

HAWAII MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

INDIVIDUAL CARE PLAN (HIGH OR BASIC OPTION)

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.

Benefit Changes

- **Emergency Room Facility Services.** The copayment for emergency room facility services will increase from \$50 to \$75.
- **Physician Services Copayment.** All copayments for physician services that are currently \$17 will increase to \$20.

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.
- **Medical Equipment, Appliances, and Supplies.** Benefits for medical equipment, appliances and supplies will be separated into benefit categories that more distinctly reflect the types of items covered under each benefit. Benefits will be described under Durable Medical Equipment and Supplies; Implanted Internal Items/Implants; Orthotics and External Prosthetics; and Vision and Hearing Appliances.
- **Outpatient Facility.** The benefit for outpatient facility has been corrected to indicate a 20% copayment. The benefit was previously listed incorrectly indicating a 10% copayment. (***Applicable only to the high option plan***).
- **Physical and Occupational Therapy.** The section describing physical and occupational therapy benefits will be revised to clarify that group therapy exercise programs are not covered.
- **Pregnancy Termination.** The benefit for inpatient pregnancy termination has been corrected to indicate a 20% copayment. The benefit was previously listed incorrectly indicating a 10% copayment. (***Applicable only to the high option plan***).

Administrative Changes

- **Appeals.** To comply with state and federal laws, appeals processes for disputing HMSA's decisions or actions have been revised.
- **Disease Management and Preventive Services Programs.** To support an integrated care model that places the relationship between doctors and patients at the center of care, we are revamping all of HMSA's health and wellness programs, including HealthPass. HealthPass will transition into a more powerful tool – Well-Being Connect. Well-Being Connect is an online health portal that includes a well-being assessment that helps you design a personal plan which fosters healthy behavior.
- **Precertification.** The following will be removed from the list of services requiring precertification: Genetic Testing for Carrier Status for Spinal Muscular Dystrophy and Reductase Gene Mutations; Orthotics; Fractionated Stereotactic Radiotherapy Beams (Gamma-knife and X-knife Surgery); and Pediatric Tilt in Space Wheelchairs.

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
- Chemotherapy Agent – Oral
 - Votrient
- Cognitive Rehabilitation for patients with traumatic brain injury
- 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)
- Oxygen and Oxygen Equipment (for members 13 years of age and older)
- 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