

HAWAII MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

PRESCRIPTION DRUG BENEFITS RIDER

SUMMARY OF CHANGES EFFECTIVE JANUARY 1, 2024

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 2024 *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 2024 *Guide to Benefits* or plan certificate, the 2024 *Guide to Benefits* or plan certificate takes precedence.

BENEFIT CHANGES

- **Oral Chemotherapy.** Benefits for Oral Chemotherapy will vary depending on whether the drug is a Specialty or Non-Specialty drug. Specialty Drugs are identified on HMSA's formulary and may be high-cost drugs, require specialized patient training, coordination of care, close supervision and monitoring on an ongoing basis. Benefits for Specialty Drugs are only available when purchased from a Contracted Specialty Drug Provider. Limited distribution drugs dispensed by a non-contracted plan provider will be covered the same as by a contracted plan provider.
- **Summary of Benefits and Your Payment Obligations (Guide to Benefits Chapter 3).** Copayments for the following services will change.

	Annual Deductible Applies?		Your Copayment Amount Is: (Percentage copayments are based on eligible charges)	
	Network Pharmacy	Non-Network Pharmacy	Network Pharmacy	Non-Network Pharmacy
Prescription Drugs and Supplies				
Chemotherapy—Oral	Yes	Yes	None	You owe the entire charge and HMSA reimburses you 100% of the eligible charge
<u>Oral Chemotherapy – Non-Specialty Drugs</u>	<u>Yes</u>	<u>Yes</u>	<u>None</u>	<u>10%</u>
<u>Oral Chemotherapy – Specialty Drugs</u>	<u>Yes</u>	<u>Not Covered</u>	<u>\$50 or 10% whichever is less</u>	<u>Not Covered</u>
Tier 3 and Contraceptive – Tier 3	Yes	Yes	50% <u>40%</u> of eligible charge	You owe the entire charge and HMSA reimburses you 50% <u>40%</u> of the eligible charge
Tier 4	Yes	Not Covered	50% <u>40%</u> of eligible charge	Not Covered
90-Day at Retail Network or Mail Order – Tier 3 and Contraceptive – Tier 3 (84-90 Days)	Yes	Not Covered	50% <u>40%</u> of eligible charge	Not Covered