

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

PRESCRIPTION DRUG BENEFITS RIDER

SUMMARY OF CHANGES EFFECTIVE JULY 1, 2024

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 2024 *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 2024 *Guide to Benefits* or plan certificate, the 2024 *Guide to Benefits* or plan certificate takes precedence.

BENEFIT CHANGES

- **Oral Chemotherapy.** Benefits for Oral Chemotherapy will vary depending on whether the drug is a Specialty or Non-Specialty drug. Specialty Drugs are identified on HMSA's formulary and may be high-cost drugs, require specialized patient training, coordination of care, close supervision and monitoring on an ongoing basis. Benefits for Specialty Drugs are only available when purchased from a Contracted Specialty Drug Provider. Limited distribution drugs dispensed by a non-contracted plan provider will be covered the same as by a contracted plan provider.

	Copayment Is (Percentage copayments are based on eligible charges)	
	Participating	Nonparticipating
Oral Chemotherapy		
Oral Chemotherapy – Non-Specialty Drugs	None	10%
Oral Chemotherapy – Specialty Drugs	\$50 or 10% whichever is less	Not Covered
Mail Order Oral Chemotherapy – Non-Specialty Drugs	None	Not Covered
Mail Order Oral Chemotherapy – Specialty Drugs	Not Covered	Not Covered