

HAWAI'I 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.

	Nonparticipating Provider Annual Deductible Applies? (Percentage copayments are based on eligible charges)		
	Participating	Nonparticipating	
<b>Prescription Drugs and Supplies</b>			
Chemotherapy—Oral	No	None	None
<b>Oral Chemotherapy – Non-Specialty Drugs</b>	<b>No</b>	<b>None</b>	<b>10%</b>
<b>Oral Chemotherapy – Specialty Drugs</b>	<b>Not Covered</b>	<b>\$50 or 10% whichever is less</b>	<b>Not Covered</b>
Tier 2 and Contraceptive – Tier 2	No	\$40 <del>\$50</del>	\$40 <del>\$50</del> plus 20% of remaining eligible charge
Tier 3 and Contraceptive – Tier 3	No	\$40 plus \$35 <del>\$40 plus \$40</del> Tier 3 Cost Share	\$40 plus \$35 <del>\$40 plus \$40</del> Tier 3 Cost Share and 20% of remaining eligible charge
90-Day at Retail Network or Mail Order – Tier 2 and Contraceptive – Tier 2 (84-90 Days)	Not Covered	\$80 <del>\$100</del>	Not Covered
90-Day at Retail Network or Mail Order – Tier 3 and Contraceptive – Tier 3 (84-90 Days)	Not Covered	\$80 plus \$70 <del>\$80 plus \$80</del> Tier 3 Cost Share	Not Covered
Diabetic Supplies – Non-Preferred Formulary	No	\$40 <del>\$50</del>	\$40 <del>\$50</del> plus 20% of remaining eligible charge
Diabetic Supplies – Preferred Formulary	No	\$7 <del>None</del>	\$7 <del>None</del>

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90-Day at Retail Network or Mail Order – Diabetic Supplies – Non-Preferred Formulary (84 – 90 Days)	Not Covered	<del>\$80</del> <b><u>\$100</u></b>	Not Covered
90-Day at Retail Network or Mail Order – Diabetic Supplies – Preferred Formulary (84 – 90 Days)	Not Covered	<b><u>\$14</u></b> <b><u>None</u></b>	Not Covered

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