

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?		Copayment Is (Percentage copayments are based on eligible charges)	
	Participating	Nonparticipating	Participating	Nonparticipating
<b>Prescription Drugs and Supplies</b>				
Chemotherapy—Oral	No	No	None	None
<b>Oral Chemotherapy – Non-Specialty Drugs</b>	<b>No</b>	<b>No</b>	<b>None</b>	<b>10%</b>
<b>Oral Chemotherapy – Specialty Drugs</b>	<b>No</b>	<b>Not Covered</b>	<b>\$50 or 10% whichever is less</b>	<b>Not Covered</b>
Tier 1	Yes	Yes	\$30 <del>\$35</del>	\$30 <del>\$35</del> plus 20% of remaining eligible charge
Tier 2 and Contraceptive – Tier 2	Yes	Yes	\$60 <b>30% of eligible charge</b>	\$60 <b>30% of eligible charge</b> plus 20% of remaining eligible charge
Tier 3 and Contraceptive – Tier 3	Yes	Yes	50% <b>40%</b> of eligible charge	50% <b>40%</b> of eligible charge plus 20% of remaining eligible charge
Tier 4	Yes	Not Covered	<del>50%</del> <b>40%</b> of eligible charge	Not Covered
90-Day at Retail Network or Mail Order – Tier 1 (84-90 Days)	Yes	Not Covered	<del>\$60</del> <b>\$70</b>	Not Covered

90-Day at Retail Network or Mail Order – Tier 2 and Contraceptive – Tier 2 (84-90 Days)	Yes	Not Covered	<del>\$120</del> <b><u>30% of eligible charge</u></b>	Not Covered
90-Day at Retail Network or Mail Order – Tier 3 and Contraceptive – Tier 3 (84-90 Days)	Yes	Not Covered	<del>50%</del> <b><u>40% of eligible charge</u></b>	Not Covered
Contraceptive – Over-the-counter (OTC) and Contraceptive – Tier 1	No	Yes	None	<del>\$30</del> <b><u>\$35</u></b> plus 20% of remaining eligible charge
Diabetic Supplies – Non-Preferred Formulary	Yes	Yes	<del>\$60</del> <b><u>30% of eligible charge</u></b>	<del>\$60</del> <b><u>30% of eligible charge plus 20% of remaining eligible charge</u></b>
Diabetic Supplies – Preferred Formulary	Yes	Yes	<del>\$15</del> <b><u>None</u></b>	<del>\$15</del> <b><u>None</u></b>
90-Day at Retail Network or Mail Order – Diabetic Supplies – Non-Preferred Formulary (84 – 90 Days)	Yes	Not Covered	<del>\$120</del> <b><u>30% of eligible charge</u></b>	Not Covered
90-Day at Retail Network or Mail Order – Diabetic Supplies – Preferred Formulary (84 – 90 Days)	Yes	Not Covered	<del>\$30</del> <b><u>None</u></b>	Not Covered