



HAWAII MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

CATASTROPHIC CARE PLAN

SUMMARY OF CHANGES EFFECTIVE JANUARY 1, 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

- **Colonoscopy (screening).** Benefits for colonoscopy screening tests for ages 50 and older will be added. Services will be covered at the same benefit level as other non-cutting surgery services. Benefits are limited to one screening every ten years.
- **Sigmoidoscopy (screening).** Benefits for sigmoidoscopy screening tests for ages 50 and older will be added. Services will be covered at the same benefit level as other non-cutting surgery services. Benefits are limited to one screening every five years.
- **Fecal Occult Blood Test (FOBT) (screening).** Fecal occult blood test screenings for ages 50 and older will be covered as outpatient laboratory and pathology services.
- **Online Care.** Benefits for HMSA's Online Care from a participating provider will be provided after the annual deductible is met at a copayment of \$10 for up to 10 minutes, and \$5 for an additional 5 minute extension. Each session is limited to a total of 15 minutes.
- **Oral Chemotherapy Drugs.** Benefits for oral chemotherapy drugs will be added. Oral chemotherapy drugs will be covered after the annual deductible is met at 100% of eligible charge when received from participating and nonparticipating retail pharmacies or a contracted mail order provider. However, if a member is covered by a HMSA drug plan with benefits for similar drugs, the HMSA drug plan benefits will apply.

Language Clarifications

- **Adopted Newborns.** The section describing enrollment for children who are adopted newborns will be revised to clarify that the effective date of an adopted newborn child will be the birth date of the child, providing we receive notice of your intent to adopt within 31 days of the child's birth.
- **Ambulance Services.** The section describing ambulance benefits will be revised to clarify that transportation for emergency care does not apply to transportation to a skilled nursing facility.
- **Infertility Treatment.** Cryopreservation of oocytes, semen and embryos are not covered by the plan and will be added to the list of infertility treatment exclusions.
- **Physical and Occupational Therapy.** The section describing criteria for physical and occupational therapy benefits will be revised in accord with HMSA's medical policies.
- **Speech Therapy Services.** The section describing criteria for speech therapy services benefits will be revised in accord with HMSA's medical policies and will include expanded coverage for other related therapy services.

Administrative Changes

- **Advanced Practice Registered Nurse (APRN).** To comply with state law, services within the scope of the license of an APRN will be recognized and covered by the plan.
- **Physician Assistant (PA).** To comply with state law, services ordered by a PA that are within the scope of their license will be recognized and covered by the plan.

- **Organ and Tissue Transplants.** The section describing organ and tissue transplants will be revised to clarify the following: Expenses related to one transplant evaluation and wait list fees at one transplant facility per approved transplant request are covered; Out of country transplants are not covered; The section describing bone marrow transplants will be removed. Bone marrow transplants will be covered in accordance with HMSA's medical policies under the new benefit section for stem-cell transplants.
- **Precertification.** Precertification is no longer required for prolonged intravenous hydration therapy for children, hyperbaric oxygen therapy for profound anemia, and the injectable drugs erthropoietin, darbepoetin, and orenicia. The following will be added to list of services that require precertification:
 - Autologous Chondrocyte Implantation (ACI)
 - Repair Blepharoptosis
 - Bone Mineral Density Studies (for members under 18 and for members determined to be at high risk for osteoporosis requiring studies more frequently than once every two years)
 - Chemotherapy – Oral (Afinitor, Gleevac, Nexavar, Revlimid, Sprvcel, Sutent, Tarceva, Tassigna, Tykerb, Zolinza)
 - CT Colonography (virtual colonoscopy)
 - Coronary CT Angiography
 - Functional MRI
 - Genetic Risk Assessment – for symptomatic and asymptomatic individuals with family history of breast or ovarian cancer.
 - Genetic Risk Assessment for asymptomatic individuals with Familial adenomatous polyposis or Hereditary nonpolyposis colorectal cancer
 - Genetic Testing for BRCA1 and BRCA2 Mutations, Cystic Fibrosis, Long QT Syndrome
 - Immune Gamma Globulin Therapy
 - Inotropic Infusion Therapy
 - Intravenous Anti-Infective Therapy (beyond standard duration of treatment)
 - Intravenous Hydration Therapy for Adults (after the first seven days)
 - Total Parenteral Nutrition Therapy for Adults
 - Hyperbaric Oxygen Therapy (for diabetic wounds, osteoradionecrosis and soft tissue radiation necrosis)
 - Erythropoiesis Stimulating Agents (for Myelodysplastic Syndrome and Anemia of Chronic Disease)
 - Humira (for treatment of plaque psoriasis)
 - Low Molecular Weight Heparin (if used beyond the FDA-indicated duration, beyond six months in patients with cancer, and perioperative bridge therapy)
 - Vectibix
 - Insulin Pumps
 - Vertebroplasty
 - Magnetic Resonance Venography (MRV)– Outpatient (not required for emergency room)
 - Negative Pressure Wound Therapy
 - Off Label Drug Use (for drugs requiring precertification)
 - Oncotype DX
 - Photodynamic Therapy (for superficial basal cell skin cancer and Bowen's disease)
 - Prophylactic Mastectomy
 - Speech Therapy Services – for members up to age 21; after 12 visits for members 21 years and older
 - Fractionated Stereotactic Radiotherapy Beams (Gamma-knife and X-knife Surgery)
 - Wheelchairs (Pediatric Tilt-in-Space, Adult High Strength Lightweight and Ultra Lightweight, and Custom Wheelchairs)