

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

BRONZE PPO I

SUMMARY OF CHANGES EFFECTIVE JANUARY 1, 2025

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 *2025 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 *2025 Guide to Benefits* or plan certificate, the *2025 Guide to Benefits* or plan certificate takes precedence.

BENEFIT CHANGE

- **Annual Copayment Maximum.** The annual copayment maximum will change from \$9,400 per person/\$18,800 (maximum) per family to \$9,200 per person/\$18,400 (maximum) per family.
- **Cardiac Rehabilitation.** Cardiac rehabilitation will be covered at the same benefit level as the Physical and Occupational Therapy – Outpatient benefit.
- **Orthodontic Services to Treat Orofacial Anomalies.** The benefit limitation for Orthodontic Services to Treat Orofacial Anomalies will change from \$6,900 to \$6,930.