



HAWAII MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

CHILDREN'S PLAN

SUMMARY OF CHANGES EFFECTIVE JANUARY 1, 2010

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 2010 *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 2010 *Guide to Benefits* or plan certificate, the 2010 *Guide to Benefits* or plan certificate takes precedence.

Benefit Modifications

- **Online Care.** Benefits for HMSA's Online Care from a participating provider will be provided at a copayment of \$10 for up to 10 minutes, and \$5 for an additional 5 minute extension. Each session is limited to a total of 15 minutes.

Language Clarifications

- **Ambulance Services.** The section describing ambulance benefits will be revised to clarify that transportation for emergency care does not apply to transportation to a skilled nursing facility.
- **Gynecological Exam.** The section describing gynecological exam benefits will be revised to clarify that your Primary Care Provider (PCP) must submit an administrative review request for any services received from a provider outside of the Health Plan Hawaii network.
- **Infertility Treatment.** Cryopreservation of oocytes, semen and embryos are not covered by the plan and will be added to the list of infertility treatment exclusions.

Administrative Changes

- **Advanced Practice Registered Nurse (APRN).** To comply with state law, services within the scope of the license of an APRN will be recognized and covered by the plan.
- **Network Facilities.** A provision related to network facilities will be added to the plan. If a facility leaves HMSA's network of providers, certain hospitals may remain available to you as if they were network providers through your current plan year with HMSA, but no longer than 12 months from the time the hospital leaves the network.
- **Physician Assistant (PA).** To comply with state law, services ordered by a PA that are within the scope of their license will be recognized and covered by the plan.
- **Precertification.** Precertification is no longer required for the injectable drugs erthropoietin, darbepoetin, and orencia. The following will be added to list of services that require precertification:
 - Autologous Chondrocyte Implantation (ACI)
 - Repair Blepharoptosis
 - Bone Mineral Density Studies (for members under 18 and for members determined to be at high risk for osteoporosis requiring studies more frequently than once every two years)
 - CT Colonography (virtual colonoscopy)
 - Coronary CT Angiography
 - Functional MRI
 - Vertebroplasty
 - Magnetic Resonance Venography (MRV)– Outpatient (not required for emergency room)
 - Photodynamic Therapy (for superficial basal cell skin cancer and Bowen's disease)
 - Fractionated Stereotactic Radiotherapy Beams (Gamma-knife and X-knife Surgery)