

HAWAI'I MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

COMPAMED

SUMMARY OF CHANGES EFFECTIVE JULY 1, 2018

HMSA periodically reviews your health plans to ensure that they provide your employees with quality health plan benefits 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 2018 *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 2018 *Guide to Benefits* or plan certificate, the 2018 *Guide to Benefits* or plan certificate takes precedence.

LANGUAGE CLARIFICATIONS

- **Tuberculin Test.** Tuberculosis (TB) screening test has been added to the U.S. Preventive Services Task Force (USPSTF) list of grade B recommendations. Therefore, to comply with federal law, TB screenings will be covered at the same benefit as other USPSTF screenings, which is at no cost when obtained from a participating provider.
- **Drug Categories.** Drug category names will be changed to match the pharmaceutical industry. The following changes will be made:

<u>Current</u>	<u>New</u>
Other Brand Name Drug	Non-Preferred Formulary Drug
Other Brand Name Specialty Drug	Non-Preferred Formulary Specialty Drug
Preferred Drug	Preferred Formulary Drug
Preferred Specialty Drug	Preferred Formulary Specialty Drug

HAWAII MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

PRESCRIPTION DRUG BENEFITS RIDER

SUMMARY OF CHANGES EFFECTIVE JULY 1, 2018

HMSA periodically reviews your health plans to ensure that they provide your employees with quality health plan benefits 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 2018 *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 2018 *Guide to Benefits* or plan certificate, the 2018 *Guide to Benefits* or plan certificate takes precedence.

BENEFIT MODIFICATIONS

- **Oral Chemotherapy Drugs.** The dispensing limitation for non-Specialty oral chemotherapy drugs will increase. Retail or mail order pharmacies may dispense up to a 90-day supply.

LANGUAGE CLARIFICATIONS

- **Drug Categories.** Drug category names will be changed to match the pharmaceutical industry. The following changes will be made:

<u>Current</u>	<u>New</u>
Other Brand Name Drug	Non-Preferred Formulary Drug
Other Brand Name Specialty Drug	Non-Preferred Formulary Specialty Drug
Preferred Drug	Preferred Formulary Drug
Preferred Specialty Drug	Preferred Formulary Specialty Drug

- **Non-Formulary Exceptions.** The Non-Formulary Exceptions criteria will change. Currently, if a drug is not listed in one of the five benefit tiers and is not excluded, a Non-Formulary Exception to cover the drug may be provided after trying and failing all alternative formulary drugs. The criteria will change to require the trial and failure of at least 3 or all formulary alternatives, whichever is less.

HAWAII MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

PARTICIPATING PROVIDER DENTAL PROGRAM

SUMMARY OF CHANGES EFFECTIVE JULY 1, 2018

HMSA periodically reviews your dental plans to ensure that they provide your employees with quality dental benefits in compliance with state and federal laws and are structured to best manage dental 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.

We are pleased to announce the following benefit change:

BENEFIT CHANGE

While many dentists use amalgam (silver) fillings due to their low cost and strength, some dentists use composite (white) fillings, which form a natural bond to the tooth that requires less removal of the tooth structure during the restorative procedure.

Benefit coverage for posterior composite fillings (white filling on molar teeth) will be provided at the same benefit level as amalgam fillings, which is 70% of eligible charge.