

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

**BRONZE HMO**

**SUMMARY OF CHANGES EFFECTIVE JANUARY 1, 2017**

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 2017 *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 2017 *Guide to Benefits* or plan certificate, the 2017 *Guide to Benefits* or plan certificate takes precedence.

**BENEFIT MODIFICATIONS**

- **Annual Copayment Maximum.** The annual copayment maximum will change from \$6,850 per person/\$13,700 per family to \$7,150 per person/\$14,300 per family.
- **Annual Deductible.** The annual deductible will change from \$5,000 per person/\$10,000 per family to \$6,000 per person/\$12,000 per family.
- **Applied Behavior Analysis rendered by a Behavior Analyst recognized by us.** The copayment will change from \$30 to \$40.
- **Diagnostic Testing – Outpatient, Laboratory and Pathology – Outpatient, Radiology (General) – Outpatient, Tuberculin Test (screening), Prostate Specific Antigen (PSA) Test (screening).** The copayment will change from \$30 after the annual deductible to \$40 after the annual deductible.
- **Gender Identity Services.** Gender identity services to treat gender dysphoria will be covered in accord with HMSA's medical policy and Hawaii and Federal law. Benefits vary depending on the type of service or supply received. Services will be covered at the same benefit level as other similar covered services.
- **Mammography (screening).** The U.S. Preventive Services Task Force (USPSTF) no longer recommends one base line mammogram between the ages of 35 – 39. The frequency limit will change to cover one screening mammography per calendar year for women ages 40 and older. A woman of any age may receive the screening more often if she has a history of breast cancer or if her mother or sister has a history of breast cancer.
- **Non-discrimination.** To comply with a new federal law, HMSA plans, benefits, and policies are currently being reviewed and will be modified where necessary to ensure that coverage for services do not discriminate on the basis of race, color, national origin, sex, age or disability.
- **Nutritional Counseling.** To comply with Hawaii law, nutritional counseling rendered by recognized licensed dietitians will be covered for the treatment of eating disorders. Services will be covered at the same benefit level as outpatient behavioral health physician services.
- **Pap Smears (screening).** The U.S. Preventive Services Task Force (USPSTF) no longer recommends that women receive one screening pap smear every calendar year. The frequency limit will change to cover one screening pap smear every three years for women ages 21 to 65.
- **Physical and Occupational Therapy – Outpatient and Speech Therapy Service – Outpatient.** The copayment will change from \$30 after the annual deductible to \$40 after the annual deductible.
- **Physician Services – Away from Home Care and Consultations.** For visits to a PCP, the copayment will change from \$30 after the annual deductible to \$40 after the annual deductible.
- **Physician Services – Physician Visits and Outpatient Behavioral Health Physician Services.** For services received from a PCP or behavioral health provider, the copayment will change from \$30 after the annual deductible to the following:

- For the first 3 PCP office visits or outpatient behavioral health physician services, the annual deductible will not apply.
  - For services received from a PCP, the copayment will change to \$40.
  - For services received from an outpatient behavioral health physician, there is no copayment.
- For all remaining physician visits to a PCP, the copayment will change to \$40 after the annual deductible.
- For all remaining outpatient behavioral health physician services, there is no copayment after the annual deductible is met.
- **Supportive Care.** Coverage for Supportive Care will be added. Benefits will be provided only for services received in the State of Hawaii and when a member is referred by his or her physician to a network provider. Supportive Care is a comprehensive approach to care for members with a serious or advanced illness including Stage 3 or 4 cancer, advanced Congestive Heart Failure (CHF), advanced Chronic Obstructive Pulmonary Disease (COPD), or any advanced illness that meets the requirements of HMSA's Supportive Care policy. Coverage is limited to 90 calendar days of service in a 12 month period and is provided with no copayment cost to members.

### **LANGUAGE CLARIFICATION**

- **Cardiac Rehabilitation Disease Management Program.** The benefit for Dr. Ornish's Program for Reversing Heart Disease™ will be revised to clarify the program requirements. Services are covered when received from a contracted provider and in the State of Hawaii at an accredited Ornish Reversal Program. The program consists of eighteen 4 hour sessions and coverage is limited to one program per lifetime.

### **BENEFIT MODIFICATIONS FOR PRESCRIPTION DRUGS AND SUPPLIES**

- **Contraceptives.** To comply with Hawaii law, the dispensing limitation for contraceptives will change. The pharmacy will dispense contraceptives in the quantity amount specified on the prescription. Benefits are available for contraceptive supplies intended to last up to a twelve month period. A copayment may apply to each 30-day or 90-day supply.
- **Contraceptives – Tier 1.** For tier 1 contraceptives received from non-network providers, the copayment will change from \$10 plus 20% of remaining eligible charge after the annual deductible to \$25 plus 20% of remaining eligible charge after the annual deductible.
- **Non-discrimination.** To comply with a new federal law, HMSA plans, benefits, and policies are currently being reviewed and will be modified where necessary to ensure that coverage for services do not discriminate on the basis of race, color, national origin, sex, age or disability.
- **Tier 1.** For tier 1 drugs and supplies received from network providers, the copayment will change from \$10 to \$25. For non-network providers, the copayment will change from \$10 plus 20% of remaining eligible charge after the annual deductible to \$25 plus 20% of remaining eligible charge after the annual deductible.
- **Tier 1 – 90-day at Retail Network or Mail Order (84 – 90 Days).** For tier 1 drugs and supplies received from contracted providers, the copayment will change from \$20 to \$70.
- **Tier 4.** For tier 4 drugs and supplies received from network providers, the copayment will change from \$150 after the annual deductible to \$200 or 20% of eligible charge, whichever is greater, after the annual deductible.
- **Tier 5.** For tier 5 drugs and supplies received from network providers, the copayment will change from \$300 after the annual deductible to \$200 or 30% of eligible charge, whichever is greater, after the annual deductible.