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

SILVER PPO

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 $9,100 per person/$18,200 (maximum) per family to $8,000 per person/$16,000 (maximum) per family.

- **Annual Deductible.** The annual deductible will change from $5,900 per person/$11,800 (maximum) per family to $5,000 per person/$10,000 (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.

- **Summary of Benefits and Your Payment Obligations (Guide to Benefits – Chapter 3).** The following changes will be made to the benefit and payment chart:

	Annual Deductible Applies?		Copayment Is (Percentage copayments are based on eligible charges)	
	Participating	Nonparticipating	Participating	Nonparticipating
Chemotherapy – Oral Drugs				
Oral - Chemotherapy – Non Specialty Drug	~~Yes~~ **No**	Yes	None	None
90-Day at Retail Network or Mail Order – Oral Chemotherapy – Non-Specialty Drugs (84 – 90 Days)	~~Yes~~ **No**	Not Covered	None	Not Covered