

HAWAII MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

INDIVIDUAL CARE PLAN (HIGH OR BASIC OPTION)

SUMMARY OF CHANGES EFFECTIVE SEPTEMBER 23, 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

- **Emergency Services.** To comply with federal law, copayments for out-of-network emergency services will be the same as copayments for in-network emergency services.
- **Preventive Services Under Health Care Reform.** To comply with federal law, we will be covering preventive services, as defined under Health Care Reform, at no cost to you.

Administrative Modifications

- **Obstetrical and Gynecological Care.** You do not need prior authorization from us or your primary care physician to obtain access to obstetrical or gynecological care from a health professional in HMSA's Health Plan Hawaii Network who specializes in obstetrics or gynecology.
- **Termination for Fraud.** We will provide you with written notice 30 days prior to terminating your coverage for fraud. During that time, you have a right to appeal the determination of fraud. If you do not exercise that right, your coverage will be terminated at the end of the 30 days.
- **Appeals.** To comply with federal law, appeals processes will undergo changes throughout the plan year.
- **Health Statement.** Medical history information collected for your dependents will not be used for eligibility purposes or to subject them to waiting periods.

Language Clarifications

- **Choosing Your Health Team.** The section describing how to designate your health care team will be revised to clarify that you have a right to designate any primary care provider who participates in HMSA's Health Plan Hawaii Network and who is available to accept you or your family member. For children, you may designate a pediatrician as the primary care provider.