

Summary of Material Modifications

Following are important updates that have been or will be made to your Health Plan (your “Plan”). Please review this information carefully. Because these modifications amend the terms of your Plan, keep this summary with your Plan Document/Description of Coverage (“DOC”) for easy reference to all Plan provisions.

Plan Benefits

This information is **very important** to you and your dependents. Please take time to read it carefully.

COVID-19 Benefit Changes Effective March 18, 2020

By now, everyone has heard of the “Coronavirus” and the illness it causes, known as “COVID-19.” At a time like this, it is more important than ever to have health insurance, and HMAA as your health plan insurer has you covered. Your Plan provides a wide range of benefits including but not limited to coverage for office visits, hospitalization and diagnostic testing (including testing for COVID-19). As always, we encourage you to use a PPO Participating Provider to receive the highest level of benefits.

If you and/or your dependents think you have been exposed to COVID-19 and develop a fever and/or symptoms of respiratory illness, such as a cough or shortness of breath, call your healthcare provider immediately. We encourage you to call your healthcare provider or utilize telehealth options, such as HiDoc®, before going to an emergency room for treatment, to ensure you have the quickest access to the specific services you need as well as to prevent the unnecessary exposure of yourself and any other patients or providers in the emergency room to the coronavirus without having taken appropriate protective measures.

1. For services received on or after March 18, 2020 and through the end of the emergency period in which the federal government has announced a National Emergency, your Plan will now cover the following services from either a **PPO Participating or Non-PPO Provider at 100%, with no cost sharing to you:**
 - a) Diagnostic tests (i) that have been approved under applicable law, (ii) for which the developer has requested, or intends to request, emergency use authorization from the Food and Drug Administration (“FDA”), (iii) that have been developed in, and authorized, by a state (subject to notice to the Department of Health and Human Services (“HHS”)), or (iv) that the HHS has deemed to be appropriate to detect the virus that causes Covid-19, including the administration of such tests; and
 - b) Items and services furnished to individuals during provider office visits (whether in-person or via telehealth), urgent care visits, and emergency room visits that result in an order for, or the administration of, the diagnostic test described above, but only to the extent such items or services relate to the furnishing or administration of the test or the evaluation of whether the person needs the test.

These services will be provided without any need for prior authorization or medical management.

2. For services received on or after March 18, 2020 and through the end of the emergency period in which the federal government has announced a National Emergency, your Plan

will now cover the following services from a **PPO Participating Provider at 100%, with no cost sharing to you:**

- a) "Qualifying coronavirus preventive service." These services are defined as an item, service, or immunization that is intended to prevent or mitigate the COVID-19 disease, and that is:
 - i. an evidenced-based item or service that has in effect a rating of "A" or "B" in the current recommendations of the U.S. Preventive Services Task Force, or
 - ii. an immunization that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
3. For services received on or after March 18, 2020 and through the end of the emergency period in which the federal government has announced a National Emergency, your Plan will now cover the following services from a **PPO Participating Provider at 100%, with no cost sharing to you:**
- a) Medically necessary services required for the treatment of COVID-19.

It is important to make sure you are getting your information from a reputable source such as <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. For more information on COVID-19 and resources in Hawaii, visit Hawaii's Department of Public Health's website at <https://health.hawaii.gov/coronavirusdisease2019/>.

Receipt of this notice does not constitute a determination of your eligibility. If you wish to verify eligibility, or if you have any questions regarding the Plan changes, please contact our Customer Service Center at 808.941.4622, toll-free at 888.941.4622, or via email at CustomerService@hmaa.com.

Because this Plan is a "grandfathered health plan," we are required by law to provide this notice to you:

This group health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the "Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans; for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act; for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status may be directed to the plan administrator at HMAA, Attn. Compliance Officer, 220 South King Street, Suite 1200, Honolulu, Hawaii 96813, (808) 941-4622. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan, and we are advising you of these Plan changes within 60 days of the adoption of those changes.

Summary of Material Modifications (SMM)

Following are important updates that have been or will be made to your Health Plan (“Plan”). Please review this information carefully. Because these modifications amend the terms of your Plan, keep this summary with your Plan Document/Description of Coverage (“DOC”) for easy reference.

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COVID-19 Benefit Changes Effective May 12, 2023

HMAA periodically reviews your health plans to ensure we provide your employees with quality health plan benefits in compliance with state and federal laws and structured to best manage health care costs. As a follow-up to HMAA’s SMM dated March 18, 2020, the federal government has announced the Public Health Emergency (PHE) for COVID-19 will end on May 11, 2023.

As a result, effective May 12, 2023, to the extent permitted by law, HMAA will end cost-share waivers for the following benefits, and coverage will return to regular plan benefits and subject to the copayments, coinsurances, deductibles, exclusions and provisions described in the Description of Coverage.

1. COVID diagnostic tests (i) that have been approved under applicable law, (ii) that have been developed in, and authorized, by a state (subject to notice to the Department of Health and Human Services (“HHS”)), or (iii) that HHS has deemed to be appropriate to detect the virus that causes COVID-19, including the administration of such tests. Tests which are not FDA-approved, and at-home over-the-counter (OTC) COVID tests, will no longer be covered.
2. Items and services furnished to individuals during provider office visits (whether in-person or via telehealth), urgent care visits, and emergency room visits that result in an order for, or the administration of, a diagnostic test described above, but only to the extent such items or services relate to the furnishing or administration of the test or the evaluation of whether the person needs the test.
3. Medically necessary services required for the treatment of COVID-19.
4. COVID vaccines and other preventive services rendered by non-participating providers.

Qualifying coronavirus preventive services that transition under Section 2713 of the Affordable Care Act's (ACA) Preventive Services Requirements – for example, vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) – will continue to be covered at 100%, without cost-sharing to you, when services are rendered by PPO Participating providers.

Make sure you are getting your information from a reputable source such as <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. For more information on COVID-19 and resources in Hawaii, visit Hawaii's Department of Public Health's website at <https://health.hawaii.gov/coronavirusdisease2019/>.

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