

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

PLATINUM PPO

SUMMARY OF CHANGES EFFECTIVE JANUARY 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.

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.
- **Prescription Drugs and Supplies:**
 - **Oral Chemotherapy Drugs.** The dispensing limitation for non-Specialty oral chemotherapy drugs will increase. Retail or mail order pharmacies may dispense up to a 90-day supply.
 - **Tier 5.** For drugs and supplies received from a participating provider, the copayment will change from \$150 or 30%, whichever is greater, to \$300 or 30%, whichever is greater.

LANGUAGE CLARIFICATIONS

- **Hawaii State Residency Requirements.** Eligibility requirements will be updated to clarify if you enroll in an HMSA plan because you intend to reside in the State of Hawaii, HMSA reserves the right to request documentation verifying that you have moved to and reside in Hawaii. If HMSA determines, in its sole discretion, that such documentation does not verify that you have fulfilled your intent to reside in Hawaii, HMSA may rescind your coverage.
- **Tuberculin Test.** Tuberculosis (TB) screening test has been added to the U.S. Preventive Services Task Force (USPSTF) list of grade B recommendations. Therefore to comply with federal law, TB screenings will be covered at the same benefit as other USPSTF screenings, which is at no cost when obtained from a participating provider.
- **Prescription Drugs and Supplies:**
 - **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

- **Non-Formulary Exceptions.** The Non-Formulary Exceptions criteria will change. Currently, if a drug is not listed in one of the five benefit tiers and is not excluded, a Non-Formulary Exception to cover the drug may be provided after trying and failing all alternative formulary drugs. The criteria will change to require the trial and failure of at least 3 or all formulary alternatives, whichever is less.