

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

HPH CONVERSION

SUMMARY OF CHANGES EFFECTIVE JULY 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

- **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