 447-5990.

**Lokaiahn Pohnpei**
Kohdo: Ma ke mwahu en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. Me mwengei en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. QUEST mwengei, kohdo mwengei 1 (800) 440-0640, TTY 1 (877) 447-5990, me mwengei en kaiahn Pohnpei. Medicare Advantage me mwengei en kaiahn Pohnpei, kohdo mwengei 1 (800) 776-4672 me TDD/TTY 1 (877) 447-5990.

**Gagana Sāmoa**
FAASILASILAGA: Afai e te lē tautala le faa-Igilisi, o loo avanoa mo oe e aunoa ma se totogi auaunaga fesoasoani i le gagana. O loo maua fo'i fesoasoani faaopo'opo ma auaunaga e tuuina atu ai iā te oe faamatalaga i auala eseese lea e maua e aunoa ma se totogi. Sui auai o le QUEST, valaau aunoa ma se totogi i le 1 (800) 440-0640, TTY 1 (877) 447-5990, pe talanoa i lē e saunia lau tausiga. Sui auai o le Medicare Advantage ma sui auai o peleni inisiua tumaoti, valaau i le 1 (800) 776-4672 po o le TDD/TTY 1 (877) 447-5990.

**Español**
ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia con el idioma. También están disponibles ayuda y servicios auxiliares para brindarle información en formatos accesibles sin costo alguno. Los miembros de QUEST deben llamar al número gratuito 1 (800) 440-0640, TTY 1 (877) 447-5990 o hablar con su proveedor. Los miembros de Medicare Advantage y de planes comerciales deben llamar al 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

**Tagalog**
PAUNAWA: Kung hindi ka nakapagsasalita ng Ingles, mayroon kang makukuhang mga serbisyo sa tulong sa wika nang libre. Mayroon ding mga auxiliary na tulong at serbisyo para bigyan ka ng impormasyon sa mga naa-access na format nang libre. Sa mga miyembro ng QUEST, tumawag sa 1 (800) 440-0640 nang toll-free, TTY 1 (877) 447-5990, o makipag-usap sa iyong provider. Sa mga miyembro ng Medicare Advantage at commercial plan, tumawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

**ไทย**
**โปรดให้ความสนใจ: หากท่านไม่พูดภาษาอังกฤษ เรามีบริการให้ความช่วยเหลือทางภาษาแก่ท่านโดยไม่มีค่าใช้จ่าย และยังมีความช่วยเหลือและบริการเสริมเพื่อให้ข้อมูลแก่ท่านในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่าย สำหรับสมาชิก QUEST โปรดโทรไปที่หมายเลขโทรฟรีที่หมายเลข 1 (800) 440-0640, TTY 1 (877) 447-5990 หรือพูดคุยกับผู้ให้บริการของคุณ สำหรับสมาชิก Medicare Advantage และแผนเชิงพาณิชย์ โปรดโทรไปที่หมายเลข 1 (800) 776-4672 หรือ TDD/TTY 1 (877) 447-5990**

**Tonga**
FAKATOKANGA: Kapau óku íkai keke lea Faka-Pilitania, óku í ai e tokotaha fakatonulea óku í ai ke tokonií koe íkai ha totongi. Óku í ai mo e kulupu tokoni ken au óatu e ngaahi fakamatala mo e tokoni íkai ha totongi. Kau memipa QUEST, ta ki he 1 (800) 440-0640 taé totongi, TTY 1 (877) 447-5990, pe talanoa ki hoó kautaha. Ko kinautolu óku Medicare Advantage mo e palani fakakomesiale, ta ki he 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

**Foosun Chuuk**
ESINESIN: Ika kese sine Fosun Merika, mei wor aninisin fosun fonu ese kamo mi kawor ngonuk. Mei pwan wor pisekin aninis mi kawor an epwe esinei ngonuk porous non och wewe ika nikinik epwe mecheres me weweoch ngonuk ese kamo. Chon apach non QUEST, kekeri 1 (800) 440-0640 namba ese kamo, TTY 1 (877) 447-5990, ika fos ngeni noumw ewe chon awora aninis. Medicare Advantage ika chon apach non ekoch otot, kekeri 1 (800) 776-4672 ika TDD/TTY 1 (877) 447-5990.

**Tiếng Việt**
CHÚ Ý: Nếu quý vị không nói được tiếng Anh, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các phương tiện và dịch vụ hỗ trợ cũng có sẵn để cung cấp cho quý vị thông tin ở các định dạng dễ tiếp cận mà không mất phí. Hội viên QUEST, xin gọi số miễn cước 1 (800) 440-0640, TTY 1 (877) 447-5990, hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị. Hội viên Medicare Advantage và chương trình thương mại, xin gọi số 1 (800) 776-4672 hoặc TDD/TTY 1 (877) 447-5990.