

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

**PREFERRED PROVIDER PLAN 2010**

**SUMMARY OF CHANGES EFFECTIVE JULY 1, 2022**

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 2022 *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 2022 *Guide to Benefits* or plan certificate, the 2022 *Guide to Benefits* or plan certificate takes precedence.

**BENEFIT CHANGES**

- **Ambulance (air).** To comply with federal law, copayments for air ambulance services from nonparticipating providers will be the same as copayments for air ambulance services from participating providers.
- **Autism Spectrum Disorders Drugs.** The copayments for autism spectrum disorder drugs will be modified in your medical plan to comply with the Federal Mental Health Parity law that requires the amounts to be the same as copayments for similar medical services. Autism spectrum disorder drugs will be covered by your medical plan at 100% of Eligible Charge. If you have an HMSA drug plan with benefits for drugs to treat autism spectrum disorders, please refer to your drug plan. The HMSA drug plan benefits will apply and not the benefits of this plan.
- **Dental Anesthesia.** Anesthesia for dental services will be covered in accord with HMSA's medical policy on Dental Anesthesia which can be found at [www.hmsa.com](http://www.hmsa.com).
- **Hearing Aids.** Hearing aid repairs or replacements are covered, subject to certain limitations and exclusions, and must be precertified.
- **Mammography (screening).** Mammography screenings will be covered at the same benefit level and consolidated under Preventive Health Services. Information about covered preventive services can be found at [hmsa.com/preventive](http://hmsa.com/preventive).

**LANGUAGE CLARIFICATIONS**

- **Additional Coverage Mandated by Law.** As may be required by law, your plan may provide expanded benefits and coverage policies not described in the Guide to Benefits. Up-to-date information related to such circumstances, including emergency declarations such as COVID-19, will be posted on our website at [www.hmsa.com](http://www.hmsa.com).
- **Mammography (screening).** Mammography screenings will be consolidated under Preventive Services. Information about covered preventive services can be found at [hmsa.com/preventive](http://hmsa.com/preventive).