

HAWAII MEDICAL SERVICE ASSOCIATION  
BLUE CROSS BLUE SHIELD OF HAWAII

**HPH CONVERSION**

**SUMMARY OF CHANGES EFFECTIVE JULY 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**

- **Annual Copayment Maximum.** The annual copayment maximum amount will change from \$2,000 per person/\$6,000 per family to \$2,500 per person/\$7,500 per family.
- **Dialysis and Supplies.** The copayment for hospital outpatient services will change from \$15 to 10% of eligible charge.
- **Emergency Room Facility Services.** The copayment for emergency room facility services in Hawaii and services outside of Hawaii from a BlueCard provider will change from \$50 to \$75.
- **Gynecological Exam.** The copayment for gynecological exams will change from \$15 to no copayment.
- **Immunizations for Members 19 years and older.** The copayment for immunizations will change from \$10 to no copayment.
- **Physical Exams.** The copayment for physical exams will change from \$15 to no copayment.
- **Well-Child Care.** The copayments for well-child care will change from \$15 to no copayment.