

HAWAII MEDICAL SERVICE ASSOCIATION  
BLUE CROSS BLUE SHIELD OF HAWAII

**PPO CONVERSION**

**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**

- **Lifetime Maximum.** To comply with federal law, we will be removing the Lifetime Maximum dollar limit.
- **Emergency Services.** To comply with federal law, copayments for emergency services from nonparticipating providers will be the same as copayments for emergency services from participating providers. For nonparticipating provider services, any amount above the eligible charge continues to be noncovered.
- **Preventive Services Under Health Care Reform.** To comply with federal law, preventive services, as defined under Health Care Reform, that are obtained from a participating providing will be covered at no cost to you.

**Administrative Modifications**

- **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.