

HAWAII MEDICAL SERVICE ASSOCIATION
BLUE CROSS BLUE SHIELD OF HAWAII

PREFERRED PROVIDER PLAN

SUMMARY OF CHANGES EFFECTIVE JULY 1, 2010

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 July 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 July 2010 *Guide to Benefits* or plan certificate, the July 2010 *Guide to Benefits* or plan certificate takes precedence.

Benefit Modifications

- **Mental Health and Substance Abuse Services.** Due to new federal regulations, copayments for the following behavioral health services will be changed:
 - Psychological Testing – Outpatient: Participating providers – from 20% to 10% of eligible charge.
 - Ambulance (air): Participating providers – from 20% of eligible charge after annual deductible to 10% of eligible charge after annual deductible; nonparticipating providers – from 30% of eligible charge after annual deductible to 10% of eligible charge after annual deductible.
 - Ambulance (ground): Participating providers – from 20% of eligible charge after annual deductible to 10% of eligible charge after annual deductible; nonparticipating providers – from 30% of eligible charge after annual deductible to 10% of eligible charge after annual deductible.