

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

HEALTH PLAN HAWAII PLUS

SUMMARY OF CHANGES EFFECTIVE JULY 1, 2022

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 2022 *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 2022 *Guide to Benefits* or plan certificate, the 2022 *Guide to Benefits* or plan certificate takes precedence.

BENEFIT CHANGES

- **Autism Spectrum Disorders Drugs.** The copayments for autism spectrum disorder drugs will be modified in your medical plan to comply with the Federal Mental Health Parity law that requires the amounts to be the same as copayments for similar medical services. Autism spectrum disorder drugs will be covered by your medical plan at 100% of Eligible Charge. If you have an HMSA drug plan with benefits for drugs to treat autism spectrum disorders, please refer to your drug plan. The HMSA drug plan benefits will apply and not the benefits of this plan.
- **Dental Anesthesia.** Anesthesia for dental services will be covered in accord with HMSA's medical policy on Dental Anesthesia which can be found at www.hmsa.com.
- **Extended Care Facility.** The extended care facility benefit limit will be adjusted from 60 days per benefit period to 120 days per calendar year.
- **Hearing Aids.** Hearing aid repairs or replacements are covered, subject to certain limitations and exclusions, and must be precertified.
- **Inter-island Transportation.** The Inter-island Transportation benefit will be removed. When specialist care is not available on the member's home island, inter-island travel may be requested through HMSA's Care Access Assistance program (CAAP).
- **Summary of Benefits and Your Payment Obligations (Guide to Benefits Chapter 3).** Copayments for the following services will change.

Your Copayment Amount Is:

Testing, Laboratory and Radiology

Allergy Testing

10% (office visit)
10% (hospital outpatient)
10% of eligible charge (hospital inpatient)

Chemotherapy and Radiation Therapy

Chemotherapy – Infusion/Injections

10% of eligible charge

Miscellaneous Medical Treatments

Growth Hormone Therapy

10% (office visit)
10% (hospital outpatient)
10% of eligible charge (hospital inpatient)

10% (office visit)
10% (hospital outpatient)
10% of eligible charge (hospital inpatient)

LANGUAGE CLARIFICATIONS

- **Additional Coverage Mandated by Law.** As may be required by law, your plan may provide expanded benefits and coverage policies not described in the Guide to Benefits. Up-to-date information related to such circumstances, including emergency declarations such as COVID-19, will be posted on our website at www.hmsa.com.
- **Mammography (screening).** Mammography screenings will be consolidated under Preventive Services. Information about covered preventive services can be found at hmsa.com/preventive.