HAWAIʻI MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

GOLD PPO II

SUMMARY OF CHANGES EFFECTIVE JANUARY 1, 2024

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 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 CHANGE

- **Annual Deductible.** The annual copayment maximum will change from $2,000 per person/$4,000 (maximum) per family to $1,500 per person/$3,000 (maximum) per family.

- **Applied Behavior Analysis (ABA) Rendered by a Behavior Analyst Recognized by Us.** ABA services will be covered at the same benefit level as outpatient Behavioral Health – Hospital and Facility Services. This change complies with the Federal Mental Health Parity law which requires similar coverage and precertification for behavioral health services and similar services for other health conditions.

- **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.

	Annual Deductible Applies?		Copayment Is (Percentage copayments are based on eligible charges)	
	Participating	**Nonparticipating**	**Participating**	**Nonparticipating**
Chemotherapy – Oral Drugs				
Oral Chemotherapy – Non-Specialty Drugs	Yes	Yes	None	None
Oral Chemotherapy – Specialty Drugs	Yes	Not Covered	None	Not Covered
90-Day at Retail Network or Mail Order – Oral Chemotherapy – Non-Specialty Drugs (84 – 90 Days)	Yes	Not Covered	None	Not Covered
90-Day at Retail Network or Mail Order – Oral Chemotherapy – Specialty Drugs (84 – 90 Days)	Not Covered	Not Covered	Not Covered	Not Covered

- **Orthodontic Services to Treat Orofacial Anomalies.** The benefit limitation for orthodontic services to treat orofacial anomalies will change from $5,500 to $6,900.

- **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**
Behavioral Health - Mental Health and Substance Abuse				
Applied Behavior Analysis Rendered by a Behavior Analyst Recognized by Us	~~No~~ **Yes**	Yes	~~$30~~ **25%**	45%
Prescription Drugs and Supplies				
Tier 5	No	Not Covered	~~$400 or 30% whichever is greater~~ **$250**	Not Covered
Diabetic Supplies – Non-Preferred Formulary	~~Yes~~ **No**	Yes	$30	$30 **plus 20% of remaining eligible charge**
Diabetic Supplies – Preferred Formulary	No	Yes	~~$15~~ **None**	~~$15~~ **None**
90-Day at Retail Network or Mail Order – Diabetic Supplies – Non-Preferred Formulary (84 – 90 Days)	~~Yes~~ **No**	Not Covered	$60	Not Covered
90-Day at Retail Network or Mail Order – Diabetic Supplies – Preferred Formulary (84 – 90 Days)	No	Not Covered	~~$30~~ **None**	Not Covered

LANGUAGE CLARIFICATION

- **Recreational Therapy.** Recreational therapy and related programs are not covered and will be added to the Miscellaneous Exclusions section of the Guide to Benefits.