

HAWAII MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

HPH CONVERSION PLAN

SUMMARY OF CHANGES EFFECTIVE JULY 1, 2009

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

Benefit Modifications

- **Routine and Preventive Exams.** The copayments for gynecological exam, physical exam, and well-child care will increase from no copayment to \$15.
- **Immunizations.** The copayments for certain immunizations will increase from no copayment to the following:
 - Immunizations for members age 19 and older (except for influenza and pneumococcal) - \$10 copayment
 - Unexpected mass immunizations – 50% of eligible charge
 - No benefits will be provided for travel immunization. Travel immunizations will be added to the list of services not covered.
- **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.
- **Diagnostic Tests and Laboratory Services (Outpatient Hospital or Office).** The copayment for outpatient diagnostic tests, genetic testing, and laboratory and pathology services will increase from no copayment to 20% of eligible charge.
- **Evaluation for the Use of Hearing Aids.** The copayment for hearing aid evaluations will increase from no copayment to \$15.
- **X-Rays and Other Radiology (Outpatient Hospital or Office).** The copayment for outpatient x-rays and other radiology will increase from 10% to 20% of eligible charge.
- **Pregnancy Termination.** The summary of benefits and benefit descriptions will be revised to include pregnancy termination. Elective pregnancy termination will be limited to 2 per lifetime.
- **Diabetic Supplies.** The copayment for diabetic supplies will increase to 50% of eligible charge. For preferred brands, the copayment is increasing from no copayment to 50% of eligible charge and for other brand name supplies, the copayment is increasing from 20% to 50% of eligible charge.
- **Behavioral Health – Mental Health and Substance Abuse.** The copayments for behavioral health services will be changed as follows:
 - Physician Visits (outpatient) – from \$15 to 20% of eligible charge.
 - Psychological Testing – from \$20 to 20% of eligible charge.
- **Organ and Tissue Transplants and Organ Donations (Outpatient Hospital).** The copayments for organ and tissue transplants or organ donations will increase from no copayment to \$15.
- **Skilled Nursing Facility (SNF).** The benefit limitation for skilled nursing facility will change from 100 days per calendar year to 60 days per benefit period. A benefit period begins on the first day you are admitted to an inpatient hospital or SNF. The benefit period ends when you have not been inpatient at any hospital or SNF for 60 days in a row. If you go to the hospital or SNF after one benefit period has ended, a new benefit period begins.