

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

**COMPAMED, COMPAMED CHOICE, COMPAMED – A, COMPAMED – B, COMPAMED HRA  
PREFERRED PROVIDER PLAN, PREFERRED PROVIDER PLAN 2010  
PREFERRED PROVIDER PLAN – A, PREFERRED PROVIDER PLAN – B**

**SUMMARY OF CHANGES EFFECTIVE January 1, 2020**

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 2020 *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 2020 *Guide to Benefits* or plan certificate, the 2020 *Guide to Benefits* or plan certificate takes precedence.

**ADMINISTRATIVE CHANGES**

- **Maternity Care.** The section describing the global fees for bundled maternity care services will be removed. Covered maternity care services will be paid in accord with HMSA's policies and provider contracts.
- **Residential Treatment Facilities Precertification.** The Mental Health and Substance Abuse benefit will be modified, in accord with HMSA's medical policy, to require precertification for the admission and continued treatment at all residential treatment facilities.

**BENEFIT CHANGES**

- **Air Ambulance.** The Air Ambulance benefit will be modified, in accord with HMSA's medical policy, to include the transportation for critically ill patients in Hawaii to the continental United States when treatment is not available in Hawaii. Services will be covered at the same benefit level as air ambulance transportation in Hawaii. Air ambulance services to the continental U.S. requires precertification.
- **Artificial Insemination.** Artificial insemination will be covered at the same benefit level as non-cutting surgery.
- **Infertility Diagnosis.** Services and supplies related to the diagnosis of infertility will be covered. Benefits may vary depending on the type of service or supply received.

**LANGUAGE CLARIFICATIONS**

- **Dependent Eligibility.** The section describing enrollment for children with special needs will be modified to reflect HMSA's currently eligibility requirements. Enrollment documentation must be provided within 31 days of the child's 26<sup>th</sup> birthday.
- **Drug Synchronization.** Pharmacists may refill maintenance drugs early in order to synchronize prescriptions for multiple maintenance drugs to be ready for pick up at the same time. Copayments for each drug will be adjusted accordingly.
- **Extended Care Facility.** The Skilled Nursing Facility benefit will be renamed to Extended Care Facility. Extended Care Facilities include facilities that provide skilled nursing care, sub-acute level of care and long-term acute level of care.
- **In Vitro Fertilization.** The section describing the in vitro benefit will be modified to clarify that in vitro fertilization is limited to a one-time only benefit for one outpatient procedure ("IVF Benefit") per: HMO product or PPO product. If the IVF Benefit was exhausted under prior HMSA coverage with a different group, the member will be eligible for a one-time additional single IVF Benefit from the current group plan only if the member did not already receive an IVF Benefit from an HMSA plan with that group.

- **Nonparticipating Provider Specialty Care.** If a participating provider is not available for specialty care, services from a nonparticipating provider may be covered at the participating provider benefit level, but only in accord with Hawaii law. Benefits are limited to services received in the State of Hawaii, unless specialty care is not available in the State. Services must be approved by HMSA prior to receiving the services.
- **Preventive Services.** Preventive services benefits will be simplified in the Guide to Benefits. Information about covered preventive services can be found at [hmsa.com/preventive](https://hmsa.com/preventive).