

HAWAII MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

CHILDREN'S PLAN

SUMMARY OF CHANGES EFFECTIVE JANUARY 1, 2012

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 2012 *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 2012 *Guide to Benefits* or plan certificate, the 2012 *Guide to Benefits* or plan certificate takes precedence.

Language Clarifications

- **Injectable and Intravenous Drugs.** The sections describing injectable and intravenous drug benefits will be revised to clarify that covered drugs must be FDA approved.

Administrative Changes

- **Appeals.** To comply with state and federal laws, appeals processes for disputing HMSA's decisions or actions have been revised.
- **Precertification.** Fractionated Stereotactic Radiotherapy Beams (Gamma-knife and X-knife Surgery) will be removed from the list of services requiring precertification.

The following will be added to the list of services requiring precertification:

- Arcalyst
- Anesthesia Services for Gastrointestinal Endoscopic Procedures
- Benlysta
- Berinert
- Biological Agents for the Treatment of Plaque Psoriasis
- Endoscopic Radiofrequency Ablation for Barrett's Esophagus
- Folutyn
- Genetic Testing for the following conditions based on the member's clinical presentation and family history as outlined in the HMSA genetic testing policies:
 - Attenuated familial adenomatous polyposis (AFAP)
 - Carrier Status for Spinal Muscular Atrophy
 - Factor V Leiden, Prothrombin G20210A Mutation and Methylenetetrahydrofolate Reductase (MTHFR)
 - Familial Adenomatous Polyposis (FAP)
 - Hereditary Hemochromatosis (HFE) Mutations
 - Lynch syndrome (hereditary nonpolyposis colorectal cancer)
 - MYH associated polyposis (MAP)
- Lucentis (for off-label indications)
- Macugen (for off-label indications)
- Preimplantation Genetic Diagnosis
- Prolia
- Provenge
- Sleep Studies (when performed more than once every 5 years)
- Stereotactic Body Radiation Therapy
- Supprelin LA
- Surgical Treatment of Femoroacetabular Impingement